



*Let The Flame  
Burn Brighter*

## **LET THE FLAME BURN BRIGHTER**

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**Let The Flame Burn Brighter**

documents the growth of St. Andrew's Mission Hospital (SAMH)  
and Singapore Anglican Community Services (SACS),  
as well as how SAMH and SACS overcame the  
Coronavirus Disease 2019 (COVID-19) pandemic.

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by The Right Reverend Dr Titus Chung

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And now these three remain:  
faith, hope and love.  
But the greatest of  
these is love.

1 Corinthians 13:13

# Foreword

## Let The Flame Burn Brighter

The ministries of St. Andrew's Mission Hospital (SAMH) and Singapore Anglican Community Services (SACS) were born out of love, compassion and the desire to serve with life-changing impact on the lives of those whom God entrusted to our care. Two great Women of God laid the cornerstone. In 1913, Dr Charlotte Ferguson-Davie built the foundation for SAMH by pioneering medical care to vulnerable local women and children. Mrs Catharine Eng Neo Thomas sowed the seed that grew into SACS when she set up a clinic in her garage to provide care for the needy villagers of Potong Pasir during the 1950s.

Throughout our history, the heart of our ministry has been geared towards providing holistic care for the afflicted to meet their spiritual, physical and psychological needs. Two qualities stand out from our roots — a commitment to serve human needs and a competent ministry that serves with His love and compassion.

Ecclesiastes 4:9 reads, "Two are better than one, because they have a good return for their labour". Birthed of different origins, God has bonded the two Anglican ministries - SAMH and SACS - together to fulfil our God-given mission of doing good works to care for others and to promote the well-being of the nation.

By God's design and enabling, SAMH and SACS have attained its respective areas of expertise, complementing each other's services to meet the needs of the community. SAMH's services had evolved from caring for women and children, to medical care, senior care, autism services, long term psychiatric care and migrant worker medical services. SACS's labour of love had expanded throughout the decades to embody the love and compassion of Christ by tending to the needy, disadvantaged, as well as the mentally and physically infirm. SACS has grown to be the largest psychiatric rehabilitation service provider in Singapore, with a continuum of services that caters to the different needs of people recovering from mental health conditions.

Over the years, SAMH and SACS have joined our strength and synergised our respective expertise to grow our five pillars of services: **Medical, Senior, Psychiatric, Autism,** as well as **Family and Children.**

By 2024, SAMH's and SACS's stable of 42 services will be able to serve a total of over 50,000 people annually because our forerunners took a simple step of **FAITH** to bring **HOPE** to those in need, so that they could also experience the **LOVE OF GOD.**

Over the past 110 years, many faithful servants of God have answered His call to serve at SAMH and SACS. Sharing the vision, passion and commitment of our forerunners, they sought to fulfil God's will, overcoming challenging work and circumstances to care for the afflicted and to promote the well-being of the nation.

As we look ahead to the future, we will continue to abide in the Lord's calling and strengthen our proficiency in serving the community. In His grace and power, SAMH and SACS will remain steadfast in fulfilling God's vision to be a light in society, relieving suffering and enriching lives with the Love of Christ.

Glory to God in the highest.

**The Right Reverend Dr Titus Chung**

Bishop of Singapore

President of St. Andrew's Mission Hospital and  
Singapore Anglican Community Services

**October 2023**







# FROM FLICKER TO FLAME

First 100 Years of St. Andrew's Mission Hospital

The light shines in  
the darkness, and the  
darkness has not  
overcome it.

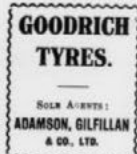
John 1:5

Chapter 01

*Let  
There be  
Light*



# The Straits Times.



NO. 24.316

SINGAPORE, SATURDAY, OCTOBER 18, 1913.

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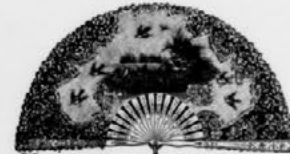
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The light shines in the darkness, and the darkness has not overcome it.  
*John 1:5*

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## A Dark Place

### Singapore, Saturday, 18 October 1913

Advertisements for guns, alcohol, gourmet food, motor cars and ladies' ornaments graced the front page of *The Straits Times* on the same Saturday, 18 October 1913, that the St. Andrew's Cathedral started their medical mission with the opening of a dispensary in a converted house near the slums around Bencoolen Street.

The advertisements were clearly not targeted at those who lived in squalid, ramshackle conditions in the dirtiest, overcrowded and gangster-ridden part of Singapore. While the front page of *The Straits Times* courted the "haves", Dr Charlotte Ferguson-Davie and her team targeted the "have-nots".

The cover of *The Straits Times* showed one reality — the privileged one. The other reality of Singapore in 1913 was dark, especially for women and children. The island was founded on commerce and many migrants came to take advantage of the thriving port.

Soon, the centre of the city became overcrowded.

Dwellings made for a single family often housed as many as five families. They shared common facilities like the kitchen, bathrooms and latrines, which quickly became filthy. Given the poor living conditions with poor sanitation, diseases were rife.

The heart of the city was one big slum.



**'... The Singapore slums are the worst in the world.'**

Women and children were especially at risk. Doctors in western-style medical institutions were usually men. Due to cultural sensitivities, Asian women would not seek treatment from a male doctor, much less a foreigner. Child mortality was high due to the inexperience, ignorance and neglect of mothers, the lack of proper nutrition and dirty, overcrowded living arrangements.

In 1913, the infant mortality on the island was shockingly high. Out of 1,000 births, 318 babies would have died before celebrating their first birthday. This figure was not equally distributed. The Malay community had the highest infant mortality rate of 363.1, the Chinese second at 327.6 and the Indian third at 255.7. The infant mortality rate for European community by comparison was at a faraway 25.6.

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**Unbelievably, the British colonials governing Singapore considered provision of child health services in pre-war Singapore “non-essential”.**

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But one British woman, compelled by justice and compassion, found this state of affairs unacceptable and decided to do something about it.

Dr Charlotte Ferguson-Davie, a medical doctor and wife of the first Anglican Bishop of Singapore, had experience setting up a medical mission in Malacca and had seen the fruits of the mission's work. She was determined to set up the same in Singapore to combat the plight of the women and children and to share the love of Jesus Christ. Through the St. Andrew's Cathedral, she embarked upon a campaign to set up the St. Andrew's Medical Mission (SAMM).

The first task was finding a suitable location. It had to be near the most squalid district where medical help was most needed. She found a house along Bencoolen Street, which could be converted into a dispensary. The dispensary needed fittings, medical equipment and drugs.



*Dr Charlotte Ferguson-Davie and her daughter, Dorothea.*

Dr Ferguson-Davie appealed to the church and community for funds. St. Andrew's Cathedral had a collection specifically for the medical mission. The Singapore Diocesan Association chipped in. The Society for Propagation of the Gospel (SPG) donated a box of instruments and surgical dressings along with cash. Encouragingly, the Chinese community donated a large part of the funds with a significant contribution coming from an anonymous donor.

The location, equipment and medicines were in place — but more importantly, there was the need to get the right people. Specifically, female doctors with a heart of compassion and charity. Three honorary female doctors were appointed: Dr Ferguson-Davie herself, Dr G. E. Bartlett and Dr J. A. Lyall. Other female doctors involved in the early years were Europeans Dr Burne and Dr Dexter Allen, Indian Dr Williams

and Chinese Dr Hoaheng. The pioneering nursing staff included Europeans, Chinese and Indians. An interpreter was appointed for communicating across various dialect and language groups. A Biblewoman was also appointed to share the Gospel and the love of Christ.

These were the pioneering ladies who started the mission to bring wellness to bodies and healing to souls.



## The Light Flickers

Aptly, the day chosen for the opening of the dispensary was St. Luke's Feast Day, 18 October 1913. St. Luke, being the first Christian physician mentioned in the Bible, is the patron saint of all physicians and surgeons. The church honours his Feast Day by praying for doctors and medical missions.

On that day, the Bishop of Singapore, The Right Reverend Charles J. Ferguson-Davie, delivered an address on the aims of the SAMM to an audience of Europeans and locals.

Lady Evelyn Young, wife of Arthur Henderson Young, the Governor of The Straits Settlements, opened the dispensary proclaiming:

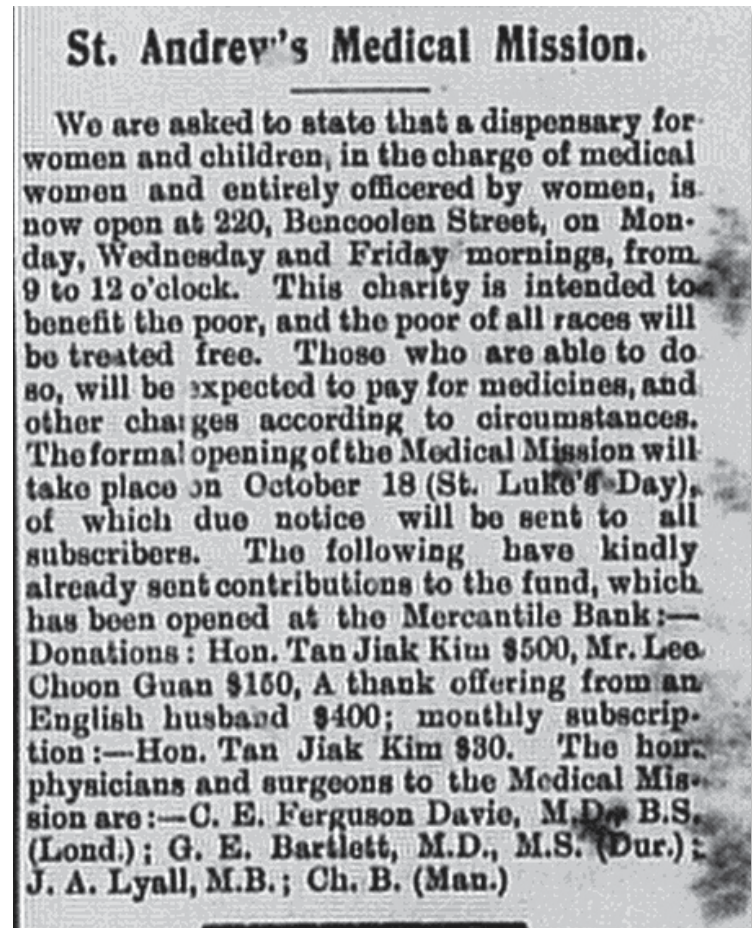
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**“To the Glory of God and for the relief of suffering, I declare this dispensary open.”**

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Though the roots were in the Anglican Church, the mission existed to serve all women and children, regardless of race or religion, but more specifically for “giving to Asian women the advantage of proper treatment by a doctor of their own gender, and of cooperating with other mission agencies in spreading the Gospel.”

The sick women and children of all nationalities were attracted to the “light” and started seeking treatment at the dispensary. Early patients included Eurasians, Jews, Armenians, Malays, and the Chinese and Indians who made up the bulk of the clientele.



*The Straits Times, 3 October 1913, Pg 8.*

*Source: The Straits Times © Singapore Press Holdings Limited. Excerpt reprinted with permission.*

## The Flicker Ignites

The dispensary proved so successful that in a mere few months, another dispensary was opened. The colonial government recognised the importance of the work and granted the mission the use of the nearby Cross Street School at a nominal rent for three years. The Upper Cross Street dispensary was opened on 1 February 1914 in the poorest part of Chinatown. There was also a small Sikh community in the vicinity and the dispensary served them well too.

While the dispensary and outpatient clinic served the majority of the clients in the Upper Cross Street vicinity, some were too ill and required inpatient care and close observation. The dispensary, however, was not equipped with beds. Nevertheless, the patients desired to be admitted and the dispensary too did not want to turn them away. In order to be admitted, the patients, by their own volition, brought their own beds. By 1915, the need for inpatient care could not be ignored and a small ward of eight beds, six for adults and two for children, was constructed. In 1915, the Upper Cross Street dispensary took in 63 inpatients and performed seven cataract operations.

While women and children of many races flocked to the dispensaries in Bencoolen Street and Upper Cross Street, few Malays visited. Many lived in villages outside the city and were not inclined to travel to the centre of town. In order to reach the Malay community, a staff nurse, Miss Thomson started visiting the Malay kampongs weekly. This led to the opening of a third dispensary in 1915 in Pasir Panjang, where there was a large Malay population.

The Upper Cross Street dispensary revealed another group desperate for the “light” — the orphans. Many were handicapped, many blind, all abandoned by their parents who did not know how or did not have the means to care for them. These little ones were simply left outside the dispensary. Though not equipped to be an orphanage, out of compassion, the mission took these orphans in. In faith, they took in the sick abandoned children, just as Jesus would have done.



*Dr Charlotte Ferguson-Davie (2nd from left, seated) and her nursing staff at the St. Andrew's Dispensary at New Bridge Road (circa 1918).*

In three short years, the mission had grown to three locations, and services expanded to include inpatient care and an orphanage of sorts. The need for the mission was clear and there was more to do. But there were two limitations — language barriers and the shortage of nurses.

The mission had two objectives — healing the body and preaching the Gospel. Due to the increasing number of patients coming to the dispensaries, there were not enough nurses. Preaching the Gospel posed another challenge. The patients coming to the dispensaries spoke a myriad of languages and dialects — Tamil, Malay and multiple Chinese dialects. The Biblewoman at that time visited the dispensaries weekly, but being only versed in Cantonese, she was not able to communicate the love of Christ to all. Even if clients expressed interest in the Gospel, there was simply not enough staff to follow up with each individual. However, the staff demonstrated the Gospel through their deeds and actions and the work grew. In 1916, to address the shortage of nurses, the mission started training Asian women in general nursing and midwifery.



## First Exile

### Banished from Upper Cross Street



*St. Andrew's Dispensary at New Bridge Road (circa 1918).*

Just as the mission was gaining momentum, the government had decided to take over the Upper Cross Street premises and served an eviction notice to the mission. This was a severe blow. The location had been perfect as many clients were residents of the slums around the area. The Upper Cross Street dispensary closed its doors in March 1918. Not wanting to turn the patients away, the medical team scrambled to look for an alternative location. They rented a shophouse in nearby New Bridge Road to fill the void left by the closure.

It was a bad time to close the dispensary. The Deputy Municipal Health Officer, Dr Gennie, wrote in his 1917 report: The death rate at all ages was the highest recorded since 1912. The largest increase occurred amongst the Chinese and the Malays, infantile deaths in these two nationalities showed an increase of 28.5%.

The New Bridge Road premise was not as big as the Upper Cross Street dispensary, and could only accommodate two

adult and two children beds. As a result, Dr Ferguson-Davie and her team had to rent another property along River Valley Road, which was a distance away from New Bridge Road and Upper Cross Street. It was a period of wandering, but they faithfully carried the passion of the mission everywhere.

The inconvenience turned out to be a blessing. In retrospect, the eviction from Upper Cross Street was divinely ordained. All this moving around brought to attention the need to have a permanent, larger building that could accommodate patients who needed hospitalisation.

The circumstances led the mission to the conclusion that a permanent hospital was needed. In May 1918, due to a weak economy, there was a severe dip in the amounts collected. This, again, was a blessing in disguise. With the economic slump, labour and material costs came down. This allowed the building committee to plan for a three-storey building instead of the two storeys they had initially contemplated.

In April 1920, a suitable site on Erskine Road, near the poorest part of Chinatown was identified. The government leased the land to the mission at favourable terms for 50 years.

Architecture firm Swan and Maclaren was appointed to draw up the plans. Swan and Maclaren was also the architect for national monuments such as Convent of the Holy Infant Jesus, Goodwood Park Hotel, Raffles Hotel, St. Andrew's Cathedral, Tao Nan School, Victoria Memorial Hall and Theatre and many others. The contractor was Brossard and Mopin, which worked on prominent projects such as the Tanjong Pagar Railway Station, the Church of St. Teresa and the Hajjah Fatimah Mosque.

On Monday, 14 August 1922, Mrs Lee Choon Guan laid the foundation stone for the hospital. Wife of a prominent property tycoon, she had donated a substantial sum of \$26,300 to the hospital.

All parties involved in this project had charitably charged less than their usual fees but put in 100% effort. As a result, the building was completed in less than a year, before the contracted deadline.

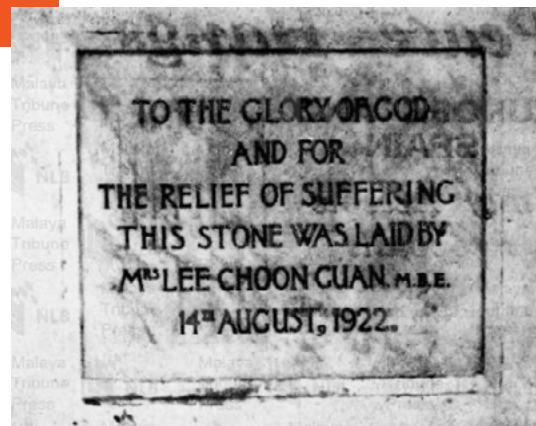
**S. ANDREW'S MEDICAL MISSION, SINGAPORE.**

Monday, August 14th, was a notable day in the annals of the Medical Mission, as on that day the Foundation Stone of the new Hospital was laid by Mrs. Lee Choon Guan in the presence of a very representative gathering of people of many different races. The position of the new Hospital is an admirable one for its purpose, as it is close to the poorest part of the town, and accessible by tram and bus from almost every other quarter. It is hoped that the Mission may become a centre of blessing to all around.

The European staff from Malacca was able to be present, along with the whole staff, European and Asiatic, of the Singapore Mission; those of the 'hospital children' who were well enough also came, and joined lustily in the singing of the hymns. The members of the Building Committee were distinguished by badges, and among others present were the acting Colonial Secretary, the General Officer Commanding, the Consuls General for China and for Japan, Bishop Bickley, Mrs. Handy, and many others.

The Bishop and clergy and the Cathedral choir-robed in an adjacent house, and having proceeded to the site the service commenced with the following words:—"We are gathered together here to lay the foundation stone of a building, which we trust may in due time be completed and devoted as a hospital for the relief of suffering and the making known of the goodness of God." After some prayers and the hymn "Thou to Whom the sick and dying," the Bishop gave an address on the objects which a mission hospital has in view. The Stone was then blessed by him, after which Mrs. Lee Choon Guan performed the ceremony of laying it. This was followed by the doxology, and some prayers and the blessing concluded the service. Those present were afterwards invited to inspect the building, which had already made considerable progress, and has since advanced rapidly, the third storey being now in process of construction. The architects hope to complete it by March or April, of next year.

*An excerpt from an article in the Diocesan Magazine November 1922, announcing the laying of the foundation stone and appealing for donations to complete the building.*



Foundation stone.

<b>Total subscriptions, contributions and interest on investments :—</b>	
	<b>\$ 79,114.63</b>
<b>Promises (not yet paid) ..</b>	<b>13,250.00</b>
	<b>92,364.63</b>
<b>Amount required for completion of hospital ..</b>	<b>\$108,500.00</b>

*An excerpt from an article in The Straits Times, 12 August 1922, on the laying of the foundation stone of St. Andrew's Mission Hospital. Source: The Straits Times © Singapore Press Holdings Limited. Excerpt reprinted with permission.*

Fundraising continued even after the laying of the foundation stone. The hospital needed three floors to effectively carry out the work they had planned to do. However, there was a risk that not enough funds would be raised and they would have to settle for two floors with the third possibly coming later.

God came through. The funds to build a three-storey building providentially came in almost exactly to the needed amount. The total cost of the completed three-storey Hospital Building, including electrical and sanitary installations, amounted to \$111,000 and as a testament to the faithfulness of God, the total subscriptions, donations and interest on investments collected before the opening of the Hospital totalled \$111,712. Only one thing was missing - a lift. While space was allocated for a lift, it was decided that it would come later. For at least six years, the female nurses would, without complaining, carry their patients up and down four flights of stairs.



## A Beacon in a Dark Place



*St. Andrew's Mission Hospital for Women and Children on Erskine Road (circa 1923).*

*Guests who attended the SAMH (Erskine Road) official opening ceremony on 22 May 1923 were treated to a tea reception on the rooftop of the hospital. Among them were Mr Lee Choon Guan (3rd from left) and Mrs Lee Choon Guan (2nd from right), strong supporters of SAMH. Photography courtesy of Mrs Ivy Kwa, granddaughter of Mr and Mrs Lee Choon Guan.*



**SAINT ANDREW'S HOSPITAL**  
**Institution Opened by Lady**  
**Guillemard.**  
**Boon to Singapore.**

At 5pm on Tuesday, 22 May 1923, just 10 years after the start of the mission at the humble Bencoolen Street dispensary, Lady Guillemard, wife of the Governor of the Straits Settlements, opened the St. Andrew's Mission Hospital (SAMH) for Women and Children at Erskine Road. The hospital had 60 inpatient beds and an outpatient clinic. The building was completed before the allocated time, just within the amount of funds raised, and with the help of talented and committed friends who took on the project believing in the cause.

The opening of the hospital was a cause for great celebration. A report of the occasion in The Straits Times on 23 May 1923 read:

The dream of Mrs. Ferguson Davie was realized yesterday with the opening by Lady Guillemard, in the presence of a large attendance, which represented every class and creed in Singapore, of the St. Andrew's Mission hospital, which stands as an oasis in what might well be described as the East End of this city. The Institution stands back a little distance from Tanjong Pagar Road, facing the Erskine thoroughfare, and its exterior aspect, fine as it is, scarcely conveys to the onlooker the spaciousness of the accommodation within its walls. It was a gay scene that was presented yesterday afternoon at the opening of the hospital. By 5 p.m. the attendance had grown to large proportions and ladies and gentlemen wearing the inscription "please buy a souvenir" sold these like hot cakes. Boy Scouts, about 100 strong, under the command of Commissioner Sands, were drawn up in front of the building, and performed good service during the proceedings in showing strangers about. Mrs. Ferguson Davie, forming the central figure of the medical and nursing staff of the hospital, was attired in her cap and gown of Doctor of Medicine, London University. The Bishop of Singapore, in his full ecclesiastical robes, was near by, as well as Archdeacon Swindell, some members of St. Andrew's Cathedral choir, members of the building committee and distinguished personages including Sir Walter and Lady Shaw and Miss Shaw, Dr. Hoops, P.C.M.O., and Hon. Mr. Lee Choon Guan and Mrs. Lee Choon Guan. There was a large attendance of ladies also, and when Lady Guillemard, accompanied by Mr. Wilson and Miss Walker, arrived punctually at 5.15 p.m. it was a pleasing spectacle that met her eyes.

sultants in connection with the work. In formally handing over the building to the Trustees, the Building Committee had finished their work. They hoped that the hospital would prove to be a light in a dark place; that ignorance would be displaced by knowledge and understanding; physical distress by comfort and healing, and that many might be led into the paths of freedom. (Applause.)

After the singing of the hymn *Thou to Whom the Sick and Dying*, the Rev. Mr. Richards read in Malay a few verses from Chapter IX of St. Matthew, the lesson being followed by prayers offered by Archdeacon Swindell. After the special prayer for the benefactors of the hospital, the Bishop of Singapore, the Chairman of the Committee handed to Lady Guillemard a key with which she opened the main door of the hospital and turning to those present said in clear tones: I declare this hospital open. Lady Guillemard, the Bishop and members of the Building Committee entered the building, and the Bishop pronounced the Dedication sentence: "In the Faith of Jesus Christ we dedicate this building to the glory of God and the relief of suffering; in the name of the Father and of the Son and of the Holy Ghost. Amen." Special prayers for the doctors and the nurses of the hospital, and for the future patients were said, the ceremony being brought to a close by the Doxology and the Blessing.

**Self Contained Building.**

Accompanied by the Bishop Lady Guillemard after signing the visitors' book made a thorough inspection of the hospital, and she was particularly pleased to see a number of mites enjoying their tea in the Children's Ward on the ground floor. In a few moments, also, from the time of the Bishop having pronounced the Blessing, the large concourse of people present practically besieged the premises, and from her ladyship downwards all present took a delighted interest in the different wards, practically all of which, including the operating theatre and the anesthetic room and the excellent kitchen, are located on the first floor. A feature that caught the eye was the furnishing of the wards, those for the private wards having been given by Mrs. E. W. Gunatilaka and Mr. S. Muttucumar, that for the surgical ward being given by the Bombay Hindu community, and that of the medical by Mr. Gunatilaka. The doctors and nurses quarters, on the second floor, were also visited by

Source: The Straits Times © Singapore Press Holdings Limited. Excerpt reprinted with permission.



Lady Guillemard, the Bishop and members of the building committee entered the building and the Bishop pronounced the Dedication sentence:

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**“In the Faith of Jesus Christ we dedicate this building to the glory of God and the relief of suffering; in the name of the Father and of the Son and of the Holy Ghost. Amen.”**

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It was a day of great rejoicing. Outside the hospital, darkness continued to prevail, but the hospital shone in the darkness as a beacon of light, to give women and children hope.



*Dr Charlotte Ferguson-Davie (seated 2nd from right) together with the medical and nursing staff as well as child patients of SAMH.*

## The Work Continues

The new hospital elevated the mission's prominence. To reflect this new status, the hospital's management was restructured to put in a robust governance structure. The management board (comprising representatives from the Society for the Propagation of the Gospel, the Singapore Diocesan Association, the Presbyterian and Methodist Churches, members of the medical profession and other interested parties) made policy decisions. An executive committee ran daily operations.

The work was heavy and the labourers were few. With the new building, the hospital was able to commence a three-year course for local ladies to be trained in general nursing and midwifery. The decision was taken not only to increase the pool of workers but out of a genuine desire to train Asian women for their own personal growth and for their future. Having Asian nurses was also good for the parents and children. The high infantile mortality rate was partly due to unskilled midwifery, poor ante-natal and post-natal conditions such as bad housing, overcrowding, and unsanitary surroundings. The other factors that contributed to the high infant mortality rate was the lack of knowledge on the part of mothers and improper feeding of infants. Educating mothers on how they should care for their children was essential. This required earning their trust, which was easier when mothers interacted with Asian nurses.



*Local nurses of SAMH.*

In fact, SAMH was one of the earliest institutions in Singapore to offer courses in general nursing for Asian ladies. The training conducted by SAMH was different compared to those provided by the government hospitals. The nurses at SAMH were expected to do work that ward servants in government hospitals normally did. Through this, the nurses developed personal and close bonds with the patients. The nurses trained in SAMH were held in very high regard and were in great demand. As a testament to this,

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**the Superintendent of the Government Welfare Clinics wrote a letter to the hospital commending the SAMH nurses to be “without exception most trustworthy, enthusiastic and kind”.**

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What distinguished the nurses from SAMH was not only their technical skills but also the love and compassion they demonstrated to the patients. The patients recognised this. Even today, many patients treated at St. Andrew's return to the hospital to visit. Some even volunteer with the hospital or become staff members.

## Spotlight on Specialised Care

With the larger space in Erskine Road, SAMH had room to offer a wider range of care and add specialised clinics as the needs demanded. Prostitution was rife in the 1920s. The brothels and pimps did not care about the health of the women. In May 1924, the hospital opened a venereal disease clinic to care for the women exposed to sexually transmitted diseases.

The same year, Dr Dexter Allen from the Bencoolen Street dispensary set up a specialised eye clinic. The mission had long been caring for abandoned blind children. The number of children with poor vision had been rising and the new clinic was equipped to provide treatment to prevent total blindness.

The third specialised ante-natal clinic was set up a few years later in 1933.

Within a few years of the new hospital's opening, God was leading His charge to shine the light in new areas.

Amid the expansion after the opening of the hospital, another significant event took place. In 1927, The Right Reverend Charles J. Ferguson-Davie, the First Bishop of Singapore and husband of Dr Charlotte Ferguson-Davie retired. With his retirement came the retirement of Dr Ferguson-Davie as the Medical Officer-in-Charge. She had led the mission for 14 years. By then, the spirit she infused when she started the mission was very much part of the DNA of St. Andrew's Medical Mission.

A 1932 Report from the Meeting of Medical Missions in London mentioned Dr Ferguson-Davie's contribution, "Her name will always live in the annals of medical missionary field. (She) has left a monument in Singapore, in the St. Andrew's (Mission) Hospital. It will always stand as a wonderful tribute to one of the most plucky women I have ever known".

Dr Ferguson-Davie had left a legacy that continues with the same spirit of excellence, service and compassion to this day.



## Bringing Dry Bones to Life

Though Dr Ferguson-Davie retired, the mission carried forth, propelled by her hope that the hospital would “prove to be a light in a dark place, that ignorance would be replaced by knowledge and understanding; physical distress by comfort and healing.” From the beginning of the mission, this meant serving the underserved and the marginalised. The medical mission would meet the needs of the underserved generation after generation.

In the latter part of the 1930s, tuberculosis of the bones and joints in children became a big problem. This need was actually noticed by Dr Ferguson-Davie in 1923, as more children suffering from this disease sought help at the Erskine Road hospital. However, as treatment of this disease hinged on sunlight, fresh air and sea water, the hospital, which was located near the slums was not ideal for effectively combating this scourge. There were some stopgap solutions such as taking the children to the roof of the hospital, but that had been a half-measure at best. The demand for treating these children became so great that on 27 April 1938, the decision to build an orthopaedic hospital was announced at the SAMH Annual General Meeting.



Dr Patricia Elliot, who became Medical Officer-in-Charge of SAMH after Dr Ferguson-Davie retired, was instrumental in setting up the new orthopaedic hospital. She was a graduate of the London School of Medicine and, like Dr Ferguson-Davie, had been a medical missionary in India.



*SAOH offered plenty of sunshine, fresh air and a sea water bath. It was believed that these elements would help improve the conditions of young patients suffering from malnutrition, skin and musculo-skeletal conditions.*

A location was found in the east of Singapore, close to the beach in the Siglap area. On 28 February 1939, St. Andrew's Orthopaedic Hospital (SAOH) was opened and Dr Patricia Elliot was appointed as its Medical Officer-in-Charge, in addition to the similar position she held at the SAMH. The SAOH had two wards with 30 beds and was the first hospital to treat children with musculo-skeletal conditions such as tuberculosis of the bones and joints, and polio.

By the early 1940s, the SAMH was firing on all cylinders. The SAMH was shining as a beacon of light in the Chinatown shanty towns and SAOH was gently nurturing sick children to health.

**Then, “boom!”**



## Second Exile

### Singapore Bombed

Murmurs of war had been heard and it soon became apparent that the region would not be spared. Despite the imminent danger of the approaching war, the mission continued its work unabated. On 15 February 1942, the Japanese took control of Singapore, and both SAMH on Erskine Road and SAOH in Siglap were shuttered. The patients were transferred to government hospitals which were allowed to carry on with their operations.

During the Japanese occupation, the provision of healthcare was inadequate due to the chaos of war. Malnutrition was rife, and tuberculosis spread rapidly, especially in the overcrowded areas where SAMH had operated. Medicine was scarce, and the only sad respite was to turn to morphine injections to relieve the pain.

However, as the Japanese were short of doctors, they permitted former British hospitals to run outpatient clinics staffed by local doctors (as opposed to British). SAMH at Erskine Road continued as Shimin Byoin and run outpatient services under the charge of two local doctors, Mr and Mrs Ho Boon Liat, with the help of former nurses.

At the same time, the orthopaedic hospital was taken over by the Japanese and turned into a radar station.



# Taking Stock

The story has taken us from 1913 to 1945. That is 32 years. What started as one woman's desire to help a community had spread island-wide. One dispensary grew to three dispensaries, a hospital in the busiest, dirtiest heart of the city, and an orthopaedic hospital to help convalescent children in pain.

Besides treating the sick, the mission was also the pioneer in training Asian nurses. It started nursing training for Asian ladies in 1916 and by 1922, SAMH was conducting a structured three-year General Nursing Course leading to a nursing certification.

Over the period, despite major setbacks, a war and changes in staff, the heart of the mission never changed. Asian women, who would not turn to medicine and care, came to the mission to be healed physically and spiritually. Children were healed and cared for. All were given hope. Many came to know the love of Christ through the work.

## The Surrender/Post-War

Singapore returned to British colonial rule on 12 September 1945 after the Japanese surrendered. Both SAMH and SAOH came under the control of the British Military Administration as an interim measure while they attempted to restore law and order and the re-establishment of civil government.

In July 1946, SAOH reopened under the joint administration of St. Andrew's and the government, and was run as a ward of the General Hospital (now, Singapore General Hospital). The government allowed Dr Patricia Elliot to resume the role of Medical Officer-in-Charge. (Dr Elliot was interned for three and a half years during the Japanese occupation). The government supplied the finances, medical officers and nursing staff except the Matron, who was sponsored by the mission. Despite the joint administration, the government allowed the hospital to continue Christian teaching within the hospital to anyone who desired it. This allowed the mission to stick to its original goal of healing, caring and sharing the Gospel. In 1947, St. Hilda's School (also part of the Diocese) set up a school within SAOH for long-staying paediatric patients, to ensure that the children's extended stay at the hospital did not affect their academic growth.



*SAOH gave hope of recovery to children with musculo-skeletal conditions who might otherwise be crippled for life.*

After the dust of the war had settled, it was apparent that the island had suffered too many blows. Housing was in extremely short supply, especially in the centre of the city. Rents had gone through the roof, forcing thousands onto the streets in makeshift shanties. Electricity, gas, water and telephone services were often disrupted. Infrastructure was damaged. Unscrupulous groups controlled the supply of food and medicine and shamelessly profiteered from their sale. The upshot — the death rate was that of the pre-war level, due to gross malnutrition and diseases such as tuberculosis, polio, smallpox, leprosy and diphtheria.

The war, however, jolted the island into action. By 1947, the city was regaining some sense of normalcy and the government had plans for rebuilding in place. The government appointed the country's first Director of Medical Services, Dr W.J. Vickers, who unveiled a nationwide plan to develop comprehensive medical and health services. Two existing hospitals were to be restructured and developed — Kandang Kerbau Hospital was to be developed as a maternity and gynaecological facility with a capacity of 500 beds; and Tan Tock Seng Hospital was to be devoted to the treatment of tuberculosis.

These new government initiatives raised the question of whether the medical mission was still relevant. After all, the mission existed to serve the underserved. The government initiatives took care of two groups that the mission had focused on.

After the war, birth rate rose rapidly. Unfortunately, the mortality rate for children was also rising. In 1947, 36% of the total population in Singapore were children under 15 years of age and deaths in children accounted for 45% of all deaths.



*Patients enjoying the outdoors on the sprawling grounds of SAOH. Behind the brick wall was the Siglap beach.*



The hospital assessed the prevailing situation and re-wrote their mission. From 1948 onwards, instead of operating as a hospital for women and children, SAMH would focus on caring for children aged 14 and below. An endorsement of this mission came from the colonial government. The 1949 Annual Report by the Honorary Secretary of the Colony read:

"The need for the expansion of the Colony's health services is so great that St. Andrew's Mission Hospital with all its traditions and experience since the year 1913 could not possibly refuse to assist in the huge task."

The most obvious place to carry out this task was from the Erskine Road hospital where the majority of the slums still existed. But that was not to be. After the war, the Erskine Road hospital was used as a Government Medical Store. The government also held the position that the location was no longer suitable for a hospital, as it was too close to a gas utility installation.

A new home to care for the children was required.

# Rising from the Ashes of War

## Tanjong Pagar

An old warehouse at Tanjong Pagar was selected to be the new site for SAMH. The location was ideal. It was where almost 75% of Singapore's population lived and it was congested with 300,000 people squeezed into 4 square kilometers of land. It was also near Chinatown where the need was high and the mission was already known.

It was back to 1918 again. The hospital needed to be built. Funds were required.

Dr Gordon Keys Smith was appointed as the Medical Officer-in-Charge of the new hospital. Dr Smith, then 33 years old, was a medical missionary from Australia who embraced the spirit of the mission. Even in the midst of supervising the setting up of the new hospital, Dr Smith was active in fundraising — a task that he did out of duty but clearly found distasteful. In his unpublished memoirs, he wrote in no uncertain terms, "On numerous occasions throughout the year, I called on the executives of corporations and wealthy individuals asking for financial help. I hated this job but it was often very effective, and, overall, the Singapore community was very supportive."

The Hong Kong and Shanghai Bank loaned \$180,000 to the mission at favourable rates with the condition that the Singapore Anti-Tuberculosis Association would be given space on the premises. Many others chipped in. The World Church Service in the United States donated \$20,000. The hospital also received \$23,100 in back rent from the government for its use of the Erskine Road property, \$25,303

in subscriptions that had been held for St. Andrew's by the Society for the Propagation of the Gospel in London, and \$2,700 from a sale held by Matron Clark, the nursing staff and friends of the hospital. The Singapore government provided a grant of \$8,900 while the Society for the Propagation of the Gospel provided \$5,100. In 1950, after the Tanjong Pagar hospital opened, St. Andrew's received \$190,000 for the sale of the Erskine Road property.



There was another problem to overcome — zoning restrictions. The government objected to the purchase on grounds that the hospital would be too close to existing housing (which was ironic, since the hospital was to serve the community). A solution was found to create a buffer by buying buildings around the hospital. This cost \$12,500.

There was virtually nothing left from the Erskine Road hospital and Dr Smith had to create the hospital from the ground up. The only item that survived the Japanese occupation was a silver metal representation of The Last Supper from the Erskine Road chapel, which became a treasured piece in the new chapel.

On 25 January 1949, the Bishop of Singapore, The Right Reverend. J. L. Wilson, officially opened and dedicated the SAMH for Children at Tanjong Pagar. In attendance were the Governor of Singapore, Sir Franklin Gimson and Lady Gimson, the Colonial Secretary, Mr P. A. B. McKerron and Mrs McKerron and the Director of Medical Services, Dr W. J. Vickers. While the dedication service was in progress, the first four patients — sick babies — lay in their cots in the wards above.

THE MORNING TRIBUNE Thursday, January 27, 1949. Page Seven

## Bishop Dedicates New Children's Hospital

In an impressive ceremony the Bishop of Singapore the Right Rev. J. L. Wilson, dedicate the St. Andrew's Mission Hospital at Tanjong Pagar, for "the care and nurture of its patients in body, mind and spirit".



H.H. The Governor and Lady Gimson arriving at the Hospital for the dedication service.



The hospital was founded in 1922 and functioned at Erskine Road until the Japanese occupation. It is designed as a general hospital for children under 14 years of age and has accommodation for 30 in-patients. The new hospital began admitting in-patients last week.

The Bishop of Singapore, Rt. Rev. J. L. Wilson chats with Mrs. Malabar MacDonnell before the ceremony.

An article from *The Morning Tribune* covering the opening of St. Andrew's Mission Hospital for Children at Tanjong Pagar.





*St. Andrew's Mission Hospital for Children at Tanjong Pagar, (circa 1950).*

Dr Smith fully embraced the mission of the hospital in providing healing and the comfort of God's love to the patients. He honoured those who preceded him and was resolute in leading the hospital into the future. In his words, "Still greater tasks remain for this generation — not only to give direct help to the children who bear the brunt of local social conditions, but to make a radical attack on the poverty, slums, ignorance and squalor that lie at the heart of Singapore City."



*Nurse Training Course conducted at SAMH (Tanjong Pagar).*

The building was in fact operational before the official opening. Since June the previous year, the hospital had been running an outpatient clinic. During the period leading to the official opening, the hospital had already treated some 3,000 children.

True to the Christian mission, an integral part of the new facilities was a chapel on the third floor, which also contained accommodation for nurses and nurses-in-training.



*Mothers and their children flocked in droves to the St. Andrew's Mission Hospital for Children at Tanjong Pagar.*

Mothers with their sick children flocked in droves to the hospital, confirming once again the need for the work. The clinic opened only six mornings a week but it served 5,017 new patients in 1949 and handled almost 8,982 repeat visits by patients in the same year.



Dr Smith brought with him the most up-to-date scientific knowledge and training to SAMH. He also brought a zeal that mirrored that of Dr Ferguson-Davie, who had started the mission almost 40 years before. In 1987, Dr Smith wrote:

*"The function of a medical mission was to show its love for Christ by loving the people who were in need, whoever they were and whatever was their response. Christ never treated people as a means to an end; He loved them for their own sake and many that He helped did not accept Him — we, his disciples, should do the same."*



*Busy outpatient waiting area — a frequent sight at SAMH.*



*Reverend Anthony Dumper conducting a chapel service for staff at SAMH.*

Dr Smith knew that it was not only the patients and their families that suffered. It was tough working at the hospital and at times the work could take a toll on the staff. As early as 1949, when he took charge of the hospital, he would make it possible for the staff to learn about the love of Jesus Christ and His teachings to help them cope with the daily challenges they faced. He began an 18-week course of lectures for the staff to learn about Christianity. Besides his day job, he held frequent lectures on Christianity all through the 10 years he was at the hospital. He introduced an evangelism service for interested staff during the lunch hour. None of this was forced and it was entirely at the staff's volition.

In 1949, Dr Smith was the only doctor in the hospital. That year, he alone treated 13,999 people in the outpatient clinic (an average of 45 a day, six days a week) and 265 inpatients. This is a testament to his passion and commitment to the hospital. Despite the tremendous workload, he modestly said, "I must have been working hard; I enjoyed the challenge immensely."

Dr Smith remained clear in his calling. He was first and foremost a disciple of Jesus Christ called to lead a medical mission. Medical care was his priority. He would only share the Gospel to those who had given their consent. He believed that missionaries had greater hope of winning souls for Christ by demonstrating love and care. He truly believed that Jesus loved all the patients equally, regardless of their professed beliefs. He asked his staff to treat all people in need with love and compassion. He also recognised that the needs of the marginalised would change over time but the mission must unequivocally “remain true to our roots and continue to work for the poorest and disadvantaged people in society as an expression of the love of Christ”.

Dr Smith also believed in nurturing local talent. Besides being a strong supporter of nursing training for locals, under Dr Smith’s charge, Ms Janet Lim was appointed the first Asian Matron in Singapore in 1954.

God honoured the work of the mission. By 1959, the doctors at SAMH carried out an astonishing 51,062 consultations and admitted 1,133 children into the hospital.



*Dr Smith performing surgery in the SAMH operating room.*



*Dr Smith (centre) with SAMH nursing staff. Ms Janet Lim (seated 2nd from right) — first Asian Matron in Singapore from 1954 to 1959. Ms Molly Cheng (seated 1st from left) — longest serving Matron at SAMH from 1959 to 1978.*

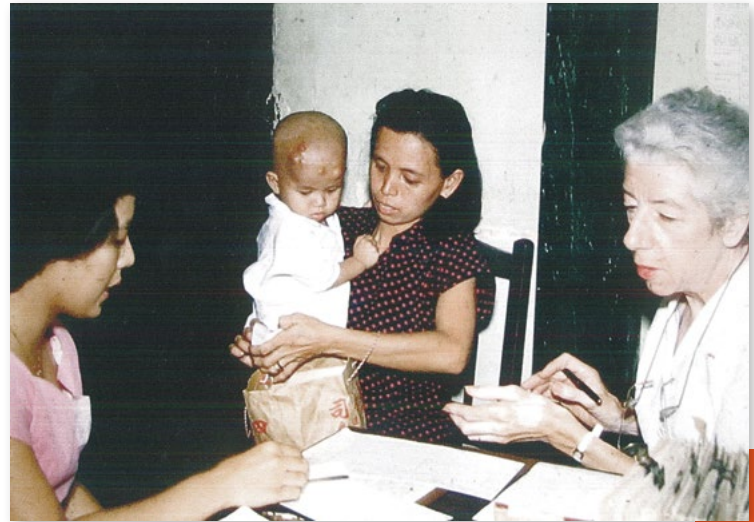
## Torching the Scourge of Tuberculosis

In 1950, tuberculosis among children was a massive problem. Dr Smith observed in a medical report that he wrote, "From an analysis of 11,142 consecutive new patients, our records showed that 1 child out of every 50 new patients who came to the hospital is suffering from active tuberculosis."

A situation that exacerbated the problem was that many parents brought their children to the hospital only when the illness was at its most severe. Towards the end of 1950, SAMH introduced a social welfare programme to address this. Dr Smith's wife, Mrs Catherine Smith, who was an experienced social worker, freely volunteered her time to interview nearly 100 patients whose children were either suffering from tuberculosis or malnutrition. She drafted a proper home care process for the children's parents, and in cases of financial needs, she referred them to Social Welfare for monetary assistance.

Mrs Smith's work highlighted the need for an "almoner", someone who looks after the social and material needs of the patients. Mrs Joan Lloyd Davies was appointed as almoner, and she worked with families to help them cope with the demands of treatment. Families needed education on nutrition, hygiene and care of babies and children. Unfortunately, over the years the doctors came across many cases where a child had been cured at the hospital, only to relapse at home due to poor care. Mrs Davies expressed her frustration, "ignorance, combined with bad housing, semi-starvation and chronic poverty continue to be the ever-present stumbling blocks to progress towards better health."

The education paid off. By the early 1959, Mrs Davies reported a decline in both the number of cases and the severity of pulmonary tuberculosis seen among the hospital's young patients.



*Almoner, Mrs Davies, helping a needy family (circa 1950s).*



## Going out to the Community (again)

With two anchor locations — SAMH at Tanjong Pagar and SAOH at Siglap — the mission once again extended its reach by going out to the community. During the 1950s, satellite outpatient clinics were opened at Our Saviour's Mission at Havelock Road and Church of the True Light Clinic at Perak Road. In 1962, a Mothercraft Clinic was opened to extend health services to the community. This clinic was started to teach mothers the "gentle art of caring for and feeding their babies". This too was successful, and many mothers voluntarily attended the sessions.





## An Era of Change



The 1950s was a renaissance period for the medical mission. With patients streaming into the clinics and an increasing workload, SAMH and SAOH were right on task, busy serving the community needs. The training of nurses was expanded to include the Certificate in Nursing Sick Children. A clinical laboratory and a new X-Ray unit were started. The capacity of the wards had also doubled.

SAMH carried on their mission into the 1960s as the country underwent major structural changes. The island had attained self-governance from the British in 1959. In 1963, Singapore would join the Federation of Malaya before becoming independent in 1965. With independence, the government started focusing on nation-building and infrastructure development. The public transport systems were improved. In the early days of the mission, it was necessary for SAMH to be where the bulk of the population resided, supplemented by visits to the villages. Now, it became easy for Singaporeans to get around by public transport.

Still, the demand at the children's hospital grew such that it was necessary to increase capacity from the 60 beds to at least 100. To accommodate the increase in demand and to refresh the tired-looking building, the

mission requested for a grant from the government in order to expand its current capacity, and to carry out the necessary renovations. However, the government rejected the request and the mission once again turned to private donors and the community generously came forward.

A long-term benefactor, Dato Lee Kong Chian, the Lee Foundation and the Rotary Club's donations allowed for the addition of a new ward on the third floor where the nurses' quarters had been. This raised the bed capacity from 60 to 80. The funds raised were also used for the refurbishment of the building, which had not been renovated since its opening in 1949. The renovations were completed in time to celebrate the 50th anniversary of the medical mission in 1963. The guest-of-honour at the event on 17 December 1963 was Prime Minister Lee Kuan Yew, who expressed deep appreciation for the hospital's contributions to Singapore.



*Prime Minister Lee Kuan Yew and Mrs Lee (partially hidden) touring the new Ward 6 after Prime Minister Lee officially opened the ward on 17 December 1963. Accompanying Prime Minister and Mrs Lee was Dr Lim Kim Siong, Medical Officer-in-Charge of SAMH and SAOH.*



*Visit by the First Lady, Puan Noor Aishah, wife of President Yusof Ishak to SAMH on 31 January 1966. Accompanying Puan Noor Aishah were Matron Molly Cheng, Bishop C.K. Sansbury and Dr Lim Kim Siong, Medical Officer-in-Charge of SAMH and SAOH.*

In 1965, Singapore became an independent country and the newly formed government started rolling out major national changes. The government began construction of modern housing with piped water supply, electricity for both light and power, gas for cooking and heating and a water-borne sewerage system. The plan was to move people out of the city and distribute them in the suburbs around the island. This — the beginning of the end of the slums — would have a profound impact on SAMH, as it was the mission’s original purpose to serve those communities.

In addition, part of building a modern infrastructure for the newly independent nation was to increase the supply and quality of healthcare.

Another government initiative that would impact the mission was the push to reduce the birth rate. Through various schemes and incentives, the government successfully reduced Singapore’s crude birth rate from a high of 42.7 per thousand population in 1957 to a low of 15.2 per thousand population in 1986.

All these initiatives were good for the nation and St. Andrew’s happily declared in their annual report for 1968, “Diseases like malnutrition, anaemia, parasitic infestations and tuberculosis are fortunately on the decline. This is a welcome indication that parents are getting a better idea of the cleanliness in the home environment and are feeding their children better.”

By 1969, admissions into the hospital for acute illnesses had decreased by 34% and the death rate of inpatients reduced from 12.2% to 1.5% as compared to 1960.

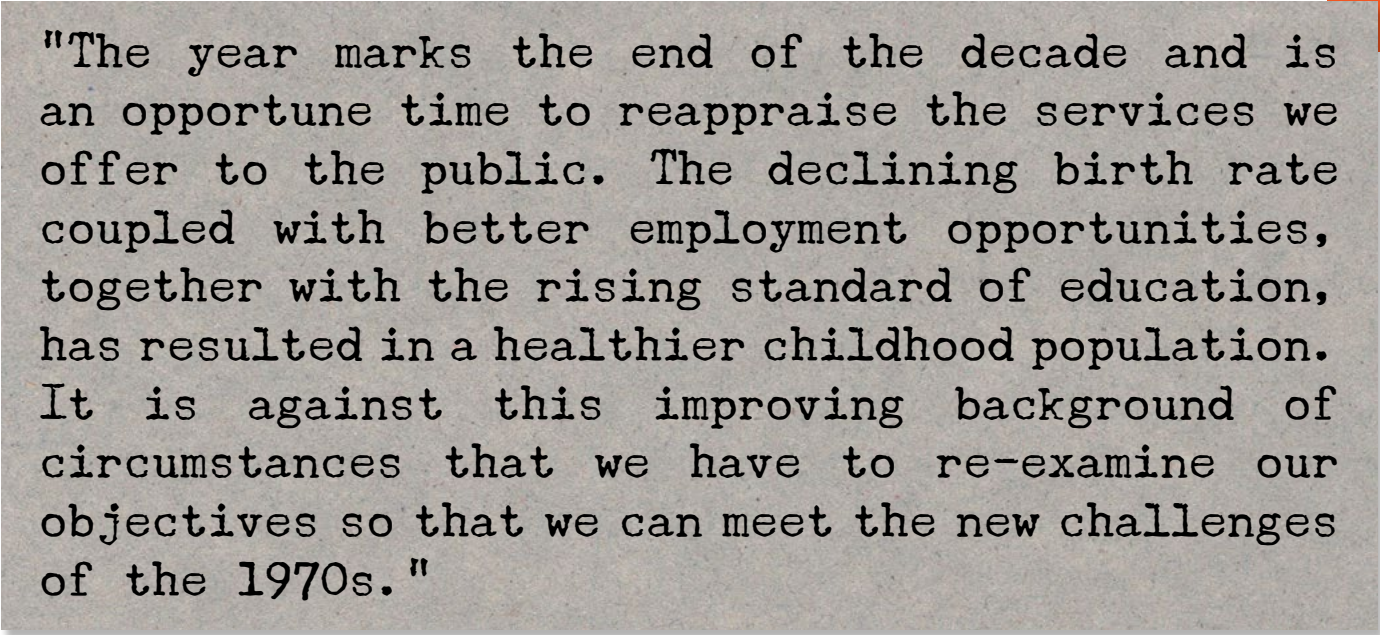


*Matron Molly Cheng and her little patients.*

## Reinvention and Renewal

### Rekindling the Fire

By the late 1960s, the causes the mission had served were no longer problem areas for Singapore. The districts they had served were no longer congested and the communities no longer struggled with the same problems as in the past. The Annual Report for 1969 stated,



"The year marks the end of the decade and is an opportune time to reappraise the services we offer to the public. The declining birth rate coupled with better employment opportunities, together with the rising standard of education, has resulted in a healthier childhood population. It is against this improving background of circumstances that we have to re-examine our objectives so that we can meet the new challenges of the 1970s."

It was time to reinvent. St. Andrew's Medical Mission had to step back once again and turn to God to ask for future direction.

Keeping the mission of serving the underserved in mind, in 1970, the Bishop of Singapore and the President of the SAMH Board, The Right Reverend Chiu Ban It, outlined the future of the mission. The four broad areas that were not fully served were the treatment of episodic illnesses such as coughs, colds, gastrointestinal illnesses, feeding difficulties, early detection and treatment of handicaps to prevent serious disabilities later in life, the management of chronic handicaps such as epilepsy, to allow patients to lead normal and meaningful lives, and finally the management of mental health.

Bishop Chiu believe that Singapore's rapid industrialisation and increasing stress levels would lead to emotional disturbances and behavioural disorders that could affect a child's educational performance, social behaviour and mental health. We know today that this is true. Acting on this insight, the mission expanded its healthcare offering to provide support and counselling to troubled families. Many families took comfort in the understanding and acceptance that St. Andrew's provided. Once again, it was St. Andrew's reaching out to the underserved community with love.



While the outpatient clinics continued to grow, inpatient admissions declined. Government initiatives successfully stemmed many health causes St. Andrew's served, and with the larger Singapore General Hospital just five minutes away from Tanjong Pagar, there was no longer a need for a free or heavily subsidised children's hospital in the heart of the city. After months of prayers and agonising considerations, the hospital board voted to discontinue inpatient services from 30 April 1982.

Once the decision was taken, there was no looking back. The hospital board eagerly turned to God to reveal the path ahead, just as He had done since the beginning of the mission in 1913.

Towards the end of 1982, Bishop Chiu retired and was succeeded by The Right Reverend Dr Moses Tay as Bishop of Singapore and President of the SAMH Board. Bishop Tay was a medical practitioner and the Board was excited to see how he would lead the hospital in providing Christian medical care in Singapore. In January 1983, he started a special committee to look into the future direction of the hospital.

After considering several possibilities for the future of the medical mission, the committee was compelled to turn to the needs of the seniors.

The government's family planning programme was perhaps almost too successful and by 1986, Singapore's population growth had come to an absolute standstill. The by-product was an ageing population. In 1970, some 118,300 Singaporeans were already over the age of 60. By 1999, the figure had climbed to about 245,000. It is estimated that Singapore's population aged 60 and above will account for at least 19% of the total population by 2030. Care for the seniors would become an acute need.



*Prime Minister Lee Kuan Yew delivering a speech at the opening of specialist clinics at SAMH on 4 April 1972. On the right were Bishop Chiu Ban It, Mrs Lee Kuan Yew, and Matron Molly Cheng.*

The government recognised that the gap between the demand for and the supply of services to the seniors would widen to unacceptable levels unless private companies participated in this sector. In 1986, Deputy Prime Minister Goh Chok Tong said, "The scope for private suppliers of quality healthcare will widen steadily in the years ahead. Specialised treatment centres, nursing homes, well-run homes for the aged and ill, rehabilitation and therapy centres, health and nutrition advice services — these are some of the services Singaporeans will be demanding. It is up to the private sector to spot and develop the opportunities."

SAMH promptly responded to the government's call and proposed a community hospital providing intermediate rehabilitative care for the aged; a safe and pleasant facility for senior citizens where their medical and emotional needs would be met.





*SACH at Elliot Road.*

The government accepted the mission's proposal. Possible locations were the SAMH building at Tanjong Pagar and the SAOH building in Siglap. The days of SAOH were numbered. The need for orthopaedic care was declining and the government had announced that SAOH would be closed. In December 1986, the shutters came down on the orthopaedic hospital and the land was handed back to the government. The building remained unused while discussions were underway on the possibility of SAMH using the premises for the new community hospital for the seniors.

Eventually, the quiet, suburban Siglap location was deemed ideal for senior care and the government was gracious in allowing St. Andrew's to continue the use of the land. The land was handed back to SAMH in March 1988. Dr Ng Kwok Choy, Board Member of SAMH worked together with a planning committee and government authorities to develop a pioneering community hospital providing recuperative and rehabilitative care for the less privileged seniors. Good progress was made and by 1990, ADDP Architects were appointed as architects and the government had approved a \$1 million subsidy for the renovation of the old SAOH building.



On 19 February 1992, St. Andrew's Community Hospital (SACH) for the seniors opened its doors to their first patients. It was the first of its kind to provide subsidised step-down healthcare for the seniors. The old orthopaedic blocks were converted into a modern facility comprising two wards with 60 beds for inpatients, an outpatient clinic and a day rehabilitation centre. Covering 24,281 square metres of land, the \$3.2 million facility would provide spacious, beautiful and peaceful environment for its patients to receive therapeutic, rehabilitative, convalescent and respite care.

And so once again, God charted the way. The light was rekindled, and the mission was back on track in providing care and love to those who needed it most.

For we walk by faith,  
not by sight.

2 Corinthians 5:7

Chapter 02

*Pillars  
of Hope*

For we walk by faith, not by sight.  
*2 Corinthians 5:7*

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When St. Andrew's Community Hospital (SACH) opened at Elliot Road in 1992, the medical mission had been on a faith journey of almost 80 years. Dr Charlotte Ferguson-Davie started the mission in 1913 when Singapore was a British Colony. The medical mission survived World War II and the Japanese Occupation, and continued to serve Singapore after the nation became independent in 1965. Healthcare needs had changed over 80 years, but St. Andrew's Mission Hospital (SAMH) remained faithful to its calling of providing medical care to the underserved.

Over the first 80 years, God had sustained the medical mission through difficult periods and guided SAMH during times of transition. The light might have seemed to flicker briefly but it was never extinguished, and when rekindled, shone even brighter. As successive generations of leaders walked by faith in God, He continued to lead and provide.

As the 21st century approached, the make-up of the nation had changed. Singapore was no longer a young, fledgling nation struggling to meet the basic needs of its citizens. Infrastructure and public services had vastly improved. Through the 1990s, Singapore's economy grew steadily. Despite the 1997 Asian Financial Crisis, Singapore registered a healthy economic growth rate of 9.4% in 2000. The total population of Singapore swelled and passed the 4 million mark from 3 million residents in 1990. There were 330,000 residents in Singapore in 1913 when the medical mission first started. Since 1977, Singapore's total fertility rate, children born per woman, had been declining and by 2000, it registered a low 1.16 — below the population replacement rate.

These factors gave rise to new health challenges. With the faster pace of life brought on by increased economic competition and the stress of living in a crowded environment, mental health care became an area that needed attention. In 2004, a National Mental Health Survey conducted by the Institute of Mental Health found that 15.7% of adults in Singapore suffered some form of



*SACH at Elliot Road.*

mental health condition that affected their well-being. Of note was that an estimated 12.5% of children aged 6 to 12 had emotional or behavioural problems such as depression, anxiety and social withdrawal.

The declining birth rate would lead to a rapidly ageing population, increasing the demand for elder care. At the same time, healthcare services had advanced significantly and with the population being more educated, there was a greater awareness of medical conditions.

As the new millennium approached, God spoke again. The mentally distressed, the seniors and persons on the autism spectrum, all needed their pillars of strength and hope. These areas were new frontiers for the mission. SAMH could have retreated in self-doubt and remained in its comfort zone. However, two constant traits had remained since the beginning of the mission — faith in God and obedience to His calling. The leaders turned to God in prayer. When it was clear that it was their calling to serve these communities, they were up for the challenge and hard work. They plunged into the centre of His will.



From its strong historical roots of serving the community in Singapore, SAMH would develop strong branches to care for the spectrum of needs in the new millennium. SACH would focus on senior care and intermediate rehabilitative care, St. Andrew's Lifestreams (SAL) on mental, social and emotional health, and St. Andrew's Autism Centre (SAAC) on persons on the autism spectrum.

Once again, SAMH would be found faithful in being the pillars of hope for those who were most in need.

To fulfil this mission would require a certain cadre of people. As in the past, many who dedicated their working lives view it as a calling, and not a job. Dr Arthur Chern, Group Chief Executive Officer of SAMH and Singapore Anglican Community Services (SACS) revealed, "Hiring the right type of person who embodies the spirit of SAMH is a high priority. During the interview process, once we establish the candidate's technical competence, we focus on exploring the 'core' of the person — what motivates them, and what makes them tick."

Dr Chern admits, though, that selecting the right staff is not entirely their doing,

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**"St. Andrew's Mission Hospital seems to attract a certain kind of people — the kind we look for. Hand on heart, I can only attribute this to God directing the right people to the mission."**

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Though the mission is a faith-based Christian entity, it is staffed with people of different races and religions, all working towards the same goal of "helping people live life to their fullest potential, to have dignity and respect for themselves and each other."

It is this group of committed individuals with a common goal and heart for people that would carry the torch of love and care into the future, and into new frontiers. Times have changed, but the original vision of the medical mission continues to guide its work into the new millennium:

*"To be a light in a dark place, that ignorance will be replaced by knowledge and understanding, physical distress by comfort and healing."*

# St. Andrew's Community Hospital

## Hope Through the Ages

Since its start in 1992, SACH has always provided holistic care. This means that while the hospital treats the patients' physical health, it also cares for their social, emotional and spiritual needs. This approach makes SACH distinctive in the healthcare industry. It is redefining what it means to be a hospital — an institution that goes beyond merely treating physical conditions, and focuses on holistic care for the person.



*Mr Yeo Cheow Tong, Minister for Health and Community Development, officially opened SACH on 31 October 1992. Accompanying him were Bishop Moses Tay and Mr Choo Choon Liang, Hospital Director of SACH.*

This motivation comes from following the example of Jesus Christ — who heals physically, spiritually and emotionally. As Dr Loh Yik Hin, Chief Executive Officer of SACH articulated, “Everyone who works at the hospital must be a living example of healing, charity and love. We give people hope. Prayer and pastoral care are also important components of the hospital. We are, after all, a faith-based charity that serves all regardless of race, language or religion.”

Driven by the SACH ethos of caring for patients in a holistic manner, the hospital constantly innovated and modified their services to improve the delivery of holistic care. In 1994, just two years after the start of the hospital at Elliot

Road (former premises of the St. Andrew's Orthopaedic Hospital), SACH launched a hospital-wide quality service programme called “Healthcare from the Heart”. This involved not only establishing service standards but also hardware improvements. For example, fixtures and furniture were modified to be more patient-friendly. Simple but thoughtful changes such as replacing clocks with large faces and calendars with large print were made so the seniors could easily read them. The hospital improved the aesthetics and ambience of the hospital with dimmed lighting and floral curtains.

Doctors and nurses took interest in their patients beyond simply providing medical services. Many of them developed personal relationships that continued after the patients' discharge. Some patients even returned to work or volunteer at SACH in gratitude of the care and love that they were given during their stay at the hospital.



*Healthcare from the heart.*

Ms Alison Sim, the Director of Nursing Services at SACH revealed, “We care for our nurses as we care for our patients. We have to embody the mission of the hospital and the Anglican Church. We are here to care for and love one another. When the nurses realise that they are treated as valued and loved members of the St. Andrew’s family, they will serve out of the same love. This is our difference. I believe this difference comes from keeping our eyes on God and following the example of Jesus Christ.”



*A new calling — caring for the seniors.*

Patients appreciated the “something special” about the staff of SACH. The government also took notice. In November 1998, three staff members of SACH received the Model Healthcare Worker’s awards from Prime Minister Goh Chok Tong. This dedication to providing exceptional care has not changed over the years. In 2013, a survey by the Agency for Integrated Care, revealed that SACH had the highest patient satisfaction scores among the five community hospitals in Singapore.

Unbeknownst to the SACH team, who was diligently running the community hospital in Elliot Road, God had greater plans. Elliot Road would be used for another purpose and God was preparing SACH to move to a much bigger calling.

### **The Move to Simei**

In the mid-1990s, the government had closed the Toa Payoh Hospital and built the new Changi General Hospital (CGH) to serve residents living in the eastern part of Singapore. The health ministry recognised the benefits of having a ‘step-down’ healthcare facility linked to the new acute-care hospital, and had allocated space in Simei for both CGH and a community hospital. As patients’ conditions stabilised, they could seamlessly and easily be transferred from the acute-care hospital to the community hospital for rehabilitative or continuing medical care.



*Day rehabilitation activities at SACH.*



Since SACH had become an established community hospital in the east, the government offered it the plot of land in Simei adjacent to the newly built CGH. This was a significant step up from the modest two-ward, 60-bed facility in Elliot Road. Understanding that this was God's call to expand the ministry of the medical mission, the SAMH Board accepted this responsibility and decided to move SACH to Simei. When completed, the 215-bed community hospital would be the first purpose-built community hospital located next to a regional acute-care hospital.

In 1997, the SAMH Board appointed a Planning and Commissioning Committee under the chairmanship of Mr Lee Cheow Seng to oversee the plans for the new hospital. In addition, nine sub-committees were formed, each to look into a specific field. The task of designing the hospital was awarded to DP Architects Private Limited.

The start of construction was however delayed, due to the Asian Financial Crisis of 1997 and changes in the parcellation of the allocated land. During this delay, staff of SACH used the time well to prepare for the move by upgrading their skills in geriatric and rehabilitative care, in line with anticipated needs and the government's emphasis on senior care.



*The groundbreaking ceremony for the new SACH at Simei was held on 19 December 2003.*

On 19 December 2003, a groundbreaking ceremony was held on the plot of land at Simei, and construction commenced in early 2004. The following year, the facility was ready. On 18 April 2005, patients at SACH in Elliot Road were transferred to the new hospital at Simei. On St. Luke's Day, 18 October 2006, 93 years to the day the medical mission was started, Mr Khaw Boon Wan, the Minister for Health, officially declared SACH at Simei open.

The hospital at Elliot Road had 60 beds while the new hospital had a capacity of 200 beds. Mrs Yuen-Chiew Yew Mee, Director of Operations and Administration at SACH was among those who led the move from Elliot Road to Simei. She recalled, "We didn't fill all 200 beds immediately upon our move. We deliberately and gradually ramped up to full capacity over the course of two years. This allowed us to ensure that our patients got the level of care they deserved. I'm very proud of the way our staff was able to step up from a small community hospital to a much larger one. In fact, many of our staff from Elliot Road are still with us, and they act as mentors to the new staff."





*SACH is linked to CGH via a link bridge. It is the first community hospital to be located next to an acute-care general hospital.*

Upon moving to Simei, SACH worked closely with CGH to streamline operations and fine-tune services. Both hospitals are connected by a covered link-bridge. This close proximity with CGH facilitates coordination between the two hospitals, and the sharing of services. It also allows for seamless delivery of integrated care to SACH's patients.

The partnership between CGH and SACH brings significant operational advantages. Duplication of certain services is eliminated, for example, X-ray services, laboratory services and dietetic services can be obtained from CGH. SACH also engages specialist services from CGH when required, to provide consultation to its patients. This close collaboration with CGH allows SACH to provide better coordinated care for patients who require management of sub-acute medical problems, rehabilitation and longer hospital stay. It meets the needs, particularly of the seniors, through the continuum of care from an acute hospital to the point where the patient is ready to return to the community.

Being close to CGH also helps correct some unfortunate misconceptions of a community hospital. In one instance, a patient wept when she was told that she was being moved from CGH to SACH. She thought of a community hospital as a "dumping ground". However, when the patient noticed that the hospitals were physically connected and the care she was getting had not changed, she understood that her health was improving and she was transferred to SACH to facilitate a full recovery.

While SACH's focus on senior care is in line with the prevailing needs of the time, children were never far from the minds and hearts of the Board members. Desiring to return to the medical mission's legacy of caring for the sick and needy children, the Board brought up serving the young ones again. Healthcare for children had improved significantly since the founding of the medical mission but there were still children requiring intermediate rehabilitative care. The Board decided to take them in and to care for them.

SACH then initiated discussions with KK Women's and Children's Hospital and the Ministry of Health to explore the feasibility of setting up a paediatric ward within SACH. It was decided that part of a ward on level six of the hospital would be designated for paediatric care. In October 2007, SACH admitted its first patients from 6 to 16 years old. With it, SACH became the first community hospital to provide intermediate inpatient rehabilitative and continuing medical care for children. The mission had come one full circle with the re-introduction of inpatient paediatric care. The children were back.



*Coming full circle — SACH launched its paediatric inpatient rehabilitative care service in October 2007.*

## Reaching Out to the Community

Two years after the move to Simei, SACH was fully operational and firing on all cylinders. The hospital began to look to serve beyond its walls. Just like in the early days when doctors and nurses would treat communities around the island, SACH remains committed to venture where the needs are the greatest.

SACH expanded its home nursing team in 2009 to serve patients who are discharged from SACH as well as patients who are referred by other hospitals and healthcare agencies, in their own homes. While the patients have sufficiently recovered to be discharged from hospital, they may still need nursing care such as wound management or change of catheter at home. In December 2012, SACH enlarged its home nursing services into an integrated home healthcare service which include patient case management, home medical and home therapy services. This integrated Home Care Service plays an important role in enabling patients to age-in-place. Instead of making frequent trips



*SACH's integrated Home Care Service provides nursing, medical and physical therapy services to home-bound patients.*

to the hospital, home-bound patients can receive the much needed medical, nursing or physical therapy treatment in their homes. The Home Care Service operates out of SACH at Simei and Jalan Batu.

In 2010, together with the support of St. Andrew's Cathedral, SACH launched a free mobile clinic service to serve senior citizens and low-income families, as well as migrant workers. These communities cannot afford or do not have access to medical care. For example, many migrant workers worked in sectors that demanded lots of physical exertion under the hot tropical sun. Dr Joseph Thambiah, Volunteer Leader of the SACH Mobile Clinic Service, observed, "These workers were hesitant to seek treatment. If they took medical leave, they would lose a day's wage, which they could ill-afford. Disturbingly, many laboured through illnesses such as diabetes, physical injuries, pus in ear, and masses in their abdomen. Our mobile clinic goes out to treat these people for free at their dormitories, which are often tucked away in unseen parts of this island." Usually working on Saturday evenings, the team of volunteers would see up to 500 patients from 5pm to 10pm.



*The Day Rehabilitation Centre at Jalan Batu provides physiotherapy and occupational therapy services to clients who need it.*



*SACH's mobile clinic provides free primary care for residents and migrant workers.*

In the same year, SACH started providing physiotherapy and occupational therapy services at two senior activity centres, one in Jalan Batu and the other at Kampong Glam in collaboration with PEACE-Connect Senior Activity Centre. The activity centres provide free or subsidised regular maintenance therapy session to clients with rehabilitative needs.

By 2013, SACH had supplemented its hospital services with mobile clinic as well as outpatient programmes and services around the island through Community Therapy Services, Day Rehabilitation Centres, Adult Home Care Service, and Outpatient Clinics. By 2014, SACH will also launch a Paediatrics Home Care Service in collaboration with KK Women's and Children's Hospital, to care for children with chronic conditions.

This suite of services allows SACH to go beyond the walls of the hospital to provide quality healthcare to those in need, where they are. With these services, SACH is fully living up to its mission of being a community hospital, doing the work SAMH was meant to do — reaching out and moving into the community to serve the disadvantaged and the underserved.





*The Integrated Building at Simei.*

## **The Integrated Building**

Meanwhile at the hospital, further improvements were made to strengthen the partnership between CGH and SACH. A new building, named The Integrated Building (IB), was being built on a plot of land between the two hospitals in Simei. It is Singapore's first fully integrated facility between an acute care hospital and a community hospital, focused on providing a patient-centric model of care from treatment to rehabilitation. The groundbreaking ceremony officiated by Mr Gan Kim Yong, the Minister for Health, was held on 10 November 2012. The eight-storey, 280-bed IB was completed in 2014.

The IB strengthens the collaboration between CGH and SACH and improves patient care as they move from the acute hospital to the community hospital. CGH and SACH will share facilities and resources such as pharmacy supplies, laboratory services, and even beds. The allocation of beds can be easily calibrated based on the demand for acute, sub-acute or rehabilitative needs. Both hospitals are committed to integrating processes and workflow for better efficiency and convenience for the patients. The ultimate goal is for the patient's recovery. As the Chief Executive Officer of SACH, Dr Loh Yik Hin, explained, "With this new model of care, our goal is for patients to receive a high quality of rehabilitation and resume, as much as possible, the activities that they enjoy. Even as our population ages, it is vital that they have a good quality of life."



*SACH at Simei.*

### **An Alliance for the Future**

In eight short years, SACH had grown from a modest hospital in Siglap to a large regional community hospital that was reaching out to various communities around the island.

However, God had even greater plans for SACH.

In November 2011, SACH joined the Eastern Health Alliance (EHA). While SACH had partnered CGH as an acute care and rehabilitative care combination, the EHA is a larger and more comprehensive alliance among health service providers committed to delivering seamless and high quality care for residents in the eastern part of Singapore. The members of the EHA are CGH, Health Promotion Board, SACH, SingHealth Polyclinics and The Salvation Army Peacehaven Nursing Home.

The alliance was formed to provide the full spectrum of healthcare services from acute to rehabilitative to outpatient until recovery and subsequent prevention. This falls in line with the national direction of treating healthcare as an ongoing, lifelong service rather than treating illnesses on a case-by-case basis. This longitudinal approach to care is especially important for an increasingly ageing population and people with long-term chronic conditions such as diabetes, stroke, cancer, lung and heart disease.



*The recipients of the 2013 Eastern Health Alliance Caring Awards from SACH include nursing, allied health and ancillary support staff; together with Dr Loh Yik Hin, Chief Executive Officer of SACH (centre with tie); Ms Alison Sim, Director of Nursing (left) and Mrs Yuen-Chiew Yew Mee, Director of Administration and Operations (right).*

The members of EHA cover the range of healthcare services from education, disease prevention, early detection, treatment, ongoing care, rehabilitation, and subsequent prevention of recurring diseases. This includes educating, empowering and supporting patients as well as caregivers to manage their health effectively and to live a healthy life.

The mission started as a humble dispensary in 1913, the first hospital opened in 1923 in Erskine Road and now, a hundred years later, SACH is a vital part of Singapore's healthcare system. Through the years, the various hospitals have been a pillar of hope for different needs and communities, but this journey is not about human achievements. This journey is about men and women being faithful to their calling and trusting God to lead.

*The journey is about  
God's faithfulness.  
He alone is the rock and pillar of  
St. Andrew's Mission Hospital.*



## St. Andrew's Lifestreams

### Hope for the Mind, Body and Soul

Singapore made rapid progress through the 1990s. The economy boomed, the education system underwent changes and the pace of life quickened. As a result of these changes, stress levels in the city started escalating and along with it, associated social problems. The divorce rate went up, the education system became increasingly competitive and many worked long hours. In families, both parents often held full-time jobs, depriving children of precious parental time.

These conditions gave rise to more social problems. SAMH took notice of this and was concerned. It was evident to them that more people would require pastoral care and counselling to help them cope and even thrive in an increasingly stressful climate. A committee comprising Mr Lee Cheow Seng, Dr Margaret Loh and The Very Reverend Dr John Tay was formed to look into how SAMH can address these social concerns.

The result was a proposal to form an entity called St. Andrew's Lifestreams (SAL). SAL was to be an educational, training and resource centre for the caring and counselling profession. Dr Margaret Loh, the first Chairman of SAL Management Committee remarked,

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**“A lot of pain exists in our society as a result of human dysfunction. Those who suffer from mental or emotional ill-health experience much personal anguish as well as relationship dysfunctions that result in severely detrimental effects on family life and the community at large.”**

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This was another “dark place” that SAMH would shine a light on and become a pillar of strength and a rock of hope for many.

SAL started in November 1998, occupying two floors of the newly built St. Andrew's Centre in Tanjong Pagar. SAL's mission is “Through God's grace and truth, we facilitate healing, restoration and holistic health in people's lives so that they can experience wholeness through a multi-level network of caregivers in the church and community.”

SAL was set up as a professionally run holistic health training and resource centre managed by a non-profit Christian organisation to promote optimal mental and emotional health in the community. SAL focuses on both preventive and therapeutic work. It also provides educational services for those with mental-emotional challenges. Though SAL is part of the Anglican Church, its services are open to all with no strings attached.

SAL targets two distinct audiences. The main audience is the counselling professionals whom SAL aims to train them to become more effective in their work. The others are clients whom SAL directly counsels.

The guiding principle in the design of SAL's programmes is on imparting practical skills for effective counselling and not simply dishing out theoretical concepts. The SAL-trained counsellor should be able to create the optimal conditions for people to reach their full potential. Mr James Chan, Executive Director of SAL from 2005 to 2011 said,

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**“The aim is to develop competency in counsellors to build positive relationships with their clients and to extend an effective listening ear to those who cry for help. We promote wellness, prevent dysfunction and provide therapeutic services to those with mental and emotional problems.”**

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A “You Can Do It” course conducted by SAL.

Though a Christian faith-based organisation, SAL respects the individual's uniqueness and culture. As SAL was addressing an area of unmet needs when it was formed, its services were in immediate demand. Training and consulting organisations such as the Family Resource and Training Centre, Singapore After Care Association, Singapore Anti-Narcotics Association and Singapore Navy Medical Service were among the earliest clients of SAL. The Ministry of Education invited SAL to develop pastoral care courses for 2,000 secondary school teachers over a two-year period. More recently, the Singapore Buddhist Lodge (Whispering Hearts) sent its chief psychologist to SAL for training. Through the years, SAL would work with various organisations to tackle issues such as addiction and recovery, sexuality and gender identity, parenting, marriage enrichment, grief and depression.

In 2006, SAL restructured their services to reflect a stronger emphasis on pastoral care to schools and churches within the Diocese of Singapore office. At the same time, SAL moved its offices from St. Andrew's Centre in Tanjong Pagar to St. Andrew's Village, where the Anglican Diocese office and the St. Andrew's schools are situated in order to facilitate a closer working relationship. By 2007, SAL had evolved to offer three core services: pastoral care training targeting full-time church workers, training for the care and counselling industry, and school-based services to counsel youths-at-risk.



*Participants and instructors at a Sandplay and Symbol Workshop.*

### **Restructuring of St. Andrew's Lifestreams**

Instead of simply counselling cases as they appear, SAL studies the social landscape to anticipate potential areas of concern. As with many social dysfunctions, SAL recognises the importance of catching "at-risk" cases before the individual falls headlong into the negative impact of their area of weakness. Hence, SAL has been proactive in starting education and intervention programmes. For example, when the casinos were being constructed in Singapore, SAL anticipated a rise in problem gambling among the youths. International studies had shown that youths are two to four times more likely to fall into problem gambling compared to adults. Many of them start as young as nine years old so it was important to catch them before it was too late. In 2006, SAL, together with the WE Foundation, launched a programme called Handling Underaged Gambling, which was adopted by many schools in Singapore.

While the primary objective is to equip those in the caring and counseling professions, SAL also directly counsels those in need. When dealing directly with counselling clients,



SAL almost entirely focuses on “heartwork” and spiritual care. This requires special attention, as it involves a combination of clinical skills as well as empathy, and an understanding of emotional sensitivities. When counselling individual clients, SAL counsellors strive to personally connect with their clients by responding with genuine concern in a positive, nurturing manner. SAL also constantly upgrades the competence of its counsellors through training, and by adopting the latest clinical and counselling techniques.

The chairman of the SAL Management Committee, Reverend Canon Ong Chooi Seng, takes a hands-on approach at SAL. He shares stories of lives that SAL has touched, “The cases we handle range from strained marriages due to anger management issues, wife abuse, alcoholism, and same-sex attractions. In counselling, we always look at the potential in people and focus on how to make their lives better. In many cases, clients whom we have successfully counselled remain associated with SAL and our counsellors.”

Over time, SAL, either through those whom it had trained, or through direct counselling, has helped many to find their feet, gain confidence and function effectively in society. An example was an underage girl who had engaged in sexual activities. Guilt and confusion overwhelmed the girl, and it affected her performance at school. Thankfully, she eventually confided in someone who referred her to SAL for counselling. After four months of counselling, positive affirmation, demonstrating care and concern, the girl regained her confidence. She is now back in school and doing well. Her mother is pleased with the progress that her daughter has made.



*SAL equips and trains care and counselling professionals with hard skills and also focuses on “heartwork” and spiritual care.*

SAL also collaborates with the other community services of SAMH to restore people and relationships. In one case, there was a boy on the autism spectrum whose behaviour indicated that his caregiver might have been abusing him. Rather than judging and adopting a confrontational approach, SAL investigated and found that the caregiver was not equipped to handle the child on the autism spectrum due to a lack of know-how. This led to the caregiver’s frustration and despair. Working together with the caregiver, SAL and St. Andrew’s Autism Centre shared their knowledge on care management of children on the autism spectrum. With the improved care, the boy on the autism spectrum has developed a much better relationship with the caregiver and his behaviour has vastly improved.

Sharing similar sentiments with many of the SAMH Board members, Reverend Canon Ong said, "God created the world to be perfect and with people in perfect fellowship with Him. This is His original design. Sadly, in a fallen world, we've strayed far away from the model of perfect families, of loving each other, loving self and loving God. However, we remain optimistic that restoration can happen in individual lives.

*"Through SAL, we will continue to model, encourage, and counsel people of all races, languages, religions and conditions. As far as possible, we will be the pillar of strength that they can lean on and learn from. We give them hope so that they can go on to live productive and meaningful lives."*

# St. Andrew's Autism Centre

## The Colours of Life

In early 2000s, the SAMH Board had been studying the possibility of starting a new service for people with conditions that required long-term care. The timing of these discussions was divinely ordained as it coincided nicely with the construction of the new SACH. With plans to relocate SACH to Simei, the Elliot Road facilities would be vacant. The Ministry of Health gave SAMH the option of redeveloping the site. As the land was designated for medical use, it would have to be a health-related project.

With the offer of the land in 2004, the planning for the new service escalated. The Anglican Diocese and SAMH formed a subcommittee led by Dr Jimmy How to assess the types of services that the site at Elliot Road could be used for. After months of prayers, planning and discussions, the committee proposed that the site be redeveloped for children with medical and learning disabilities, including a school and a day-care centre. A proposal was drafted and submitted to the Ministry of Health (MOH), the Ministry of Education (MOE) and the Ministry of Community Development, Youth and Sports (MCYS). The MOE and the MCYS were involved as the plans included setting up a school and a day care centre.

The proposal drew favourable responses from the three ministries. However, with visits to various service providers in the field of learning disabilities and constructive feedback from the ministries and experts, the proposal evolved. The first major change to the proposal was to expand the target group from children to children plus youths and adults. Besides offering long-term rehabilitation services, the new facility would include a school, a day care centre and vocational as well as job placement services.

With further engagement and discussions, the proposal continued to evolve and eventually crystallised to an area of critical need — an integrated and comprehensive centre for children and adults on the autism spectrum.



*SAAC at Elliot Road.*

In the mid-2000s, autism was clearly an underserved area. While awareness of autism had increased with the availability of information through the Internet, the understanding of the condition was generally shallow. Autism is a life-long condition. At that time, there were few services for persons on the autism spectrum. If SAMH were to serve this community, it would be a major decision that would involve significant resources and the learning of new skills. It would also hugely impact the future of the medical mission and the next generations of leaders who would helm SAMH.

Understanding that this was not a decision to be taken lightly, The Right Reverend Dr John Chew, who was then the 8th Bishop of Singapore and the President of SAMH and SACS, recollected a pivotal Board meeting in September 2005 where they voted on the decision to start an autism centre.



“There were about 20 of us Board members. We all knew that it was a big decision we were voting on. After all, we could not raise expectations by starting a dedicated autism centre and let it drop. It was all or nothing. So I lifted the ‘party whip’, so to speak. I told everyone to vote from their heart — to vote with their own convictions — and not feel bad if they did not want to come in. Then before we cast our votes, we paused and prayed.”

It was a unanimous decision. All 20 Board members voted for SAMH to start a dedicated centre for persons on the autism spectrum. Bishop Chew was flabbergasted, in a positive way. “It was a very honourable decision,” he reflected, “Embodying the spirit of Dr Ferguson-Davie, the Board decided to go where the need was greatest, trusting the Lord to bless the work.”

In the third quarter of 2005, SAAC was birthed. This was the beginning of a new journey — to shine the light in a new dark place and to bring hope to a new community of God’s people.

Mr John Ang, one of the members of the committee responsible for the development of the autism centre was appointed as the Chief Executive Officer of SAAC. John came with stellar credentials. Besides a wealth of experience in social service, with accolades from the government for his work, he had more than 30 years of experience teaching at the Department of Social Work at the National University of Singapore. He had a strategic mind, the relationships and the commitment to steer the project during the early days.



*SAAC began its operations at level 10 of SACH in Simei. A teacher was conducting functional math class to a group of SAAC clients.*

Although the aim was to start SAAC at Elliot Road, once the decision was taken, the project hit high gear. The needs were there and the Board decided to start services as soon as possible. Instead of waiting for the dedicated autism centre to be built, SAAC commenced services at an interim site at the tenth floor of SACH in Simei in October 2005 with a school for children and a Day Activity Centre (DAC) for adults. In January 2006, the centre had two students and four DAC clients. The DAC proved immediately popular and quickly outgrew the space allocated in Simei. In October 2007, it moved to a temporary site at Bedok South. By December the following year, SAAC had 34 students and 17 DAC clients.



*SAAC clients are trained in activities of daily living.*

Concurrently, the planning committee worked at fine-tuning the requirements for the new autism centre. The purpose-built autism centre would be the first in Singapore and it took three years of careful study, calibrating the plans, designs and services needed to ensure that the needs of persons on the autism spectrum would be comprehensively covered.

The groundbreaking ceremony for the SAAC at Elliot Road was held on 28 March 2009. It was officiated by Mr Abdullah Tarmugi, Speaker of Parliament and Member of Parliament for the East Coast GRC. Recognising the hand of God leading up to the pivotal day, Mr John Ang, Chief Executive Officer of SAAC delivered these first words in his address at the groundbreaking, "Today, we turn a page in history. Here on these grounds that God has hallowed for service, SAAC continues the tradition of her parent body, SAMH, to meet needs in the community with faithfulness and integrity." It was God's leading that brought the medical mission to this day.

Construction of the new centre began soon after the groundbreaking. Even during construction, the student enrolment at St. Andrew's Autism School, a special school operated by SAAC, grew to such an extent that the school had to move to Guillemard Crescent to accommodate close to 100 students.



SAAC at Elliot Road was officially opened by President SR Nathan on 29 March 2011. (From left: Reverend Canon Wong Tak Meng, Senior Chaplain, SAMH and SACS; Mr Dennis Ang, Chairman, SAAC Management Committee; The Right Reverend Dr John Chew, President, SAMH; President S R Nathan; Dr Loh Yik Hin, Chief Operating Officer, SAMH; Mr John Ang, Chief Executive Officer, SAAC; and Mrs Susie Tay, parent of an SAAC client.)

On 29 March 2011, SAAC at Elliot Road was officially opened by His Excellency, Mr S R Nathan, President of the Republic of Singapore. Built at a cost of \$23.7 million, it was a fully integrated and comprehensive facility custom-built to serve children and adults on the autism spectrum. The centre also serves the families and caregivers of clients and students. At the time of the launch, it was the only day activity centre that catered to adults on the autism spectrum.

In a prayer offered during the opening ceremony, Mr Dennis Ang, Chairman of the SAAC Management Committee, said, "We remember the commission given to us, the Anglican Church, to be a Christian community serving persons on the autism spectrum in Singapore. We are humbled by Your grace in providing these premises, which are to be dedicated for the service of our clients. Keep us faithful to our calling and strengthen us in our service."

The building was carefully and deliberately designed to its finest detail. The overarching design principle was to create a calm and peaceful environment. The facility occupies 15 blocks distributed around an elliptical walkway. The upper linkway connects the public access areas to the more private spaces of classrooms, therapy rooms and day training rooms for adults. Its physical facilities support the education, training and recreational needs of persons on the autism spectrum.

The centre has an assessment centre, clinic and a hydro-therapy pool. It is also equipped with counselling and support services for family members and caregivers as well as a resource centre.



Aerial view of SAAC at Elliot Road.

Like the community hospital, SAAC has its own dedicated chapel called Chapel of Christ Our Hope. The chapel contains a stained glass installation featuring the colours of the rainbow — as a symbol of God's promises and recognising that the clients of SAAC contribute to the colours of life, each in his own unique and special way.



The move of SAAC to Elliot Road was symbolic. Over the years — since 1939, when the premises first served as an orthopaedic hospital, to 1992 as the first location of the community hospital — the site was used to serve different needs. With the opening of SAAC at Elliot Road, the work of serving the community continues on a site rich with stories and history.

At SAAC, parents and caregivers are welcomed and fully and unconditionally accepted. They are encouraged to speak of their challenges and struggles openly, without fear of judgement. SAAC is a place where they are shown love and support.

This credo guides the work of SAAC:



SAAC DAC Family Day 2012.

*"Persons on the autism spectrum have intrinsic worth.  
Just like everybody else, they are God's handiwork.  
They are to be cherished and valued. Persons on the autism  
spectrum are unique and every one of them is special.  
They form the colours of humanity  
— they are the colours of life."*



*SAAC students undergoing training in food preparation.*

One of the goals of SAAC is that persons on the autism spectrum are seen as an integral and valued part of the larger community; that they too can contribute to society.

To be sure, the work at SAAC is not easy. Persons on the autism spectrum are by nature prone to periodic meltdowns and the reality is that many of the staff have, at some point, been unintentionally injured by clients and students.

Regardless, the staff find joy in their work. As the Acting Chief Executive Officer of SAAC, Mr Dennis Ang, says, "To work here is a calling. The staff work for the satisfaction of seeing their service bearing fruit. Sometimes progress is slow but each incremental step that allows the client on the autism spectrum to adjust better to the world brings much joy to the staff. That is what we work for."

Mr Ang's motivation is to see SAAC grow and mature. He reflected, "When we first started, we were not much more than a respite centre. We provided minimal services to keep our clients occupied. Today our services are customised according to the talents and inclinations of our clients to bring out the best in each individual."

The aim of SAAC is to unleash the potential inherent in each of its client and student. Adult clients are placed in programmes based on their individual gifting and interests. If an adult client shows an inclination for dance or art, programmes are customised accordingly. However, the aim of the DAC is not simply to keep the adult clients occupied. They are put into vocational programmes. For example, in the cafeteria, SAAC clients serve customers, operate the cash register, wash the dishes and keep the entire cafeteria clean. If the clients are horticulturally inclined, they are taught to care for and grow plants which are sold at fundraising events. Other clients involved in the horticulture programme go to a hotel in Sentosa where they clean and maintain the grounds and landscapes.

Students at the St. Andrew's Autism School are engaged in a variety of educational programmes that are aimed at developing their independence. For example, mathematics is taught in a way to be of practical use. Students who are taught arithmetic practise what they learn by being accompanied on trips to a supermarket or a foodcourt where they manage their spending. For clients with unique needs, the curriculum is custom-tailored for the individuals by a team comprising the principal, track heads and teaching staff.

SAAC places great importance in serving the needs of parents and caregivers of their clients. Mr Ang reiterated, "Our services must be holistic. We cannot neglect our clients' families. We understand the challenges they go through and we are here to support them. This is where we demonstrate Christ's love to them by unconditionally accepting the clients and their families."



*SAAC clients enrolled in the horticulture programme may help out in external landscaping projects.*

Caregivers and family members of students or adult clients on the autism spectrum are taught how to care for, support and work with individuals with autism. A Parent Support Group (PSG) was started for parents to support and learn from one another.

Autism is a complex and lifelong condition. Seemingly simple events that most families take for granted, for example, holidays may be difficult for families with members on the autism spectrum. In 2012, SAAC organised an overseas trip with the heart-warming assistance of SilkAir. Many SAAC clients have never been on an overseas trip. Unfamiliar environments such as airports and being buckled down in an aircraft may trigger a meltdown. To help SAAC clients and their families be prepared for air travelling, SilkAir arranged for them to participate in a “dry-run” of the flight a week before the actual departure.

This way, when they went on their holiday, they would be familiar with the airport environment and flight routine. SilkAir arranged the entire process from boarding, safety announcements, up to the simulated departure. The crew and ground staff were aware of the unique needs of the clients and made special seating arrangements. They even came to introduce themselves to the travelling entourage. This allowed many families to take their first overseas holiday. With all the planning, there were no incidents during the trip. The entire trip was a success and this initiative won second prize at the National Council of Social Service Innovation Pitch competition in October 2012.





*With the help of SilkAir, SAAC clients and families flew to Penang for a retreat.*

SAAC's goal is also to influence the community to engage, accept and respect persons on the autism spectrum as valued members of the society. Hence, SAAC remains active in research, community outreach and advocacy.

As Mr John Ang, the first Chief Executive Officer of SAAC articulated when he was first appointed in 2005, "We look forward to a society with a more enlightened view of not only of persons on the autism spectrum, but also persons with special needs in general so that they may be fully accepted and integrated into the community. I also hope that SAAC will be a place where parents and clients will find quality service and experience the love of God."

This journey may have just begun but the light is shining, bringing hope and illuminating the colours of life at and outwards from SAAC.

“So we do not lose heart. Though our outer self is wasting away, our inner self is being renewed day by day. For this light momentary affliction is preparing for us an eternal weight of glory beyond all comparison, as we look not to the things that are seen but to the things that are unseen. For the things that are seen are transient, but the things that are unseen are eternal.”

*Renewing Hope,  
Recovering Lives*



So we do not lose heart. Though our outer self is wasting away,  
our inner self is being renewed day by day. For this light momentary affliction is  
preparing for us an eternal weight of glory beyond all comparison,  
as we look not to the things that are seen but to the things that are unseen.  
For the things that are seen are transient, but the things that are unseen are eternal.  
*2 Corinthians 4:16-18*

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Cognisant of a rapidly ageing population, the Ministry of Health in 2009 stepped up the national plan to boost long-term medical care facilities for the seniors such as community hospitals, nursing homes and psychiatric nursing homes.

Prime Minister Lee Hsien Loong in his 2009 National Day Rally spoke at length about the changing needs of healthcare. He recognised that an ageing population means there will be more demand for healthcare because older people fall sick more often.

Prime Minister Lee described the increasingly important roles that community hospitals and long-term care providers would play.

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“(An ageing population) means a different pattern of healthcare. Younger patients do not go to the hospital so often. When they go to the hospital, it is an acute problem that can be treated within a few days, and then they go home well. But now we have many older patients who are admitted more frequently with multiple complaints. After a few days in the hospital their acute condition has probably stabilised. They no longer need intensive and complex treatment, but they are still not well enough to go home. After they go home, they may still need continuing medication for underlying long-term conditions. There are so many medications which you have to take, not just when you are sick but for the rest of your life. And even when you are at home, you may get sick again and you may have to come back again. So we have to respond to this by putting in more resources into our hospital system, and building new hospitals.”

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*St. Andrew's Nursing Home (SANH) (Bangkok), a purpose-built facility for long-term psychiatric care.*

While the Prime Minister spoke generically about calibrating the healthcare ecosystem to an ageing population, the St. Andrew's Mission Hospital (SAMH) Board recognised that there was a subset of individuals that was not adequately cared for — the aged with long-term mental health and medical conditions. These were people with conditions that many felt had no hope for recovery.

SAMH however recognises the inherent value that God sees in each individual. As the Apostle Paul writes in the Book of Second Corinthians, "Though our outer self is wasting away, our inner self is being renewed day by day". SAMH focuses on treating the outer self (the physical bodies) while simultaneously giving people hope and belief that they are being renewed day by day in their souls.

Dr Arthur Chern, Group Chief Executive Officer of SAMH and Singapore Anglican Community Services (SACS) observed, "Many older people who need both medical and psychiatric attention have nowhere to go to. Not many in Singapore have experience in treating mental health conditions, much less long-term care that also involves medical attention.

Due to the nature of their ailments, many of them cannot leave institutional care. We wanted to provide a facility that could provide long-term care for these people. Our focus will be on recovery care and not a dumping ground. This is an underserved area and we want to show our love and care for those who may think no one cares — because we do."

The Board started discussing how the medical mission could shine the torch in this underserved area. The Ministry of Health had also revealed a healthcare plan that included the need for a psychiatric nursing home.

In June 2011, SAMH and SACS held their annual joint strategic planning meeting. The objective was to chart the long-term plans of the two groups and to assess areas in which the missions would be called to. It was at this meeting that the two groups decided to seriously consider operating a long-term psychiatric nursing home.

There was a lot of synergy in the partnership between SAMH and SACS. To effectively run a psychiatric nursing home, experience in both psychiatric counselling and the provision of long-term medical care was necessary. Since the 1960s, SACS (then known as Singapore Anglican Welfare Council (SAWC)), had a long history of providing refuge and counselling for families-in-crisis, battered wives, single parents and their children. SACS also operates various mental health rehabilitation services for persons with mental health conditions. They had a good track record of helping their clients regain confidence through counselling, occupational and vocational therapy, rehabilitation programmes, employment training and placement; and also offering support to the caregivers. SAMH on the other hand, had been treating the seniors through St. Andrew's Community Hospital (SACH)

since 1992. This was a powerful partnership that could be leveraged to bring people to recovery. Recovery was the key thought that resonated with the Board members of both SAMH and SACS. A psychiatric nursing home run by SAMH would focus on recovery, and not merely treating conditions. In fact, an early proposal was to name the new facility St. Andrew's Recovery Home, but it was decided that St. Andrew's Nursing Home (SANH) would be a more recognisable name in light of the term used by the government. SANH would not be a "dead-end" space but rather a home dedicated to holistic healing — physically, mentally, restoring relationships, releasing hurts and focusing on personal well-being. Even if some of the clients would be spending their last days with SANH, they would spend them with hope, dignity and if possible, joy.

The proposal for SANH was brought up in a SAMH Board meeting in November 2011. There was a rigorous discussion where the Board considered the pros and cons, whether SAMH had the capacity to take on a project of such magnitude and if they were able to meet the requirements for running such a facility. In December 2011, during the final joint Board meeting of SAMH and SACS for the year, the decision was made to launch a psychiatric nursing home, SANH (Buangkok).

The Ministry of Health called for a tender in March 2012. The briefing room was packed; the tender had clearly interested many parties from both the private sector and voluntary welfare organisations (VWOs).

The joint Board decided that SAMH would lead the tender submission together with SACS. The operational aspects of SANH (Buangkok) will be run by SACH (healthcare) with support from SACS Hougang Care Centre (psychiatric care).



*SANH (Buangkok) aims to provide patients with a home-like environment to promote rehabilitation.*

The requirements of the tender was comprehensive and it resonated with the SAMH Board's own vision for a nursing home. The Ministry of Health required that the home would not be merely a custodial facility but rather one that would rehabilitate and where possible, help patients return to their own homes.

The team from SAMH and SACS that worked on the tender had a deep understanding of the kind of services that members of a long-term psychiatric nursing home would need. The multi-disciplinary team comprised experienced care professionals, corporate management and development staff, senior consultants in psychiatry and geriatric medicine, psychiatric rehabilitation and nursing care practitioners. Most importantly, the team shared a common vision and passion in creating a home that makes a difference for the residents' journey towards recovery.





*SANH (Bangkok) is the fourth largest psychiatric nursing home in Singapore.*

SAMH also persuaded Dr Sally Thio to come out of retirement to work on the tender. Dr Thio is a highly experienced certified psychiatric rehabilitation practitioner, a family therapist and a registered counsellor. She has worked with persons with mental health conditions since 1986. From 1992 to 2001, she was the Executive Director of SAWC, and subsequently Senior Director of Hougang Care Centre from 2002 to 2012. She was the Founding President of the Singapore Association for Psychiatric Rehabilitation Services from 2003 to 2008. SAMH also brought in an American expert in rehabilitation nursing, occupational therapy and counselling to work with the senior medical staff of SACH.

SAMH submitted the tender document. Several weeks later, SAMH was informed that their proposal was being shortlisted and they were required to attend a meeting on 4 June 2012 to answer queries that the tender committee had.

On 17 September 2012, the Ministry of Health awarded the tender to operate Singapore's fourth and largest (to date) psychiatric nursing home at Buangkok Green Medical Park to SAMH. SANH (Buangkok) will be a 300-bed, seven-storey psychiatric nursing home providing holistic, recovery-oriented care programmes in a supportive environment to facilitate psychiatric rehabilitation of residents.



*St. Luke's Hall offers a conducive environment for residents to have a quiet time.*



*The ward cubicles at level 1 open out into a small garden.*





Residents can enjoy a walk or outdoor activities in the garden within the nursing home.

Dr Loh Yik Hin, Chief Executive Officer of SACH shared,

*"I believe it is the quality of our proposal and our track record that swung the decision in our favour. No other provider could put together as rich a collaboration as SAMH and SACS. We prayed through the entire process from ideation to the submission of the tender. Ultimately, we believe that it is God who had His hand in this and it is He who commissioned us. The work ahead is sizeable. This is just the start. We will honour God by giving our best in caring for those in our charge."*



The 12 months since the award of the tender were hectic. While SANH (Buangkok) is being built from scratch, there are certain requirements that the Ministry of Health had stipulated — the provision of an integrated programme comprising rehabilitation, psycho-therapy, counselling, spirituality, and nursing.

The construction of the home was completed in September 2013 and handed over to SANH (Buangkok) on 14 October 2013. A dedication service for SANH (Buangkok) was held on 18 October 2013, exactly 100 years since the start of the medical mission. The first 100 patients were admitted in November 2013.

Dr Tiew Lay Hwa, Executive Director of SANH (Buangkok), shared its key tenets in caring for its residents:

*"Love the Lord your God with  
all your heart and  
with all your soul  
and with all your mind."*

*Matthew 22:37*

*"... Love your neighbour as yourself."*

*Matthew 22:39*



*Mr Gan Kim Yong, Minister for Health, delivering a speech at SANH (Buangkok) dedication service on 18 October 2013.*



*After the SANH (Buangkok) dedication service, guests and staff adjourned to the roof to celebrate SAMH's 100th Anniversary on 18 October 2013.*

*(From left to right: Archdeacon Wong Tak Meng, Senior Chaplain of SAMH and SACS; Mr Dennis Ang, Acting Chief Executive Officer, St. Andrew's Autism Centre; Mr Christopher Tan, Executive Director, St. Andrew's Lifestream; Dr Arthur Chern, Group Chief Executive Officer, SAMH and SACS; Mr Gan Kim Yong, Minister for Health; Bishop Rennis Ponniah, President, SAMH and SACS; Mr Desmond Lee, Minister of State for National Development; Mr Andrew Goh, Vice President, SAMH; Dr Tiew Lay Hwa, Executive Director, SANH; Dr Loh Yik Hin, Chief Executive Officer, SACH).*

Inspired by these commandments, Dr Tiew described the approach to caring for the residents of SANH (Buangkok), “If we are not motivated by love, our residents will see through our veneer of smiles and friendly words and sense the hollowness of it all. They may be afflicted mentally, but their heart recognises with great sensitivity the difference between real care and false, between true affection and pretension.

With love and mindful compassion combined with an integrated programme of rehabilitative, psycho-therapeutic, spiritual and evidence-based care approaches, it is SANH (Buangkok)’s intent to generate a holistic outcome for its residents.”

Like many of the areas that God leads SAMH into, this is another challenging area. The harsh reality is that many residents of SANH (Buangkok) will require life-long care and close nursing supervision. In many less enlightened countries, such people would be sent to facilities more akin to a “dumping-ground”. While a cure for some of the residents would be unrealistic, SANH (Buangkok) purposes

itself to be a safe place that lights up residents’ life journey with love, joy, hope and meaning.

Dr Arthur Chern, Group Chief Executive Officer of SAMH and SACS reiterated this belief,

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**“Every person has the capacity to learn and grow regardless of the extent of his or her disability. Every resident has hope regardless of the severity of the illness. Everyone regardless of their condition is to be respected, honoured and treated with dignity.”**

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*SANH (Buangkok)’s pioneer batch of nursing staff.*

SANH (Buangkok)’s intent is to give residents an identity and hope for the future by helping them become self-reliant and confident. While they may ail mentally, their inner self will be renewed day by day — burning the love of God in their hearts and injecting joy in their lives.

A new command I give you:  
Love one another. As I have  
loved you, so you must love  
one another. By this everyone  
will know that you are my  
disciples, if you love one  
another.

John 13:34-35



*Redefining  
the Hospital*

A new command I give you: Love one another. As I have loved you, so you must love one another.  
By this everyone will know that you are my disciples, if you love one another.  
John 13:34-35

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*Ward Chaplain visits a patient in St. Andrew's Community Hospital (SACH).*

When the Lord Jesus Christ heals, He restores the person completely. He restores their physical bodies and addresses their spiritual needs. The motivation behind the Lord's healing is unconditional love. To the Lord, each person is unique and of infinite value. He does not discriminate by race, language, religion or physical condition. He unconditionally loves, accepts and restores everyone who comes to Him.

His call for St. Andrew's Mission Hospital (SAMH) is to do the same. The medical mission does not exist simply to treat medical conditions. The mission's call is to care for the whole person.

Caring for the entire person has been in SAMH's DNA since the very beginning. The medical mission started by serving neglected communities through demonstrating love and care in treating each individual. Although this ethos was the foundation of the mission, SAMH did not want to take for granted that it would naturally continue into the future, and formalised pastoral care as part of SAMH's ordinance.

The Senior Chaplain of SAMH and Singapore Anglican Community Services (SACS) Archdeacon Wong Tak Meng said, "As early as 1934, we wanted to be sure that caring for the whole person was not an informal activity that medical missionaries would somehow do along the way. The SAMH Ordinance of 1934 was carefully written to provide the hospital with the care of a Chaplain."

The pastoral care ministry exists to care for the emotional and spiritual well-being of the patients, clients and staff of SAMH. This includes listening to patients and staff, being attentive to their emotional needs, and offering prayer and comfort from His Word where it is appropriate. Archdeacon Wong said with conviction,

*"Pastoral care represents our identity and mission as a church. We carry out medical work in the name of the church. We must represent the church, what it stands for and the inspiration behind our work, we don't force our beliefs on anyone, because we respect the choices of individuals."*

The pastoral care team comprises ordained and non-ordained ministers (called Associate Chaplains) who are sensitive to the emotional and spiritual needs of those under their care. While the pastoral care team work during office hours every day of the week, they are on call 24/7. A pastoral care staff visits each new patient admitted within 24 hours. While doctors examine the patient's medical condition, the Chaplain looks into his overall well-being as an individual.







*St. Andrew's Autism Centre (SAAC) pastoral care team providing support to the parents of SAAC clients.*

Chaplains adopt an approach of pastoral care that is proactive and community-based. Archdeacon Wong calls this "ministry by presence". The chaplains spend time with the patients and staff under their care, and know them by name. They understand who is doing well and who to look out for. They are alert to changes in disposition. They also consider the history of the patients, for example, those who are from broken families or have exhibited past suicidal tendencies. They even pay attention to the number of visitors the patients receive as an indication of the attention that they may need.

While pastoral care staff are naturally compassionate, their work is not all about "feel". Chaplains are formally trained in Clinical Pastoral Education (CPE), which is an established programme that integrates behavioural sciences and counseling skills with theology. Through the CPE, chaplains learn to marry theology with the clinical aspects of pastoral care. A team of about 50 befrienders supports the pastoral care team. Every volunteer goes through an eight-week training programme on providing spiritual and practical care, down to the details of how to handle a wheelchair.

There are defined protocols on steps to take in given situations. For example, if a patient passes away, two chaplains will immediately go to the ward. As all the wards at SAMH are subsidised and beds are close together, the other patients would usually know when someone passes away, and there could be a commotion when that occurs. With the chaplains present to attend to the emotions of the patients and family of the departed, doctors and nurses are free to focus on the medical and operational aspects.

The chaplains lend a listening ear and may help in making arrangements for funerals and other matters that need to be considered.

The pastoral care ministry of each of the SAMH services — SACH, SAAC and St. Andrew's Nursing Home (SANH) — is supported by an Anglican church within the vicinity. The members of the churches pray regularly for each of the services and provide help in practical ways by volunteering their time and donating money.



*Chapel Service at The Chapel of Christ Our Hope located within SAAC.*

There are also chapels at both SACH and SAAC that conduct services for patients and staff who wish to attend. The chapel at SAAC has a special place in the heart of families with members who have autism. Due to the lack of knowledge and education, many people in regular congregations do not know how to react to people with autism. Families with members with autism feel like they are different. Some may stop attending church services regularly as a result. The Chapel of Christ Our Hope at SAAC seeks to embrace people of all abilities. Due to knowledge and appreciation of autism, families who attend the services at the chapel are able to worship the Lord in a supportive and understanding environment. Many enjoy fellowship with other families with the same needs. They have found their spiritual home.

Pastoral care is not only for the patients. SAMH calls their pastoral care philosophy “total community contact”. This includes staff, volunteers and caregivers. The chaplains spend time with the volunteers to enquire how they are faring with the patients and themselves. In some cases, the volunteers unknowingly carry the burdens of those whom they are caring for and feel overwhelmed by them. The chaplains help these volunteers process their feelings and release their burdens to the Lord.



*SAAC pastoral care team organises recreational activities for the staff.*

*... you will be called Repairer of Broken  
Walls, Restorer of Streets with Dwellings.*

*Isaiah 58:12*

The care that patients receive often extends beyond their stay at the hospital. Uncle Jimmy, who was a patient of SACH, felt the love that was shown towards him during and after his hospitalisation. While Uncle Jimmy was warded at SACH, he was invited to attend services held at the hospital's chapel. At the chapel services, he encountered God and knew that the love he received from the hospital staff was actually the love that came from God. He decided to accept Jesus Christ as Lord, became a Christian, and was baptised at the chapel at SACH.

Uncle Jimmy's relationship with the hospital did not end when he was discharged. Right after he left the hospital, he stayed overseas with his son. While he was away, he missed the companionship he enjoyed in SACH, and would regularly write letters to the staff.

Uncle Jimmy returned to Singapore and was admitted to a nursing home close to SACH. Every morning, he would get onto his wheelchair and wheel his way to SACH. There he would spend the day drinking coffee, having his meals and chatting with the staff. In Uncle Jimmy's own words,

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**“At the hospital, I found God,  
my faith and family.”**

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Even staff members have had their lives impacted. It is human to make mistakes; we all do. One otherwise competent nurse was reprimanded for a mistake she had made. As a diligent and committed worker, she was distraught. The chaplain heard what had happened. He spoke and counselled the nurse and learned that she was on the verge of quitting. The chaplain encouraged her to pick up the pieces and stay on — and she did. She went on to perform so well that she got promoted and progressed to win a national award!



*Chapel services are available in SACH for patients and their family members who wish to go for prayers and worship.*

Chaplains are also the bridge between the church and the hospital. On one hand, they present to the church the needs that are out in the community. On the other hand, they help the church to bring her love and care to the needy. For example, chaplains raise the awareness of needs such as autism and mental health to the church. The church and its congregation then begin to understand the needs and are more ready and willing to pray, share and care for people with these needs. As Archdeacon Wong said, “Part of our role is to ensure that the church is in tune with the needs of the community so that we can continue to care for and shine a light on the areas of greatest need.”

Through the close collaboration between the medical professionals and chaplains, SAMH seeks to restore the significance of the whole person — body, soul and spirit — and through the collaboration with the church, help make the community a home.





*Come to me, all you who are weary and  
burdened, and I will give you rest.*

*Matthew 11:28*

*SACH staff, patients, family members  
and friends attending a chapel service.*



To be a light in a dark place,  
that ignorance will  
be replaced by knowledge  
and understanding,  
physical distress by  
comfort and healing.

Chapter 05

*Blazing  
Ahead*

## Fireside Stories

In commemorating 100 years of a venerable institution like St. Andrew's Mission Hospital (SAMH), it is sometimes easy to focus only on a few key players in the journey, and the pivotal decisions that were made.

The collective history of SAMH is not only made up of the big decisions, but also the stories of patients, staff and visitors. While dates and facts are important in establishing milestones, stories add colour and richness to history. Many of these stories have not been shared publicly but they occupy a place in the hearts of many individuals and families. Not all the stories are heart-warming with a happy ending. However, these stories make up the rich tapestry of SAMH's 100-year history — and each story is a part of God's epic story of life on earth.

Here we present, for the first time, some true stories that have been played out over the course of 100 years of SAMH.



# Cross Street Dispensary

*Bring Your Own Beds (circa 1915)*

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When the St. Andrew's Medical Mission opened its second dispensary on Upper Cross Street in 1914, it was meant to only treat outpatients. However, the dispensary became popular very quickly, and it was discovered that some women and children were so ill that they required inpatient care. However, there was no allowance made for wards and beds.

Instead of turning them away, the dispensary set up makeshift wards and the first few patients to be admitted actually brought in their own beds! Soon after, in 1915, the medical mission set up a small ward of eight beds — six for adults and two for children. By the end of 1915, the dispensary at Upper Cross Street had treated 63 inpatients.





# The Visit of the Prince of Wales

1921

In 1921, H.R.H Prince Edward of Wales visited Singapore. As the island was a British Colony, it was a grand occasion. The children at St. Andrew's Medical Mission



SAMH staff with children.

(SAMMM) were really excited even though the Prince had not planned to visit the clinic. Nevertheless, the staff arranged for the children to go to Miss Tolley's School. From there they would be able to get a glimpse of the Prince driving up Government Hill (now called Fort Canning Hill). They prepared for the occasion by dressing up the "Children's Corner" and singing "God bless the Prince of Wales".

Although little Paul was blind and would not actually be able to see the Prince of Wales, he was particularly excited and eagerly awaited the day when he could go with his friends to Miss Tolley's School. Unfortunately, before the planned outing, he contracted a chest cold, which turned to bronchitis. Although the illness did not seem severe, little Paul's constitution was quite weak and he was taken up to be with the Lord before the Prince's visit.

Dr Ferguson-Davie said when little Paul passed away,

"He was a favourite with everyone, and is greatly missed by the Home. His eyes, which could never have seen the Prince on earth shall see the King in His beauty, in the land which is very far off."



# Dr Gordon Keys Smith's Dinner at the Government House

(circa 1949)



*Dr Gordon Keys Smith (centre, in coat and tie) and Mrs Catherine Smith (seated 4th from the right).*

An Australian gentleman, Dr Gordon Keys Smith, was the first medical officer of St. Andrew's Mission Hospital (SAMH) in Tanjong Pagar when it opened in 1949. At a young age of 18, Dr Smith had already decided that he wanted to be a medical missionary. He obtained his medical degree at the University of Melbourne in 1939. He was married to Catherine, who was a trained social worker, with degrees in English and Philosophy. The couple arrived in Singapore when Dr Smith was 33 and his wife, 31.

Dr Smith was a very humble and hardworking man, who lived a simple life. However, in the course of his work, he would have to do some fundraising, a part of his job that he did not particularly enjoy. In the course of fundraising, he would meet with wealthy philanthropists.

One particular evening, Dr Smith and his wife, Catherine, were obliged to attend a grand dinner before a charity movie screening to raise funds for the hospital. The dinner was hosted by a wealthy Chinese film tycoon and held in the Government House (presently called the Istana Negara). While all the other guests arrived in shiny, chauffeur-driven limousines, Dr Smith and Catherine drove up in their small Fiat station wagon. The footmen were taken aback by the arrival of such a

humble vehicle, and they quickly ushered his wife from the car and instructed Dr Smith to park around the corner of the building.

Dr Smith described his dining experience, "It was boring beyond description; before and during coffee, the Governor and his aides circulated amongst us providing inconsequential conversation — there was no chance of anything important being discussed."

After dinner, the film magnate suggested that Dr Smith's wife would accompany him to the theatre in his air-conditioned, chauffeur-driven Rolls-Royce, while his own wife would join Dr Smith in his car — not knowing it was a small, non-air-conditioned Fiat. Dr Smith and the tycoon's wife made the trip to the grand screening with dispensary bottles rolling about in the boot. Thankfully, the tycoon's wife had come from a poor family and took it all in her stride. In Dr Smith's words,

**"SHE WAS A DELIGHTFUL PERSON AND OUR CONVERSATION WAS MUCH MORE INTERESTING THAN AT DINNER."**



# Dr Gordon Key Smith's wife, Catherine

Part Time Poet. (circa late 1940s-50s)

Dr Smith's wife, Catherine, was an enthusiastic supporter of St. Andrew's Mission Hospital (SAMH) and would go out of her way to help the mission and her husband in his role as the Medical Officer-in-Charge. She was a trained social worker and volunteered her time to counsel patients and offer a listening ear and helping hand.

Catherine revealed another talent she had one Christmas — poetry. She wrote a little ditty on a Christmas card to appeal for donations. It was called "Boys will be Boys":

Little Ah Wong had TB,  
Last Christmas he suffered a lot,  
But now he is better and plays all day,  
No longer a sickly tot.

He met young Ahmat, whom months ago,  
He'd know in their hospital spell.  
He'd then been thin and ill with worms,  
But the doctors soon had him well.

But now young Ahmat was thin once more.  
"Bodoh" said little Ah Wong.  
"You must wear shoes to stop those worms,  
And then you'll grow big and strong".

"I know," replied Ahmat, "but mom's so poor,  
And Sammy and I have a scheme,  
Last Christmas we spent in the Mission ward,  
Where life was a heavenly dream".

"We plan to go back, and pull a long face,  
And fool the doctor we're sick,  
Come little Ah Wong and join the fun,  
And help us to do this trick".



So Sammy and Ahmat and little Ah Wong  
Soon sat in the hospital hall,  
And while they waited their turn in the queue,  
They heard the doctor call:

"Just look at this child, nurse, covered in spots!  
Where can we put him, pray?  
The beds are all full, there just isn't a space,  
We have crowd and crowds today."

So Sammy and Ahmat and little Ah Wong  
Looked round at the waiting room,  
They saw the diseased, the poor, the lame,  
And Sammy exclaimed aloud,

"Look here, you chaps, the joke's no good,  
That trick just won't do here,  
The docs so busy, the patients so sick,  
The game's too mean, I fear".

So Sammy and Ahmat and little Ah Wong  
Thought of another idea,  
They all begged cents from the neighbouring folk,  
And some from their relatives near.

Sam polished shoes for a week or two;  
Ahmat cleaned Tuan's car.  
Little Ah Wong sold 'smokes' by the way,  
They worked both at home and afar.

At the end of the month, they returned to see Doc,  
And gave him their hard-earned sum.  
"To help to buy beds, Sir" said Sammy the brave,  
"And also some Christmas fun".

"You're jolly fine chaps" said the doctor tall...  
And that's the end of our verse.  
We hope you too, who read these lines,  
Will generously open your purse.



# A Child Finds Health, God and His Life Calling

1950s

David Wong was the third child from a very poor family of six children (there were actually seven children but David's parents had to give away a child because they could not afford another mouth to feed). David was very sickly as a child and in Primary Three, he was diagnosed with tuberculosis. In those days, it was a serious condition that killed many children.

Coming from a poor family, David's parents could not afford to take him to a doctor. Thankfully, they discovered St. Andrew's Mission Hospital (SAMH) where the treatment and medicine were free and David's parents would pay only what they could afford.

David stayed in the hospital for a month while he was being treated. During his stay, he heard about Jesus for the first time. A kind nurse had come to David's bed one evening and told him the story of Jesus calming the storm. Although his parents were ancestor worshippers, little David figured that if Jesus could calm the storm, he could make him well as well. From that night, he would stand by the window at night and pray that Jesus would make him well.



Reverend Dr David Wong (seated centre in blue polo shirt) with his wife, children and grandchildren.

Although David's treatment was painful — he received injections every day that turned both his thighs blue-black — he retained some special memories. His mother would visit him at the hospital in Tanjong Pagar daily, walking from their home in Kampong Bahru. He was able to enjoy books and toys that he never had. He was even allowed to take some home when he regained his health and was discharged.

A few years after leaving the hospital, he accepted Jesus Christ as his Lord. Two of his siblings and both his parents also accepted Jesus as Lord. He attributes this in part to the care and love they saw him receive from the doctors and nurses at the hospital.

Today, little David Wong is Reverend Dr David Wong, senior pastor of Zion Bishan Bible-Presbyterian Church and has been in Christian ministry for 40 years. He recently recalled, "The impact of St. Andrew's Mission Hospital has been indelibly etched, not only in my heart and mind, but also in my body. Each time I take an X-ray and the doctor points to the calcified lump in my left lung, I am reminded of how I was healed. I owe a lifelong debt to the good work of St. Andrew's Mission Hospital."



# Kampong Lady Seeks Treatment

1960s

Asiah Bte Saki was a mother of a four-month-old child who lived among the Malay community in Bukit Chermin kampong. Asiah's child fell ill and when traditional folk medicines did not work, she decided to take her baby to St. Andrew's Mission Hospital for treatment.

Asiah's friends from the kampong were mortified. They said, "Asiah, you mustn't take your child to the hospital. Hospitals are places where people go to die." Asiah wisely decided not to listen to her friends' counsel.

When she brought her child to the hospital, the doctor discovered that her baby had severe pneumonia. Her child was treated and recovered in a month. Asiah returned to the kampong with her healthy child. Her friends were astonished that the child was alive and even more so when they found out she was healthy. Asiah herself was so grateful that her child's life was saved that she committed to be a volunteer. She got her chance when St. John's Ambulance Corps came to her kampong looking for volunteers. She was the only one in her kampong to volunteer.

Even after seeing Asiah's child nursed back to health, her friends chided her, "Why are you wasting time doing queer things in a house where people die?" Over time, with education and exposure, the Malays in the Bukit Chermin area increased their confidence in hospital treatment and many started seeking treatment at SAMH.



SAMH provided treatment to all regardless of race or religion.



# Healing, Love and Reconciliation

1983

Some amazing stories are played out at St. Andrew's and this is one of them.

In 1983, 13-year old Yee Ming, an only child, had an operation for scoliosis and was admitted to St. Andrew's Orthopaedic Hospital (SAOH) for three months to convalesce.

During her stay, a volunteer preached the Gospel of Jesus Christ to her during visiting hours. However, as it was visiting hours and her friends were waiting to see her, she agreed to accept Christ to get the volunteer "off her back" so she could spend time with her friends.

After three months, Yee Ming recovered and was discharged. She never forgot her experience at the hospital. The images of the nurses and fellow patients reading the Bible and praying had inspired her and she subsequently accepted Jesus as her Lord. She confessed, "Although I was sick, I had such a beautiful experience. I would like to give back to the hospital at some point."

Her chance came when in 1992. She applied for a job at St. Andrew's Community Hospital (SACH) for the position of a Community



Yee Ming (left in green shirt) with a fellow patient at SAOH.

Affairs Officer shortly after the hospital was launched. It was a long shot as the hospital was looking for someone with administrative experience and Yee Ming was a fresh graduate in accountancy. Much to her delight and surprise, she was offered the job.

So that year, Yee Ming started work at SACH, which was at the same location as the former SAOH where she had stayed as a teenager.

It was an eventful start to her career. The day she joined, the head of department resigned. Within a fortnight, the hospital appointed Yee Ming to be the acting head of department. This was incredible. Not only was Yee Ming a fresh graduate in an unrelated field, she was only 22 years old.



This turn of events obviously overwhelmed Yee Ming and she was questioning whether to stay. However, God gave her a promise from 2 Chronicles 15:7,

"But as for you, be strong and do not give up, for your work will be rewarded."

She obeyed, stayed and worked hard. She got her reward in more ways than one.

In a completely unrelated event on another side of the island, a young man was praying about changing his job. Alvin Ong had been working with the Port of Singapore Authority (PSA) in Port Operations. He did not enjoy the job and he was asking the Lord to give him a new opening. A church friend working in SACH informed him of an opening in the hospital.

He went for the interview and did well enough to be offered a job. However, the pay was about \$700 less per month than his existing salary.

God brought Proverbs 30:7-9 to Alvin's attention:

"Two things I ask of you, Lord; do not refuse me before I die: Keep falsehood and lies far from me; give me neither poverty nor riches, but give me only my daily bread. Otherwise, I may have too much and disown you and say, 'Who is the Lord?' Or I may become poor and steal, and so dishonour the name of my God."

Encouraged by the verses, he agreed to accept the job in operations. His boss was Yee Ming. While Alvin was working for Yee Ming, he developed a "sudden interest" in piano, which she played. Yee Ming agreed to coach him at the hospital chapel in the evenings. While the attraction for each other grew, both of them were professional and nothing happened while they were working together.



Yee Ming (with long hair, in white shirt) "reunited" with SACH as an administrative officer. In this picture, she was facilitating Minister Yeo Cheow Tong's visit to a therapy area after the official opening ceremony of SACH at Elliot Road.



When Alvin left SACTH, they started dating and the couple eventually married. Alvin jokes now, "My bride cost me \$700!" In return, Yee Ming retorts, "His piano skills never improved".

At work, Yee Ming reported to the hospital director who was an ex-military officer named Dr Jimmy How. Though she admired Dr How's vision, drive and professionalism, he intimidated her. She prayed to God to remove her fear of Dr How. While she prayed, God brought to her attention that her boss shared the same name as her father. Yee Ming's parents were divorced and she was estranged from her father for many years. She was very fearful of her father and she realised that she was projecting the fear of her father onto Dr How. When she realised this, God delivered her from her fear.

The story does not end here. Soon after this incident, in 1998, she received a call from a distant relative informing Yee Ming that her father had a stroke. Her emotions were conflicted. She had no fondness for her father, had not seen him for years and did not even know where he lived. Yet, he was her father. The relative revealed that her father was going to be sent to Ang

Mo Kio Community Hospital. She made the uncomfortable but honourable decision of admitting him to SACTH instead, where she could care for him.

It was very hard for Yee Ming to see her father again. She had not seen him for a long time and he was foreign to her. She forced herself to call him "dad" although it was very difficult for her to do so. Though it was impossible to feel love for her father, Yee Ming treated him with respect. Over time, and with the loving support and encouragement of her husband, Alvin, there was gradual healing between father and daughter and they reconciled.

When her father was discharged from the hospital, he wrote Yee Ming a card to thank her. She was touched and said, "My dad never before considered me important." Some time later, her father accepted Jesus as Lord.

At St. Andrew's, Yee Ming recovered her health, found her life partner, reconciled with her father and found healing for her soul. She proudly says,

**"To God be the glory."**



# One Family

1987



Fauziah sharing a light moment with patients in the Day Rehabilitation Centre.

Though St. Andrew's Mission Hospital (SAMH) is a faith-based Christian entity, staff of all races and religions feel totally accepted. The longest-serving employee of the hospital is an Arab lady, Fauziah Bte Awab Bawadhaj, who joined in 1987. She says, "When I first joined, some of my friends and family asked 'How can you work for a Christian hospital?' But you know, I've always felt accepted here. My colleagues are like my second family. When they have prayers, I sometimes joined in. No one forces me but I go and join anyway."

She adds emphatically,

**"I LOVE WORKING HERE, AND NOT FOR EVEN ONE SECOND HAVE I EVER FELT LEFT OUT."**



# Justice and Equality for All

1996

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At St. Andrew's Mission Hospital (SAMH), no one is more important than another, except perhaps in an emergency. On a crowded day, when the hospital was at its temporary location in Aljunied, a gangster stormed into the clinic. He was with his daughter who was suffering from a severe bout of asthma. He was aggressive and yelled at the staff of the outpatient clinic, demanding immediate attention for his daughter.



Dr Lim Hwee Leng and her patient.

The staff kept calm and followed due protocol. They started looking for his daughter's records to check for allergies and to assess her past medical history so the right treatment and medication can be recommended. However, he was impatient and demanded to see the doctor right away. The rest of the patients waiting for their turns naturally became agitated but did not say anything for fear of facing the wrath of the gangster.

The doctor-in-charge that morning, Dr Lim Hwee Leng, was told about the commotion. Dr Lim was a small lady and very slight in frame but she was not to be bullied. She emerged from of the consultation room, looked at the gangster straight in his eyes and said very firmly,

"We are trying our best to help your daughter. Do not scold my staff and please behave yourself."



The gangster was taken aback. He did not expect the reprimand, especially from a petite lady like Dr Lim. The atmosphere of the room shifted and everyone calmed down when they saw the man back off. The rest of the morning went on without incident.

When the man came in with his daughter for a follow-up appointment, he apologised. The doctor graciously accepted his apology and she later explained, "I don't blame him. His daughter was sick."

In another incident, a woman came in with her sick child. Her husband was apparently an aide or associate of then Prime Minister Lee Kuan Yew. Seeing that the queue was very long that day, she decided to pull her weight. In an attempt to cut the queue, she put pressure on the counter staff with threats like, "Do you know who my husband is? He works for Lee Kuan Yew."

The staff reported this to Dr Lim who was in attendance that day. Again, her sense of justice and equality was roused. She stepped out of the consultation room and she firmly and simply said to the woman, "You will wait. These poor people have been waiting here all morning. I don't care who you are or who your husband is. You will wait for your turn."

The lady obediently waited for her turn.

# A Belated Happy Reunion

2007

Some stories span a good 30 years. A grateful patient sought out the doctor who had treated him during his youth and wanted to say "thank you" to her personally as he did not do so way back then.

One fine day in 2007, St. Andrew's Community Hospital Corporate Communications Department received an email from a gentleman asking for help to trace the whereabouts of a doctor who was working in St. Andrew's Mission Hospital (SAMH) in the 1960s to 1970s. He said that he was sickly when he was a child. He was "in and out of SAMH from the '60s to the early '70s, and eventually he became well. Now, he is a healthy adult with a well-established career. He wanted to fulfil a wish he had 30 years ago: to personally thank the SAMH doctor who took care of him. The only problem was that he did not know the doctor's name except that she was a Chinese lady doctor.

Despite this vague information, the Corporate Communications staff decided to help this gentleman nevertheless. The staff painstakingly went through past annual reports from 1960 to 1970, and found that there were three regular doctors at SAMH during that time. One was a Chinese male doctor, and the other two, ladies — an Indian and a Chinese. Having identified the likely doctor as Dr Lim Hwee Leng, the staff proceeded to contact her. Unfortunately, she could only find a mailing address — there was no telephone number nor email address. So she wrote a letter to Dr Lim. A few days later, Dr Lim called the staff. In the conversation, Dr Lim remembered this young man when she heard his name and agreed to contact him. Dr Lim got in touch with this gentleman and they met. This gentleman got to express his gratitude to the doctor who made him well, something which was on his mind for a good 30 years.



# Twins with Autism

*Serving Beyond the Call of Duty (2010)*

Mr and Mrs Ling are parents to three children. The older two children are twin brothers with autism and the youngest, a girl. Mr and Mrs Ling decided to enrol their twins, Jerric and Jannon, at St. Andrew's Autism School at St. Andrew's Autism Centre (SAAC) when they were 13 years old.

The couple has been touched by the staff at the school; especially their willingness to bend over backwards for the boys. For example, the older of the twins, Jerric, only wanted to be taught by a male teacher. Even though most of the teachers at SAAC are women, SAAC juggled their schedules and assigned male teachers, Teacher George and Teacher Sam, to him. Jerric was also very adamant about not doing certain activities e.g. taking the MRT and eating rice. However, the teachers were able to convince him to take the MRT as well as eat rice using a combination of perseverance, reasoning and infinite patience. His parents were very impressed, as they could not convince their son to do these things.



Chapel of Christ  
Our Hope at SAAC.



One day at about 4.30pm, Jerric went missing, which is not uncommon for some children with autism. Instead of panicking, the mother promptly called the school, the cell group from Chapel of Christ Our Hope and the police. Mrs Ling said, "The school responded immediately. Pastor David, Teacher George and several other teachers organised a search party to help us locate our son. I really appreciated their willingness to help. They were really experienced and systematic in their search." The boy was found within six hours with the help of the pastor, teachers and friends.

The family receives a lot of support and care from Chapel of Christ Our Hope at SAAC. Before attending Chapel of Christ Our Hope, the family was worshipping at another church which did not provide classes for children on the autism spectrum who are beyond 12 years old. It was very hard for Jerric and Jannon to sit still for two whole hours during the service and the Lings sometimes felt uncomfortable.

Chapel of Christ our Hope has given the Lings a spiritual home where they are among people who appreciate and understand persons on the autism spectrum. The family fits in very well, and even their youngest daughter, Shauna, who does not have autism, has found her best friend there.



# Great Love in Small Acts

2013

Generations of nurses have shown many acts of kindness, most of which go quietly unnoticed. In 2013, one patient decided to acknowledge four nurses that had touched his heart. Though these stories highlight four individuals, they are in tribute and honour to the hundreds of nurses who have made a difference to peoples' lives since the start of the mission in 1913.

Mr Hui Nai Wai, a paraplegic, was an inpatient at St. Andrew's Community Hospital (SACH) from 11 May till 3 June 2011 and presently a patient of SACH Day Rehabilitation Centre since his discharge. During Nurses' Day in 2013, he made his way on a wheelchair to the office of the Director of Nursing, Ms Alison Sim. He shared four stories with her.

Even though the events took place about 2 years ago, they remained vivid in his memories. Mr Hui recalled that he was having difficulty sleeping in the middle of one night. It was hot and humid and he was sweating. As Mr Hui had limited mobility, he was not able to turn to make himself comfortable. Although he didn't say anything, the Night Nurse Stella, noticed his discomfort. She went up to him, cleaned his back, helped to change his shirt, and applied some talcum powder on him so that he would be comfortable and be able to sleep.



Mr Hui visited Ms Alison Sim, SACH's Director of Nursing on Nurses' Day to pay tribute to the nursing staff who took good care of him during his hospitalisation.



On another occasion, Mr Hui was unable to empty his bowels completely for several days. He had gone to the restroom but he wasn't able to fully evacuate himself. Although he did not say anything, Nurse Florence had observed that he was in discomfort. She went up to him and offered to perform a manual evacuation for him. The successful evacuation brought him a lot of comfort and relief.

All beds at SACtH are equipped with a call bell system — a button that the patient presses to receive attention. This simple button is a lifeline for patients in the middle of the night. As a paraplegic, Mr Hui has very limited mobility. Worried that even pressing a button would be difficult for him, Nurse Manager Lee Soh Luan took the initiative to modify the call bell system herself so that all Mr Hui needed to do was to tap the button to request for the nurse assistance.

As Mr Hui was not able to feed himself, Nurse Mark Alvin would feed him daily. Mark Alvin fed him with such joy, cheer and good humour that it made Mr Hui feel special. It lit up his day.

On Nurses' Day 2013, Mr Hui felt compelled to share these stories with Ms Sim. Simple as they may seem to us, these acts brought a lot of joy to him. He felt valued as an individual. He felt loved.



... fear the Lord and  
serve Him faithfully with  
all your heart; consider  
what great things He has  
done for you.

1 Samuel 12:24

*Keeping the  
Fire Burning*

... fear the Lord and serve Him faithfully with all your heart;  
consider what great things He has done for you.  
1 Samuel 12:24

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The Centenary plaque at St. Andrew's Autism Centre marked the tree that was planted in commemoration of SAMH's 100th anniversary.

Prophet Samuel's final words to God's people above aptly summarises both the track record of a faithful God, and the blueprint for the future of St. Andrew's Mission Hospital (SAMH). It is by considering the "great things God has done" over 100 years that gives the medical mission the confidence to move steadfastly into the future. It is by remembering God's divine hand in periods of difficulties and remembering testimonies of patients and their families, as well as staff over the 100 years that we see the faithfulness of God. By remembering these stories, we see God's sovereign leadership and His divine protection. We see how God has changed lives and drawn people to Himself.

Instead of trying to predict what the future holds, the call for the team at SAMH is to fear the Lord, serve Him faithfully and remain faithful to the vision.



The vision that was written when the medical mission started 110 years ago still remains true:

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**“To be a light in a dark place, that ignorance will be replaced by knowledge and understanding; physical distress by comfort and healing.”**

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What will be the new dark places in the future? It is impossible to tell. SAMH's call is to be the light, wherever God calls. The nature of this light will not change. It is the light that brings knowledge and understanding to people and their conditions. It is the light that rejects the notion of hopelessness by relieving physical distress, providing spiritual comfort and holistic healing. SAMH has been found faithful to this vision and, by the grace of God, will be found faithful into the future.



A symbolic tree-planting event by management, staff and clients to mark the 100th anniversary of SAMH. From left to right: Mr Lee Boon Kiang, St. Andrew's Adult Autism Services Day Activity Centre Job Coach, assisting Mr Brendon Bong, St. Andrew's Adult Autism Services Day Activity Centre client; Mr Ronald Koh, St. Andrew's Community Hospital Day Rehabilitation Centre patient; Dr Arthur Chern, SAMH and SACS Group Chief Executive Officer; Bishop Rennis Ponniah, SAMH and SACS President; Mr Christopher Tan, St. Andrew's Lifestreams Executive Director; and Ms Fauziyah Bte Awad Bamadhaj, longest-serving SAMH staff since 1987.



The future is both daunting and exciting; full of uncertainties and possibilities. In its hundredth year, SAMH is the busiest it's ever been. In contemplating the future, the Bishop of Singapore and President of SAMH and Singapore Anglican Community Services (SACS) The Right Reverend Rennis Ponniah, focuses only on possibilities, leaving the uncertainties to God, "The world loves 5-year plans and 50-year plans. This is rooted in the need to control and mitigate risks. We, on the other hand, leave the future to God. We will carry on with the medical mission even though we don't know what the final shape or destination of the hospital will be. Of course we will plan. We will be diligent with our work. It is what the Lord expects of us.

I am, however, inspired by how God has developed the hospital over 100 years. Changing conditions and difficult circumstances have tested us. At various points over our history, the men and women who preceded me could have called it quits. The mission adhered to its calling and we will continue to do so. Times will inevitably change, needs will evolve, but God will not fail us. He will remain faithful."

**“We are grounded in the doctrine of creation. We believe every single individual carries the image of God. However, life is not perfect. God’s purpose is to restore everyone to His divine intentions. When we serve a fellow brother or sister, we are being truly human. This means we serve everyone, not just Christians or Christians first.”**

As Bishop Rennis revealed, the mission will still plan for the future. SAMH gives thoughtful consideration on how it will continue to meet the needs of the underserved, studying both short and long-term demographic and societal changes. Equally important is to ensure that the mission stays grounded in its core values as successive generations of leadership keep the flame alive. Most importantly, prayer will undergird all this planning.

SAMH will continue to engage the relevant government ministries in the formulation of policies and service provisions. Dr Arthur Chern, Group Chief Executive Officer of SAMH and SACS, is clear that professionalism and advancement of knowledge is key, “While we are church-based, SAMH is not a church in the traditional meaning. Professionalism is core to the services we offer. However, we have a twin-nature of being both a community service agency and a representative of the church ministry. We must be professional, totally transparent and maintain a high standard of governance. However, we do not only look at returns on investment. We are here to serve to the best of our ability, the underserved and in places that God calls us to share Christ’s love.”

The areas that SAMH will serve in the future will depend on prevailing needs and not convenience. Just as they did when SAMH made the difficult decision of starting an autism centre, the mission is committed to serve the underserved, no matter how difficult the call may be. This stems from an unwavering belief that every person is created in the image of God with infinite worth irrespective of their condition and their perceived value to society.





SAMH will also encourage the community to be involved in addressing the needs of the marginalised. Bishop Rennis articulates,

“We want people to partner us and come close to the pain; where people are hurting. This goes beyond giving money to include the giving of time, and helping those in our society who need love and care. This will make the lives of both the volunteers and those being helped richer. This will raise a generation of compassionate and loving people.”





It is a lofty goal to change the tide of self-serving consumerism and to involve a larger community to shine the light in dark places.

One hundred years have passed since the medical mission started as a flicker of light. One hundred years from now, needs will change. New groups of the underserved will emerge. Of greatest importance is to keep the vision and values alive in successive generations of SAMH leadership.

“If it was compassion that launched SAMH, it can only be faith that sustains it through its darkest hours, until the breaking of the dawn. May this twin lessons of compassion sustained by faith continue to carry St. Andrew’s forward into the future,” says Archdeacon Wong Tak Meng, Senior Chaplain of SAMH and SACS.

The flicker, which God stoked to a bright flame, must keep burning. The light must keep shining — to the Glory of God, and for the relief of suffering.



*Celebrating SAMH Centenary at the annual SAMH and SACS Charity Gala Dinner 2013*

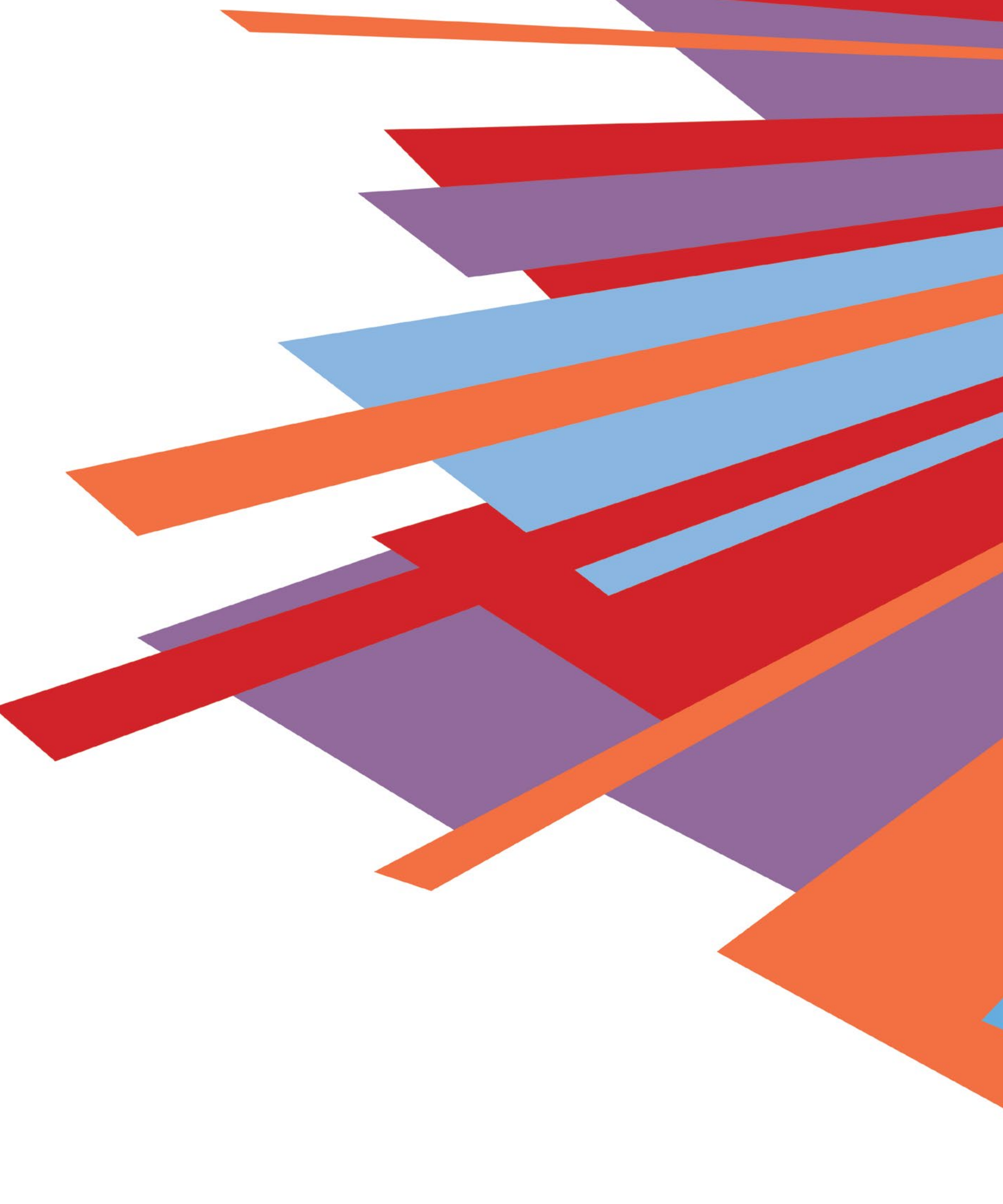
*From left to right:  
Mr Andrew Goh, Vice President, SAMH;  
Dr Arthur Chern, Group Chief Executive Officer, SAMH and SACS; The Right Reverend Rennis Ponniah, Bishop of Singapore and President of SAMH and SACS; the Guest-of-Honour Prime Minister Lee Hsien Loong and Mr Keith Chua, Vice President, SACS*







W'S HOSPITAL  
SACS  
Singapore Anglican  
Community Services  
RY GA DINNER







# *Into the Light*

First 50 Years of Singapore Anglican Community Services









7

*Starting  
Small and  
Faithful*

The least of you will become  
a thousand, the smallest  
a mighty nation. I am the  
Lord; in its time I will do  
this swiftly.

Isaiah 60:22



Anglican Welfare Council (AWC) was inaugurated on 31 August 1967, but as with most beginnings, there is a backstory. And with most beginnings, it was small.

While the only Man who could inspire the work of AWC is the Lord Jesus Christ, we can point to a man and a woman whom He appointed to start this journey. This man is Mr Francis Thomas and the woman, his wife, Mrs Catharine Eng Neo Thomas (née Catharine Lee Eng Neo).

## The Life and Love of Mr Francis Thomas

Mr Thomas was born in April 1912 in a small English village called Westcote between Oxford and Cheltenham. He was the fourth child in a family of six children and the third son in the family.

Mr Thomas was brought up in a devout Christian family. His father, Reverend J A Thomas, was an Anglo-Catholic clergyman. Mr Thomas attended Highgate School in North London where he excelled academically and in extra-curricular activities. He was appointed Head Boy at the boarding house, and the following year, he became Head Prefect of the school and Sergeant Major at the Cadet Corps. He eventually graduated from the prestigious Cambridge University with Upper Second Class Honours in English, Archaeology, and Anthropology. All in all, he was an exceptional student with a bright future ahead of him.

Mr Thomas decided that his calling was in education. In his early 20s, he sailed to Singapore to take up a teaching position at St. Andrew's School in 1934. He was ordained a missionary at St. Andrew's Cathedral and taught English at the secondary level. Mr Thomas was not an ordinary teacher.

He genuinely cared for the overall well-being of his students and not merely their academic performance. He was a father figure who took an interest in his students as young people to be nurtured holistically, and therefore engaged them in activities like school plays and the arts. Through these additional activities outside the classroom, he developed genuine bonds with the students.

World War II upset the ordinary rhythm of school life. The British Colony fell to the Japanese and school was disrupted during



*Mr Francis Thomas teaching a Post-School Certificate Class, 1950*

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the occupation of Singapore (1942 to 1945). Mr Thomas was held as a prisoner-of-war in Singapore, Siam (Thailand), and Japan. When the war ended, he went back to England to recuperate from the toll the war took on his health. Fiercely committed to God's calling, Mr Thomas returned to Singapore in 1947, rejoined St. Andrew's School and became the Housemaster of the boarding school, St. Andrew's House.

Upon his return to Singapore, the Lord blessed Mr Thomas with more than he could imagine. The Matron of St. Andrew's House at the time was Ms Catharine Lee Eng Neo, a trained nurse. Mr Thomas fell in love with Ms Lee and successfully courted

her. They married in 1948. Mrs Thomas was also working at the Singapore General Hospital but resigned after marriage. Their marital home was near the school in Potong Pasir, which was then a farming backwater of Singapore. Squatters dotted the district. Mr Thomas described the area in his memoirs, "It was striking to discover how remote Potong Pasir was from the life of the school. In the distance our *wayang* shed (a shed for Chinese opera performances) was a long quarter of a mile away; culturally it might have been a thousand miles. For months after we first went in, children would come running to see me with shouts of: 'Ang Moh, Ang Moh', as if I was a circus elephant or a giraffe. A few showed hostility; once, they threw dried pig shit at me, but missed."

None of these deterred Mr Thomas. He remained committed to his calling in education, the school, and Singapore.

## A Divine Encounter Leading to the Start of Community Services

One day in the early 1950s, Mrs Thomas observed an elderly villager at the edge of their garden foraging among the bushes. Approaching him, she asked what he was doing. He explained that he was gathering a certain type of leaf to concoct a poultice for the sore on his legs. Mrs Thomas, being a trained nurse who walked in God's love, showed concern and asked to examine his leg. She treated his sores in the garage of their home and asked him to return in a few days so that she could change his dressing. The treatment worked, and when he returned, he brought some friends who were suffering from a similar ailment.



*Mr and Mrs Francis Thomas at their wedding, 1948*



*Mr and Mrs Francis Thomas at St. Margaret's School, 1960s*



Through this episode, the Thomases realised that the villagers did not have medical knowledge or access to medical care. Inspired by the healing and serving ministry of Jesus, the couple decided to serve the people in their community by starting a free clinic on the site of a *wayang* shed in Potong Pasir. Besides Mrs Thomas, they enlisted the help of another trained nurse, as well as secondary and pre-university students from St. Andrew's School.

This was the humble beginning of the school's involvement with community services.

Together with Mrs Thomas, the volunteers would visit the nearby *kampongs* (villages) to dress wounds as well as help with chores to maintain the villagers' squalid homes. Although the school was right next to the villages, the chasm between their two worlds was huge. Mr Thomas recounted in his memoirs, "The gap was on both sides. When our girls first went to help, some came dressed in high heels and party frocks. It was moving to see them pick their way through the muddy paths and over ditches, and kneel on the plank floor of their *kampung* homes — to wash and dress the foul sores on the legs of the old people, or the infected boil covered with tarlike medicine on the head of a baby. They had not known people lived like this in Singapore. Now that they knew, they did all they could to help."

As their services became more popular with the villagers, Mr Thomas involved more students from St. Andrew's School as well as its sister school, St. Margaret's School. This led to the formation of the Clinic Club, and through the club, students offered clinical services to the villagers every Tuesday from 3pm to 5pm. Eventually, a Free Clinic was opened in Potong Pasir in 1955.



*The Free Clinic started out in a wayang shed in Potong Pasir, circa 1950*



*Students from the Clinic Club treating villagers in Potong Pasir, 1951*  
Source: St. Andrew's Secondary School



*Villagers of Potong Pasir, students and volunteers at the opening of the Free Clinic, 1955*  
Source: Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore



## A Sanctuary from the Floods

In the 1950s and 1960s, the Potong Pasir area was prone to flooding during the monsoon seasons. During these severe floods, many villagers were left stranded. The students proved their mettle once again. The Clinic Club and the Social Work Group of St. Andrew's School sprang into action in aid of flood victims. Students rowed *sampans* (flat bottomed Chinese wooden boats) to rescue people and animals. The school opened its doors to shelter and feed villagers who had no place to stay. They slept in the school's halls, which were converted into temporary shelters, and were given cushion kneelers from the chapel to use as pillows. St. Andrew's School was then the largest refugee centre providing sanctuary and food for victims of the flood. The government also used the school premises as a distribution centre for cash grants, food, and farming supplies such as fertilisers, to give the farmers a leg-up after the flood had subsided.



Children sitting outside their flooded home in the Potong Pasir/Braddell area, 1954  
Source: Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore



Flood in Potong Pasir, 1951

Source: The Straits Times © Singapore Press Holdings Limited. Permission required for reproduction.

# A SCHOOL

and the

# FLOODS

Floods which hit Singapore on January 11th. particularly affected Potong Pasir, the kampong area on the other side of the St. Andrew's School playing field. As soon as the danger of flooding was noticed the School Social Work Group was alerted and a refugee organisation was set up. During the afternoon refugees began to arrive in the school, and by night 89 families consisting of 460 refugees had been registered and were being housed in the classrooms where they stayed all night.

Student volunteers were on duty in the school providing dry clothes, food, first aid, and other

aid. Teams also went into the flooded areas advising and assisting the people to move to dry land. A minimum of adult supervision was provided, the work being mainly organised and carried out by the school students themselves. The Principal reports that "the services given by students were appreciated by the refugees, and there was at all times a happy atmosphere of informal and friendly order, jobs being done with a minimum of fuss and ordering about".

Congratulations to St. Andrew's School and its Social Work Group!

An article from "The Courier" published by St. Andrew's Cathedral covering the role of St. Andrew's School Social Work Group during the flood, 1967



Flood victims receiving clothing aid at the Great Hall of St. Andrew's School, 1954

Source: Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore



Flood victims waiting to receive rations at the Supplies Godown of the Social Welfare Flood Relief at St. Andrew's School, 1954

Source: Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore



Volunteers from St. Andrew's School feeding children who were victims of the flood, 1954

Source: Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore



Flood victims having a meal at the flood relief centre at St. Andrew's School, 1954

Source: Ministry of Information and the Arts Collection, courtesy of National Archives of Singapore



## Mr Francis Thomas — Teacher, Politician, Principal

The commitment of Mr Thomas extended beyond the school to serving the nation. While Thomas was still teaching, with the blessings of the Anglican Church, he served as pre-independent Singapore's Minister for Communications and Works from 1955 to 1959. In the world of politics, he maintained his Christian integrity and was well respected as a hardworking and upright man. He was described as "honest, straightforward, intelligent and sincere" by both the founding Prime Minister of Singapore, Mr Lee Kuan Yew,

and Singapore's first foreign minister, Mr S Rajaratnam. During his political stint, he interacted with many volunteers through "Meet the People" sessions where political leaders would meet with residents of constituencies. This experience that God put him through proved useful later when he would start managing large groups of volunteers.

After his political stint was over, Mr Thomas returned to his original calling of teaching. His political experience had raised his leadership skills, and Mr Thomas was appointed Principal of St. Andrew's School in 1963. He held that post until his retirement in 1974.



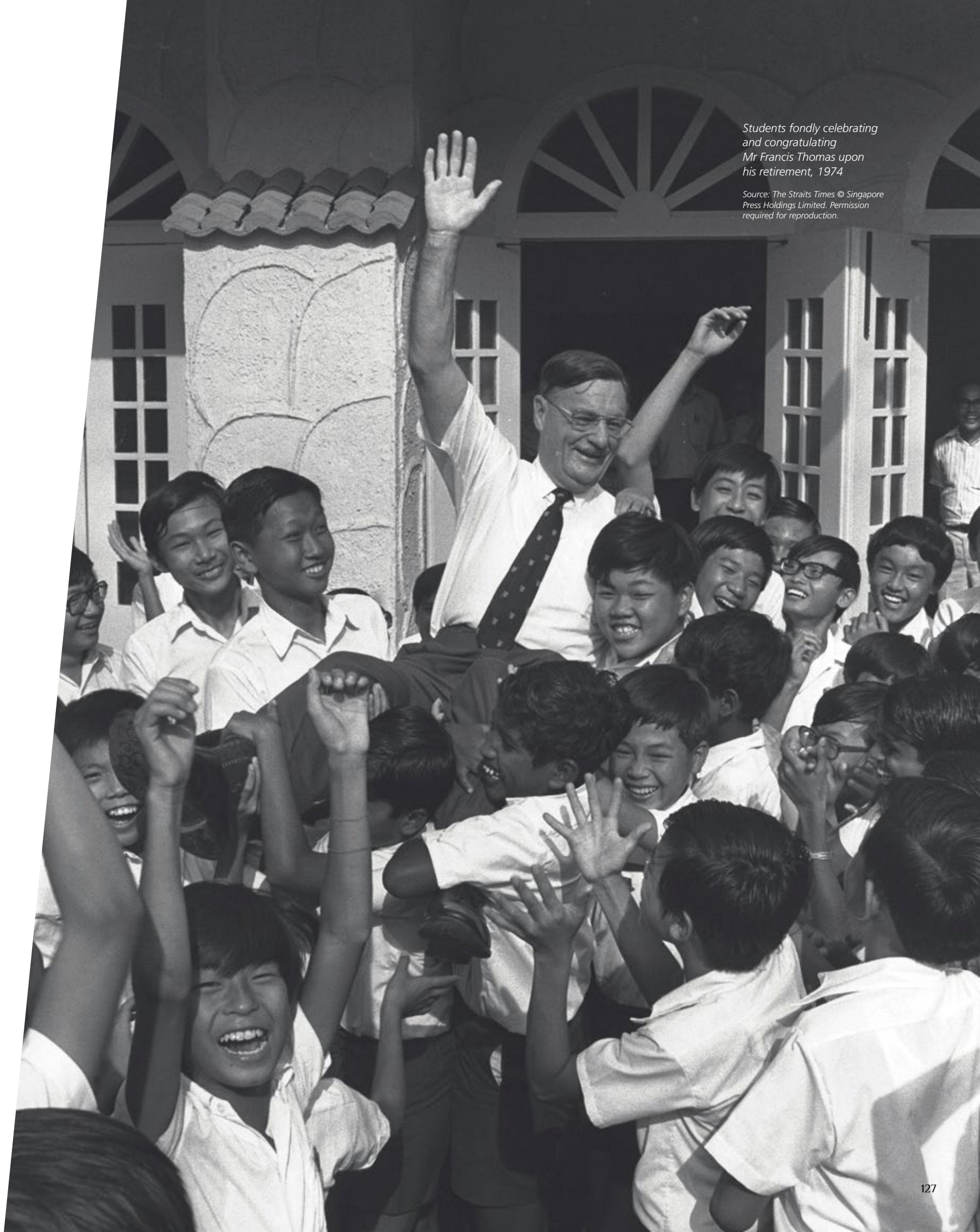
*Mr Francis Thomas returned to teaching at St. Andrew's School after relinquishing his post as Minister for Communications and Works, 1959*

Source: The Straits Times © Singapore Press Holdings Limited. Permission required for reproduction.



*Students fondly celebrating and congratulating Mr Francis Thomas upon his retirement, 1974*

*Source: The Straits Times © Singapore Press Holdings Limited. Permission required for reproduction.*



## A Tragedy and an Awakening

In the 1960s, a tragedy struck St. Andrew's School. A student committed suicide. Mr Thomas was devastated. Even though he had taken the effort to connect personally with his students, he realised that some of them were living in darkness — the students were young boys and girls who desperately needed care and counselling. While it was indeed a tragedy, rather than being defeated, he purposed to do everything possible to mitigate any future occurrences of this nature. To bring care and hope to students with emotional difficulties, Mr Thomas established a counselling service in a little wooden building on the grounds of St. Margaret's School.

Mr Thomas was so committed to this cause that he would personally take charge of the most difficult students. He would often involve them in stage productions to keep them occupied and to get to know them better. The rehearsals were held at the *wayang* shed within his residential compound. This way, he could keep a close eye on students who were “at risk” and intervene meaningfully. While Mr Thomas involved the students in this manner, the pre-university girls would help Mrs Thomas prepare for the school fun fairs. During the process, Mrs Thomas would develop a personal relationship with the female students. In this way, both Mr Thomas and his wife were involved with the student body beyond academic pursuits and were able to counsel the students more effectively.

Mr Thomas wrote in his memoirs, **“As a principal, I have tried not to be blind or deaf to the needs of those in school. It is not enough to have a scheme of work and development, to have the majority well looked-after. There must be time to care for the weakest and most lost.”**

## Father of Student Counselling Services

Though the student counselling services initially operated informally, it was a much-needed service. By the end of the 1960s, the school was counselling more and more students. The scale of the work grew, and it was launched as a formal service under AWC and supported by the Ministry of Education (MOE) on 20 February 1968. The service was officially called Schools Counselling Services (SCS), and Mrs June Cheong Ken Yin was appointed as the first senior caseworker. With the formalisation and endorsement by MOE, the services of SCS were offered to schools outside the Anglican institutions. This was a particularly satisfying achievement for Mr Thomas, who wrote in his memoirs, **“If anything is the high point in my life, the establishment of our Schools Counselling Service is it. We have identified a new kind of need, and we have been able to do something to meet it.”**

This statement echoes the ethos of the Anglican community services up to this day — when God identifies a need, they step in to meet it.



Students at SCS, 1960s

## Anglican Welfare Council is Born

While God had led Mr Francis Thomas and his wife to care for the needy (villagers), the displaced (flood victims), and the students, there was another development going on at St. Andrew's Cathedral. The Dean of St. Andrew's Cathedral, The Very Reverend Tony Dumper, felt that Anglican welfare work should perform more than "ad-hoc first aid" services when the need arose, such as flood relief. He suggested that an organisation should be started to deliver community services to those in need. This was especially necessary after a very successful Flag Day by St. Andrew's Cathedral in 1966, when S\$15,313.14 was raised for Anglican welfare work. This money would allow for forward planning, better organisation and proactive service to those in need.

A pro-tem committee was formed on 16 November 1966 with Mr Thomas as Chairman, Ms Felicity Foster-Carter as Secretary and Mrs M.E. Pereira, who spearheaded the Flag Day fundraising efforts, as Treasurer to assess the feasibility of starting such an organisation. Other members of the pro-tem committee were Mrs Horsley, Mr Dong Chui Sing, and Mrs Wong Tong Seng.

The committee under the leadership of Mr Thomas was efficient and effective. On 31 August 1967, Anglican Welfare Council (AWC) was inaugurated. Mr Thomas was appointed Chairman of the first Executive Committee. Its stated mission was to **"carry out community services and welfare work, amongst the elderly, the poor, the destitute and the aged sick, according to the teaching of our Lord Jesus Christ."**

One of the first tasks was to find a suitable location for AWC. Keeping it in the Anglican family, Dean Dumper proposed that the

welfare building be situated on the grounds of St. Margaret's School. The school was approached, and they readily agreed. AWC appealed to the Lee Foundation for financial assistance in building the Welfare Centre, and they agreed to provide a generous grant of S\$15,400. With the support of Lee Foundation and the services of architect Mr Richard Leong, the Welfare Centre Building (comprising a general office, two small private offices, and a conference room) was completed and operational by 19 February 1968.

Fundraising for the early work of the AWC was led by the tireless efforts of committed volunteers who organised annual Flag Days, which were successful in raising funds to cover the running costs of AWC. The first Flag Day of AWC on 25 May 1968 was led by Mrs M.E. Pereira and her committee, Mr Dong Chui Sing and F Davis. They raised over S\$26,000 — a sizeable amount at the time. In conjunction with the Flag Day was the first mass mail appeal for donations for the work of AWC.

On 3 August 1968, AWC was officially launched by Mr Chan Chee Seng, Parliamentary Secretary of the Ministry of Social Affairs. Archdeacon Lau Teik Oon blessed the building on the grounds of St. Margaret's School on Sophia Road. The structure was an air-conditioned building that was also used as an emergency shelter for temporarily homeless families.

A statement the Parliamentary Secretary made in his opening speech rings true 50 years later: **"It is reassuring and comforting when we know that a particular organisation has been founded on very firm ground, as is the case of Anglican Welfare Council, and that it will feature prominently and permanently in our welfare services to the poor, the handicapped and underprivileged."**





AWC Flag Day, 1980s

**SINGAPORE ANGLICAN WELFARE COUNCIL**  
**Income and Expenditure Account for the year ended 31st December, 1969.**

	1969		1968		1969
	\$		\$	INCOME	\$
<b>EXPENDITURE</b>					
Flag Day	2,562		26,401	Flag Day Collections and Sale of Car Labels and Key Chains	22,714
Sick and Needy	8,136			Donations for student aid from Lee Foundation	24,749
Student Aid	24,749		8,466	Donations	1,664
Salaries	10,881		239	Interest on Deposits	1,699
Central Provident Fund	611		1,287	Excess of Expenditure over Income	930
Water and Electricity	305		( 9,723)		
Postages and Stationery	485				
Maintenance of Premises	—				
Travelling	1,504				
Telephone	277				
Miscellaneous	360				
Insurance	50				
Audit Fee	527				
<i>Depreciation :-</i>					
Building	\$ 637				
Furniture & Fittings	200				
Motor Van	472	1,309			
Opening Ceremony and Exhibition	—	—			
	<u>\$51,756</u>		<u>\$26,670</u>		<u>\$51,756</u>

Excerpt from "The Courier" published by St. Andrew's Cathedral, explaining the Income and Expenditure for the first two years of AWC, 1968 and 1969

Mr Chan acknowledged the important role the Anglican Church played in nation building. In his speech, he said, "With the attainment of full nationhood, it is expected that we should be fully responsible for looking after the well-being of the less fortunate in our midst. It is therefore very gratifying to know that the Executive Committee of Anglican Welfare Council has willingly accepted this responsibility that comes with full independence and has set a fine example for more of our Singaporeans to emulate. I am confident that many of us will follow in their wake."

## Off to a Flying Start

After the launch, AWC's involvement and influence immediately spread beyond its walls. They started their work inspired by and in obedience to His Word from Isaiah 61:1-2,

***"The Spirit of the Lord God is upon me, because the Lord has anointed me to bring good news to the poor; He has sent me to bind up the brokenhearted, to proclaim liberty to the captives, and the opening of the prison to those who are bound; to proclaim the year of the Lord's favour, and the day of vengeance of our God; to comfort all who mourn;"***

His Word summarised the charter of AWC — to minister to the poor, comfort the brokenhearted, give hope to those in darkness, and to set people free. AWC's arms reached wide. They collaborated with various social service organisations, introduced measures to attract more social workers, provided employment for their clients and played their role in the national development of newly independent Singapore.

AWC wasted no time getting started. The organisation collaborated and partnered with many social service organisations during the first ten years. Some of these partnerships included organising play activities at the Wilkie Road Children's Home, visits to the Christian Outreach to the Handicapped, the Toa Payoh Christian Clinic, Singapore Children's Society, St. Paul's Playcentre, and Woodbridge Hospital. They also worked with educationally subnormal children (as they were called then). For a brief five months, AWC sponsored the Home for Mental Defectives until it was decided that due to limited resources, it would be better for them to withdraw their involvement. AWC was also actively engaged with Rose Lodge, a rehabilitation centre for women with drug-related problems. Members of AWC would visit the lodge to provide Christian counselling services.

*St. Margaret's School on Sophia Road where the Welfare Centre Building was opened in 1968*

Source: The Straits Times © Singapore Press Holdings Limited. Permission required for reproduction.



To attract more and better-trained social workers, in July 1969, AWC launched two bursaries of \$1,800 per annum for University undergraduates reading Social Studies. Candidates who accepted these bursaries would be bonded to AWC for one and a half years for each year of study. They were offered a salary scale aligned with government salaries for similar work. In June 1974, AWC accepted the first six-month attachment from a student of the University of Singapore.

A key principle of AWC was to counsel clients to the point where they can independently operate in society — in schools, workplaces, families and social relationships. A significant milestone was achieved in June 1970. Setting an example, AWC employed one of its clients as a Junior Clerk, for the first time.

AWC also played its part in national development. In 1970, the National Trades Union Congress Teachers' Union Seminar endorsed the work of AWC and requested that their SCS be part of the national programme of the modernisation of the teaching profession.

In retrospect, God was preparing the organisation for its future.

## Synod Involvement — Division of Labour

In 1970, the first report of AWC was presented at the Synod meeting. The main discussion item was the place and role of AWC and its future development within the context of the larger umbrella of the Anglican Diocese of Singapore. The particular point in question was the division of labour between the "secular" work of AWC balanced with the "spiritual" work of the Anglican Diocese. At that Synod meeting, it was decided that the community caseworkers would deal with the social, developmental, and economic needs of their clients, while their spiritual needs would be referred to the priests of the parishes involved. This practice has evolved, and even today, chaplains and social workers partner together in serving the community and various client groups.

# ANGLICAN WELFARE

ANGLICAN WELFARE COUNCIL

## FLAG DAY

SATURDAY  
MAY 25th.

**WHAT IS THE ANGLICAN WELFARE COUNCIL?**

For many years the Cathedral sponsored an Annual Flag Day and was responsible for a good deal of individual relief work. Some other parishes joined with the Cathedral while others made their own arrangements for raising and distributing welfare money. The increasing success of the Flag Day under the recent leadership of Mrs. M. E. Perera opened up possibilities of a more systematic use of our welfare funds. A number of laymen who had been closely connected with the Cathedral Flag Day Appeal, representing several parishes, proposed the setting up of a Singapore Anglican Welfare Council. In August of last year the Council was established, with the approval of the Diocese, and Mr. Francis Thomas was elected the first Chairman. The Council is responsible for raising money for Anglican Welfare work in Singapore and for planning the use and distribution of the money collected. All parishes and Church institutions are entitled to representation on the Council. Apart from the Council's central planning money is also made available to parishes for individual relief.

**WHAT HAS THE COUNCIL DONE?**

1. \$14,000 was distributed in grants for welfare in 1967.
2. \$2,000 was given to assist school students

to continue their education. The Lee Foundation has recognised the Anglican Welfare Council and is willing to give the Council assistance in meeting the needs of students.

3. A **Schools Counselling Service** for our schools has been begun. This is a pioneer work in Singapore and offers special help to students with personality problems, and to maladjusted and delinquent children. The Council has appointed Mrs. June K. Y. Choong as Senior Caseworker with the responsibility of working among the 6,000 boys and girls of our Singapore schools.

4. **Anglican Welfare Centre.** This has been opened with the approval of the school authorities in the grounds of St. Margaret's Primary School at Mount Sophia. A semi-permanent building houses the Council's office and also provides a centre for the Caseworker and other welfare work. The Adoptions Committee of the Singapore Children's Society will also be using the Centre for its confidential work.

**THE FUTURE.**

The Council needs your voluntary work, your gifts and your interest. This is the Anglican Church's own Welfare Service through which we seek, in the spirit of Christ, to serve those, of all races and religions, who are in any kind of need in our society.

*Excerpt from "The Courier" published by St. Andrew's Cathedral, explaining the work of AWC, 1968*



## Make or Break — Into Financial Difficulties

The host of activities in the early years took a financial toll on AWC. At the Synod Annual General Meeting in 1971, the first indication of financial difficulties surfaced. Churches questioned the viability of the organisation and even considered shutting down AWC.

Thankfully, the need for the services that AWC provided was valued enough that the focus switched from closing the organisation to finding ways to ensure its survival. AWC knew that since God had started the organisation, He would see it through. The discussion turned to the ways in which parishes and churches could be involved in raising funds for AWC. A suggestion was made that an annual collection be done in churches specifically for AWC. The suggestion was accepted, implemented, and this practice still remains today.

By October 1971, AWC announced that it was “a little free from the shadow of bankruptcy” which had hung over the organisation for the previous two years.

God is faithful.

## The Coming of Age of Schools Counselling Services

In just four short years since the inauguration of AWC in 1967, the organisation had grown, and its profile had increased. By 1971, SCS, which was part of AWC, had grown and assisted 487 students from 42 schools. Both

AWC and SCS relied on money provided by successful fundraising efforts through generous donors.

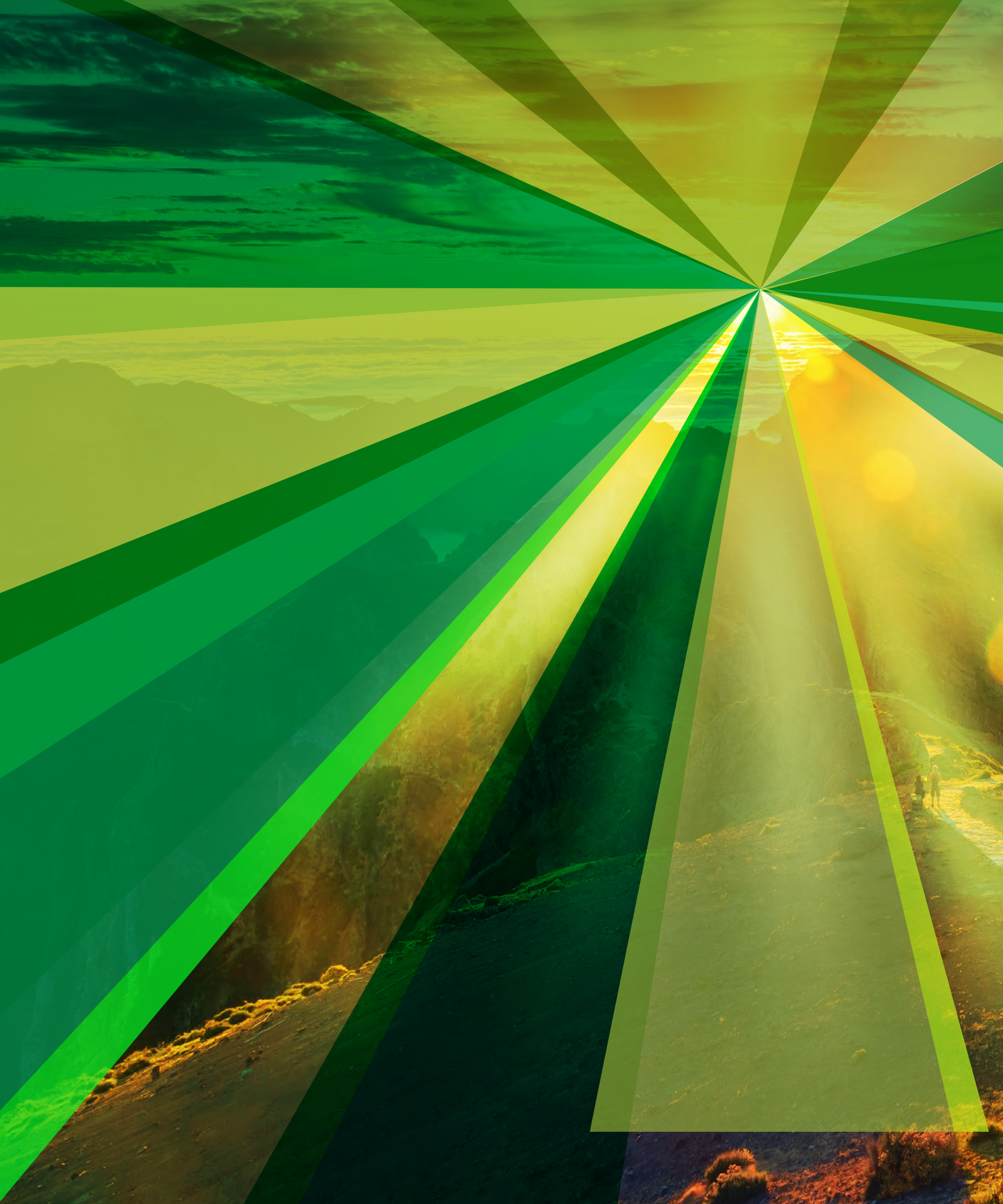
At an extraordinary general meeting in 1971, a proposal was put forth to separate SCS from AWC to become an independent entity. The reason was due to very practical considerations. Firstly, by allowing SCS to become independent, it could serve students beyond the Anglican schools and enable more students to access their much demanded services. Secondly, as an independent organisation not affiliated to a religious body, SCS would then be eligible for grants from the government and tax exemption for donations.

On 1 July 1975, SCS became independent and was adopted by the Schools Social Work Service Association of Singapore. Its services were extended to schools across the nation.

Two years later, in 1977, AWC was renamed Singapore Anglican Welfare Council (SAWC) to emphasise its focus on serving Singapore.

## The Next Journey

This was the modest beginning of community services of the Anglican Church in Singapore, besides the medical work of St. Andrew's Mission Hospital, which had started much earlier in 1913. From the Thomases' backyard, the Lord led AWC through its infancy as it continued to walk in humble and faithful obedience. He was about to lead AWC into a new leg of their journey that would take them from the hills of Sophia Road into the downtown core of Singapore.





The background features a scenic landscape with a stone path leading up a hillside. The path is made of irregular stones and is flanked by grass and small plants. The hillside is steep and covered in green vegetation. In the distance, there are mountains and a valley. The sky is a mix of blue and green, suggesting a sunrise or sunset. The entire image is overlaid with several diagonal, semi-transparent bands of green and teal, creating a layered effect.

2

*The  
Pilgrimage  
from the Hill*



And when the cloud  
was taken up from the  
tabernacle, then after  
that the children of Israel  
journeyed: and in the place  
where the cloud abode,  
there the children of Israel  
pitched their tents.

Numbers 9:17

Since 1968, Anglican Welfare Council — renamed Singapore Anglican Welfare Council (SAWC) in 1977 — had their dwelling on the hill up Sophia Road. 12 years after the formation of SAWC, God would lift the proverbial cloud and lead them down the hill to where He would have them next pitch their tents and venture into new areas of community service.

While things were comfortable in Sophia Hill, SAWC noticed a new group of people that needed attention in the 1970s — the less privileged older people. The Board of SAWC then surfaced the idea of starting a residential home for the seniors. A parsonage at the Armenian Apostolic Church of St. Gregory the Illuminator (or Armenian Church, as it was commonly referred to) at Armenian Street was recommended for this project. In June 1978, SAWC was offered the lease of the parsonage — which they named St. Gregory's Hall — rent-free, for five years, with a condition that members of the Armenian Church would be given priority on the waiting list to the home.

However, the Ministry of National Development did not approve the use of the building as a residential home for the seniors. The building could instead be used as a centre for church related welfare programmes with accommodation for one or two staff members. This was agreeable to SAWC. They accepted the lease offered by the Armenian Church and renovated St. Gregory's Hall at a cost of S\$9,000.

St. Gregory's Hall opened on 15 March 1980. It was a vastly different environment compared to the school grounds where SAWC was previously located. SAWC would be situated right in the downtown core of the island, densely populated and close to those who needed help. It was an area of stark contrast between the haves and have-nots, where the rich and poor existed side by side.

An added advantage of the location was its proximity to St. Andrew's Cathedral, which would allow for close collaboration between SAWC and the church. God had provided the perfect set-up for SAWC to spread their wings to offer new community services to new groups of people. God was leading, and SAWC stepped out in faith.

*SAWC at St. Gregory's Hall, Apostolic Church of St. Gregory the Illuminator (Armenian Church), 1970s*





*Samsui women at work,  
late 1930s*

*Source: Courtesy of the National  
Museum of Singapore, National  
Heritage Board*

## Women in Crisis - the Lonely, the Elderly and the Recovering

St. Gregory's Hall was a quiet two-storey bungalow. On the upper floor were the offices, a counselling room, and a staff pantry. The ground floor had a recreation room, a dining room, kitchen, storeroom, an activity area, and accommodation for Ms Felicity Foster-Carter .

Ms Foster-Carter was the woman God raised to help SAWC navigate this leg of the journey. She was a missionary who came to Singapore in 1955 to teach biblical knowledge at St. Margaret's School. Mr Francis Thomas handed the operational running of SAWC over to her when they moved to St. Gregory's Hall. Later, in 1976, Ms Foster-Carter was appointed Executive Director of SAWC, a post she held until 1986.

God had commissioned Mr and Mrs Thomas at the right time — a principal and a nurse were exactly the people needed during the formation of SAWC. Now, He raised Ms Foster-Carter to lead the next chapter of the SAWC story, which would involve ministry to women. A godly, biblically-trained woman was the ideal person for such a time.

After SAWC moved to St. Gregory's Hall, the usually quiet building bustled with life. It attracted three groups of women — the seniors, victims of domestic abuse and other family crises, and recovering drug addicts. SAWC ministered to these women with the love of Christ, offering companionship and counselling to lift them from a place of desperation to a place of hope.

Even before the move to the Armenian Church, female staff and volunteers of SAWC had been volunteering at Rose Lodge, the



only drug rehabilitation centre for women in Singapore. The good work that SAWC was doing there was recognised, and St. Gregory's Hall quickly attracted women who were either former drug addicts or recovering from addiction. Many had worked in bars or nightclubs. Negative influences and circumstances drove them to drugs, and now they desired to come clean. SAWC was effective in ministering to women, as most of the staff and volunteers were women. Surprising as it may sound, the relapse rate for women drug addicts was higher than it was for men, and SAWC provided a much needed service. At St. Gregory's Hall, the women were counselled and taught skills such as shorthand, typing, English, sewing and making handicrafts, to help them gain employment and break out of the cycle of addiction.

A large number of poor, blue-collared women worked around St. Gregory's Hall. There were many migrant women who had come to Singapore from China to eke out a living. They lived in cramped and unkempt one-room flats and shophouses in the Kreta Ayer, Chinatown, Boon Keng, Havelock, and Redhill districts.

Some of these women were *samsui* women who were female immigrants from *Sanshui*, a district of Canton (Guangdong today) province in southern China. They were hired to work in physically demanding jobs such as manual construction labourers as Singapore was rapidly modernising. The *samsui* women were usually single, poorly paid, and lived in ramshackle conditions.

Women who were victims of domestic abuse, neglect and estrangement flocked to St. Gregory's Hall. It was clear that many women in the downtown core of Singapore were neglected and SAWC provided for their needs by offering genuine companionship, care and practical help such as providing

meals, organising activities and simply being available and listening to them.

St. Gregory's Hall quickly became an oasis for women to receive the love, care, shelter, and respect that they were lacking. It was clear that God was calling SAWC to minister to women and to love them with the love of Christ.



## No More Monday Blues

Before the move to the Armenian Church, SAWC ministered to students through counselling and student aid. At St. Gregory's Hall, God stretched SAWC's span, and caring for the seniors was now the order of the day.

The seniors were an often neglected and lonely lot. A large number were single, or even if they lived with families, lacked companionship while their children were working. In the 1970s, SAWC formed the Monday Companions Club (MCC) to fill this void. The club met on Mondays (hence the name) to offer companionship and activities for male and female seniors who lived near

*Ms Felicity Foster-Carter (far right) at the Apostolic Church of St. Gregory the Illuminator (Armenian Church) with staff and volunteers, 1982*

the Armenian Church. MCC first started on the premises of St. Andrew's Cathedral before moving to St. Gregory's Hall in 1979.

Although MCC was run by SAWC, retirees and elderly housewives from other non-Anglican denominations volunteered. Through MCC, SAWC provided meals, organised games, taught handicraft, and conducted Christian and biblical education. SAWC also provided financial assistance and food rations as the need arose. Volunteers visited the seniors, who were not ambulant, at their homes, or if warded, in hospitals and nursing homes.

The word of the club got around, and attendance soared. While most of the participants were women, the number of men who regularly attended the MCC were few.

## Good Neighbours Programme

The Good Neighbours Programme (GNP) was an existing programme offered by the nearby Orchard Road Presbyterian Church. Through the programme, volunteers would minister to marginalised communities, shower the love of Christ and share the Gospel. In 1987, SAWC took over the running of the GNP from Orchard Road Presbyterian Church.

Through the GNP, volunteers of SAWC visited the Vietnamese refugee camp at Hawkins Road. These refugees were commonly referred to as "boat people" as they escaped Vietnam by boat. The refugees came in families, including young children, and were accommodated temporarily in the Hawkins Road camp while awaiting their fate.



Left:  
Members of the MCC,  
1980s

Bottom:  
Vietnamese refugee  
camp at Hawkins Road,  
Sembawang, 1986

Source: Registered Tourist Guides  
Association of Singapore Collection,  
courtesy of National Archives of  
Singapore



Another neglected group was the patients with mental health conditions at the View Road and Woodbridge mental hospitals, as well as the chronic sick at other hospitals around the island. Like the refugees, their movement was restricted, so SAWC went to them instead. Although SAWC did not know this at the time, their experience with psychiatric institutions providing care for persons with mental health conditions would feature very prominently in the future of the organisation. God was weaving His grand design for SAWC.

## The Other Side of Armenian Street

SAWC operated in the spirit of Christian charity by being available to minister to all people at any time. In this spirit, St. Gregory's

Hall remained opened seven days a week, 24 hours a day. Unfortunately, as word of SAWC's generosity got around, it attracted the attention of some people intent on taking advantage of Christian charity.

In 1985, SAWC hired Mr James Chan, its first male social worker. Mr Chan started work at St. Gregory's Hall in February 1985 as second-in-command to Ms Felicity Foster-Carter. As the only male social worker and one who formerly held a similar position in the prisons, he was in charge of dealing with potentially dangerous situations. He recalled former prisoners coming to St. Gregory's Hall demanding for money. They would turn violent and refuse to leave the grounds if their demands were not met. Heavily tattooed gangsters would turn up in increasing numbers as Chinese New Year approached. Some men resorted to histrionics, crying and begging on their knees.

These men realised that there were three churches located close to one another — Wesley Methodist Church, Orchard Road Presbyterian Church, and the Armenian Church. They would go from church to church begging or demanding for food and money. James recalled that he had to quickly learn to distinguish between those with legitimate needs and those taking advantage of Christian charity. He said, "In those days (1980s), social service agencies did not work together. I had to get in touch with the other churches to exchange information on individuals to assess if they were abusing the system. Also, if a person claimed that he was offered a job and would pay back what he 'borrowed', I would call the alleged employer to verify if this was true. We had to be very careful and discerning. We existed to help those with real needs and had to systematically distinguish those with real needs. It could get dangerous, and sometimes my personal safety was threatened."

Nevertheless, SAWC took all this in stride, recognising that these men were victims of circumstances and were also in need of God's love and compassion.

Jesus said these words from the Beatitudes in Luke 6:29-30, "**To him who strikes you on the one cheek, offer the other also. And from him who takes away your cloak, do not withhold your tunic either. Give to everyone who asks of you. And from him who takes away your goods do not ask them back.**"

Inspired by the teaching of the Lord, whenever possible, SAWC would help everyone, even if it meant that sometimes they would be taken advantage of. SAWC was at St. Gregory's Hall to serve the community through all situations and in all circumstances, with the love and sacrifice that Christ demonstrated.

Later, this would no longer be a problem as family service centres were set up across the island, and individuals were compelled by law to approach social service agencies near their residences based on the official addresses on record. They could no longer roam from one agency to another, taking advantage of the system.

## The Leap to Whampoa

The work at St. Gregory's Hall was a training ground for a bigger task that God was preparing for SAWC.

In 1983, the government announced its intention to demolish St. Gregory's Hall, and SAWC was thrust into uncertainty. However, the leaders of SAWC turned to God to ask Him for guidance and to lead them to alternative premises. It led them into a period of prayerful soul-searching and contemplation of the future of the organisation. By then, SAWC was 16 years old.



The plan to demolish St. Gregory's Hall did not materialise, and instead, in January 1985, SAWC was invited to renew the lease for an additional five years, which they did. But through this false start, God led SAWC to contemplate their future, and in the process, a new opportunity arose.

In May 1986, SAWC met with two representatives from the Whampoa Christian Centre — Dr Jimmy How, a medical doctor and navy colonel, and Canon James Wong, the Vicar of Whampoa Christian Centre — to discuss the possibility of setting up a joint venture to serve families in crisis. Whampoa Christian Centre was already ministering to families in crisis and was seeking a partner to expand this work. Discussions progressed rapidly and a month later, in June, SAWC signed a joint venture agreement with Whampoa Christian Centre to start a new service to serve families in crisis. The new service would be located at the existing premises of Whampoa Christian Centre and be renamed Whampoa Care Centre (WCC). Operationally run by SAWC, it would be the first of many crisis centres that the organisation would eventually open.

## Into a New Season — Whampoa Care Centre

WCC was launched on 11 August 1986 at 111 Jalan Tenteram, Whampoa district. Dr Jimmy How was appointed Chairman of SAWC. Later that year, on 29 October 1986, The Right Reverend Dr Moses Tay, the Bishop of Singapore, dedicated WCC to the Lord. Although WCC opened, the administrative and operational headquarters of SAWC remained at St. Gregory's Hall at the Armenian Church until January 1991, when it moved to WCC.

WCC primarily started as a residential refuge for women and children who were in crisis. This included abused women, and single mothers with financial difficulties and other family-related disruptions. WCC also featured a sheltered workshop for women to learn skills and make earnings as some could not leave the centre for fear that their abusive husbands would find them and start the cycle of domestic violence again.

Although WCC started as a family crisis centre, the staff realised that the various family problems that residents suffered from were due to underlying mental health conditions. In 1987, eight out of 14 residents were diagnosed with mental health conditions. This was a shocking revelation. SAWC had started WCC to serve families in crisis and not persons with mental health conditions (PMHCs). The easiest option would have been to refer these residents to another institution better equipped to manage such conditions. But they knew it was no coincidence. God had placed them there, and they had to do something. To help these residents for the longer term, SAWC realised that merely providing shelter was inadequate. They had to focus on the root of the problem, which was to address the mental health conditions.

This decision was a significant milestone as it was the first time that SAWC formally launched services for PMHCs. Previously, SAWC staff and volunteers had served PMHCs through hospital visits but not under their own facility. Psychiatric care would eventually become a mainstay of SAWC.

The development of psychiatric care by SAWC was much needed. Dr How reported in 1998 that over 90,000 psychiatric consultations were recorded in government hospitals and outpatient clinics. At that time, there were only two government psychiatric day care centres besides WCC. Although SAWC did

not know it when they launched WCC, God had brought forth people who needed to be shepherded out of the darkness of their mental health conditions into the light of healing and recovery.

The objectives of WCC as articulated in the 1986 SAWC Annual Report were:

1. To provide rehabilitation programmes and activities for the mentally afflicted, to enhance their self-worth and facilitate their eventual return to work and live in the community.
2. To enable them to develop good work habits as well as good self-care, social skills and hobbies.
3. To provide sheltered employment.
4. To share the Gospel of Christ and His Love, to minister to individual needs through social and spiritual counselling, prayer, inner healing and deliverance.

The main building of WCC was a two-storey bungalow. Separate rooms on the upper level were used by battered women and for PMHCs. On the ground floor was a room for dysfunctional families or families in crisis as well as a counselling room. The first residents of WCC were those who were previously cared for by the previous Whampoa Christian Centre before the joint venture with SAWC.

A thrift shop named "Gift and Thrift Shop" was set up at WCC to recycle and sell second-hand items donated by the public. In March 1987, a clinic was opened to provide medical care to residents and clients of WCC.

In 1986, more marriages were breaking down with 2,608 divorces in Singapore. Mental health conditions were on the rise with the main conditions being schizophrenia and depression. More than 90,000 people

sought psychiatric treatment in government hospitals and outpatient clinics. Woodbridge Hospital admitted 6,000 patients with mental health conditions. The ageing of the island's population had started with over 200,000 people over the age of 60. God had led SAWC from Armenian Street to Whampoa to focus on families in crisis, psychiatric care, and the aged (whom SAWC was already serving through MCC). Statistics indicated that SAWC was moving in the right direction. It was clear that God was in control and directing the steps of SAWC.



*Dr Jimmy How, Chairman of SAWC at a birthday celebration with clients and staff of WCC, 1988*



*Residents and volunteers of WCC, 1980s*





*The residential bungalow  
of WCC, 1986*

Source: From the Lee Kip Lin  
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Singapore 2009.



## Learning the Ropes for the Future

The team at WCC realised that it was no easy task to care for women and children in crisis and those with mental health conditions under one roof. Their respective needs were different. Tension on how to balance and manage the needs of the two groups arose. The SAWC team was motivated and committed but lacked experience. They were simply not adequately trained to handle both mental health conditions and crisis issues. While they did learn on the job about how to care for and counsel suicidal residents, unreasonable family members, and distressed individuals, more could be done to better equip the staff. WCC did not have an operational manual on dealing with the various psychiatric episodes they encountered. Thankfully, through the years, SAWC had developed a good relationship with Woodbridge Hospital (through the Good Neighbours Programme) and turned to them for help in managing persons with mental health conditions and advice on medication.

SAWC also learned that it was challenging managing both men and women at the same care centre. For example, there was a man with a gambling problem. He was heavily in debt and rented out his Housing and Development Board flat to foreign workers to earn some money. With nowhere to stay, he turned to WCC. Initially, they were reluctant to take him in but there was an empty room, and out of compassion, they relented and offered it to the man. He turned out to be a serial liar, did not attempt to get a job to pay his debts, had inappropriate encounters with the women at the care centre and eventually succumbed to depression.

After this experience, WCC reviewed their decision in accommodating men and women

at the same residential centre and decided to segregate both genders when launching future centres.

While these early experiences were difficult, with the benefit of hindsight, it proved to be a solid training ground for the future of SAWC, when God would lead the organisation to focus on psychiatric care, family crisis centres, and senior care as separate arms of community services. God was sharpening SAWC's sword for the future.

## Serving the National Agenda of Psychiatric Care

The opening of WCC was divinely timed. Over the years of serving the community, especially to patients with mental health conditions at the View Road and Woodbridge hospitals, SAWC had developed a good reputation with the Ministry of Health (MOH). Public communications from MOH in the 1980s affirmed that there was indeed a national requirement to address mental health conditions and the ministry was looking for organisations to serve in this area. The direction that God had led SAWC was in line with the same need that the government had identified. Just like the days when Schools Counselling Services was started in response to a student's suicide and was then extended to serve all schools through the Ministry of Education, this was no coincidence. God was establishing their steps.

The Chairman of SAWC, Dr Jimmy How, was personally committed to caring for PMHCs. He recalled an incident that disturbed him and spurred him to action. "I attended a carolling performance where there were 15 people in a room, all patients with mental health conditions. The room was disgusting. There

was urine in the corner of the room. The room stank. I told myself, this is Singapore. This cannot be the way we treat our patients.” Dr How’s resolve was strengthened, and he vowed to do something about this situation. When he later learned that some of his staff at WCC had mental health conditions, he took it all in his stride. Instead of letting them go, they were counselled while remaining employed.

In the 1980s, psychiatric institutions around Singapore were overcrowded. The prevailing approach to care was poor, and patients were treated in an environment like detention centres. The main institution for persons with mental health conditions was Woodbridge Hospital. As the demand for its services increased, Woodbridge Hospital decided to focus on treating acute psychiatric cases and would refer the sub-acute or “recovering cases” to organisations with psychiatric rehabilitation services. Though new, WCC was one of the few organisations of the era that carried out this nature of work, and MOH would increasingly refer more patients to SAWC for rehabilitation.

## Sheltered Workshop at Whampoa Care Centre

The sheltered workshop at WCC had originally started for residents who were in crisis. After the organisation decided to focus on PMHCs, it was modified with the consultation of Dr Tan Kuan Hoo, a psychiatrist from Woodbridge Hospital. The workshop, adjacent to the bungalow, was half the size of a basketball court with a zinc roof. The sheltered workshop was used by PMHCs to learn employable skills, be meaningfully occupied and improve their self-worth and image, by enabling them to become self-supportive and active, contributing members of society. The work at the sheltered workshop included

lettershopping, handicraft and toy making, photocopying, bookbinding, sewing and dressmaking. PMHCs who were referred to the sheltered workshop largely came from psychiatric hospitals and parish churches. The ages of those using the sheltered workshop ranged from 10 to 70, with the majority between the ages of 21 and 40. Besides being cared for their physical, social and mental needs, the participants were offered the option of spiritual counselling and prayers.

## A Change of Leadership

The opening of WCC was significant for another reason. Dr Jimmy How was appointed by The Right Reverend Dr Moses Tay, the Bishop of Singapore, in August 1986, to be the Executive Chairman of SAWC. Dr How took over the reins of SAWC from Reverend Cecil MacSparron, Vicar of St. James’ Church. This signalled SAWC’s belief and desire that trained and experienced medical professionals were best placed to take on the challenges at hand, given the new direction that the organisation had taken.

It was the right time to make such a move. For nearly twenty years, SAWC’s work had grown organically. They had focused on serving the immediate social and healthcare needs of residents in the vicinity that they were located in. By the mid-1980s, the health needs of the nation had changed, and the government was taking a more active role in leading the changes. Mental health was on the national agenda, and with SAWC taking its first baby steps into psychiatric care, frequent interactions with the MOH and other external agencies would be necessary. Dr How, being a medical practitioner, was well-positioned to represent SAWC to MOH and other health agencies.

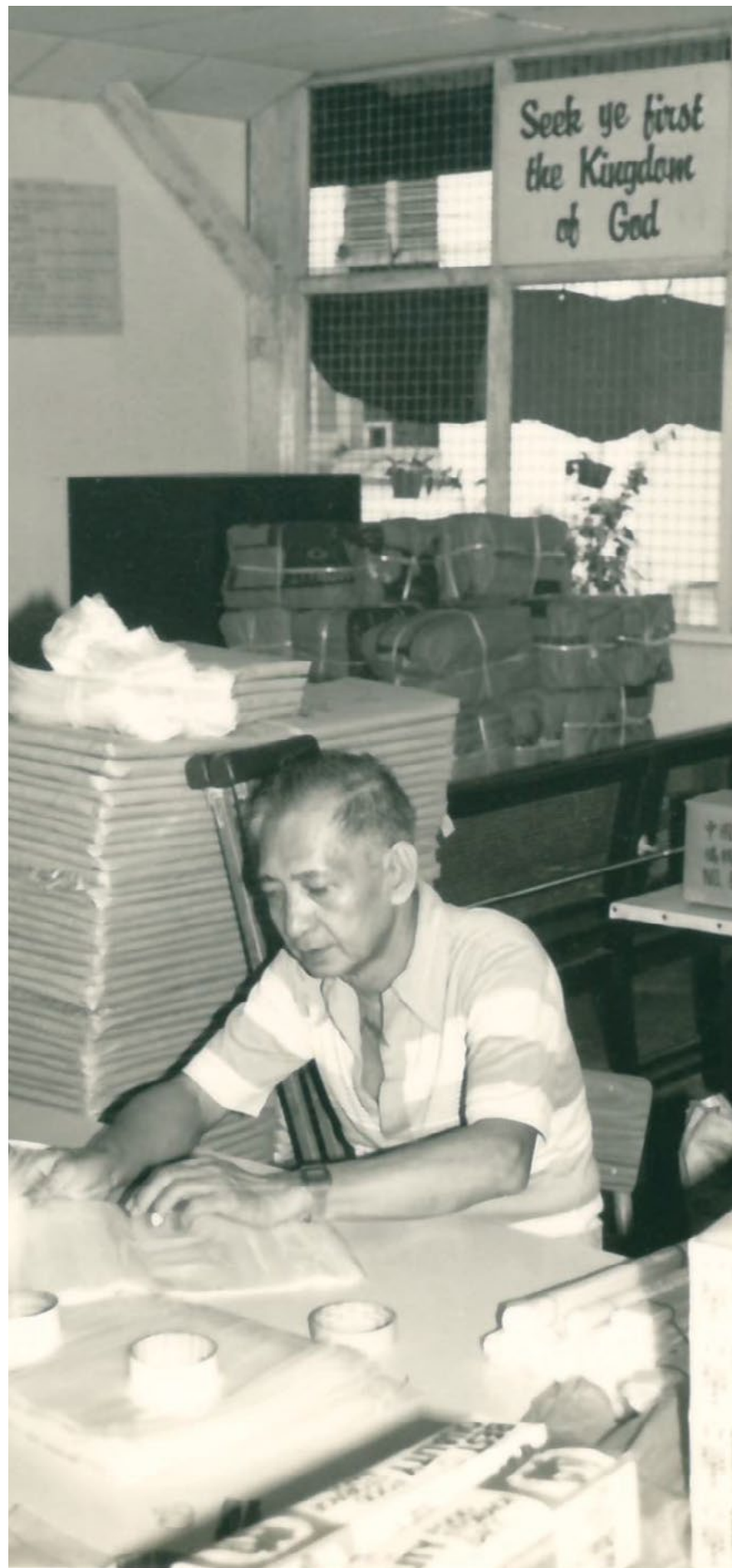
This change also signalled a desire to become better organised, as Dr How recollected, "When I took over in 1986, the work of SAWC was not well-defined. It had, after all, evolved spontaneously based on the needs during a particular era and area, and not set up as a formal entity." He was also convinced that God's hand was in his appointment as he said, "I believe that it is God's work to minister to the needy and those who are hurt. In being united in carrying out God's work, while we help others, we will similarly be blessed."

When Dr How took over the leadership of SAWC, he formed a new Board made up of medical and corporate professionals. The organisation was running a small deficit then. Four months into 1987, the organisation was in the black. His immediate tasks were leadership training, addressing operational requirements and formalising work processes. He revamped administrative procedures and started new fundraising programmes. In all of this, Dr How never forgot the ultimate bottom-line as he said, **"As the hand of God is upon this caring work, many lives have been touched. Therefore, we are reminded again that the bottom-line of our work must be restoration unto God."**



*Top: PMHCs learned various employable skills, such as sewing, at WCC, circa 1990*

*Right: Contract jobs, such as packing plastic bags, were made available to PMHCs at the WCC circa 1990*





## Articulating a Vision

The newly formed Board articulated a vision which would guide SAWC into the future. **In January 1987, at a leadership committee retreat, SAWC adopted the verse from Matthew 5:16 as the guiding theme for the organisation, “In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven.”**

God was affirming to SAWC His commandment to shine His light in dark places, comforting the poor, loving the brokenhearted, freeing people from their existing constraints and honouring God. SAWC was empowered from on high. With this biblical mandate, the Board developed a new motto, “Counsel, Restore, Equip”, which was explained in the following manner:

**Counsel:** Clients who come to us have different problems and needs. We provide professional assistance in counselling, family casework as well as financial assistance to help clients to cope with their problems.

**Restore:** We believe, above all human needs, the greatest joy is to experience peace with God through the Lord Jesus Christ who alone is the Saviour, Healer and Life-Giver. Through this, we restore relationships between individuals and their families as part of clients’ journey of recovery.

**Equip:** We believe training and education are the most effective tools in reaching out to a greater circle of people who need assistance. We aim to equip lay people with the knowledge and skills necessary by providing effective help through seminars, workshops, training modules, literature and audio-visual aids.

With the vision and motto in place, SAWC developed a new logo and drafted its first written manual of standard operating procedures in February 1987.

1967



ANGLICAN WELFARE COUNCIL

1987



2004



The Right Reverend Dr Moses Tay said at the 20th SAWC Annual General Meeting on 15 May 1987, “Ministering to the total person is so very important, and this must be the balance, not only of SAWC but of the whole church as well. I am happy to see that SAWC can be a spearhead and, indeed, the model for the total ministry of the church.”

## God’s Leading to New Pastures

The nomadic life of SAWC would continue — the cloud would lift again, and God would lead the organisation to new pastures. Almost ten years after the opening of WCC, the government announced its plans to

redevelop the land for other uses, and SAWC would have to move. Directed by the Lord, SAWC was ready when He called them to embark on their next journey.

As far back as 1987, when WCC was just a year old, Dr Jimmy How wrote in the Chairman's Message that the work of SAWC must expand. "In the last two years, we have increasing demands for ministering to those in crisis and persons with mental health conditions. The premises at WCC are too small to cater to the increasing need for those who are seeking help. We are praying for a bigger place to house the total work of SAWC. We urge you to continue your support and prayers for the work of SAWC. To God be the glory for the great things He has done."

His prayers were answered. WCC closed on 31 December 1995. The cloud lifted again, and SAWC followed God as He led them to various locations serving specialised needs.



*A man assembling plastic bags at WCC, circa 1990*



*A counsellor engaging a client in a game of chess at WCC, circa 1990*



*A music session with clients at WCC, circa 1990*









3

*The  
Mission  
Forward*



Come unto me, all ye that  
labour and are heavy laden,  
and I will give you rest.

Matthew 11:28

Singapore Anglican Welfare Council (SAWC) moved from Sophia Road to Armenian Street, and then to Whampoa district. Up to this point, the journey was linear — from one location to the next. SAWC remained faithful and served wherever they saw the need. But God had new plans in store; He would next take SAWC to a point where the mission would grow. Over the next 12 years, the mission branched out and expanded, and SAWC was tasked with bringing more people out of the shadows and into the light.

In 1992, the government announced its intention to requisite the land on which Whampoa Care Centre (WCC) stood. Although WCC would not close until 31 December 1995, the scout for new locations was underway. Rather than being discouraged, SAWC recognised that God was in control of all circumstances and that it could be time to spread their wings and bring their services to more people. God's calling for SAWC had become clear during this era — to serve people in crisis and persons with mental health conditions (PMHCs).

The leaders learned from their experience with WCC that it was wise to separate the men and women. Caring for these two groups required different approaches and complications could arise if relationships were formed between a man and a woman who were both undergoing rehabilitation. Separate facilities, located apart from one another, would be ideal. Through God's providence, two premises surfaced.

Women with mental health conditions would be cared for at a facility on Elliot Road. A separate facility on East Coast Road would house men in crisis (with and without mental health conditions). The two new centres, Elliot Road Care Centre (ERCC) and East Coast Care Centre (ECCC), opened in 1992.

While ERCC's residential facilities were extended only to women, and ECCC's residential facilities housed only men, both centres had a day care centre each, providing social enterprise projects for both men and women with mental health conditions. Across both centres, the goal was to counsel, equip, and restore individuals to become effective functioning members of society and to reconcile them with their families and in their relationships.

The two centres at Elliot Road and East Coast Road turned out to be divinely timed and perfectly planned. This allowed WCC to focus solely on serving women and children in crisis until they closed in 1995, when they moved to Kallang Care Centre. Given the prevailing situation in Singapore, many women were victims of abusive relationships; they had nowhere to turn to for help and felt desperately trapped in their situations. Thankfully, with public education, the awareness of crisis shelters had risen. With this knowledge that women could receive shelter and care, many more had the courage to leave abusive relationships and seek help at these crisis centres. The conversion of WCC to a shelter for women offered hope and respite to those who were abused by their husbands. Some of them would desperately knock on the doors of the centre in the wee hours of the morning seeking refuge.

Women often remain trapped in abusive relationships, as they were dependent on their husbands to provide for their financial needs. The best way to help abused women break out of this vicious cycle of mistreatment was to empower them by helping them become self-sufficient and financially independent. However, for some women, working outside the sheltered home was not possible as abusive husbands would seek them out and harass them at their workplace. At the



sheltered workshop in WCC, women could gain financial independence in a protected and safe environment.

God had calibrated SAWC's offerings across WCC, ERCC, and ECCC perfectly. SAWC was now able to provide comfort, care, and bring the light of hope to these different groups who had been living in darkness and despair.

SAWC was 25 years into its ministry. Though its beginnings were humble, SAWC, over time, had developed a good reputation with the Ministry of Health, Family Courts and family service centres, which regularly referred PMHCs and people in crisis to SAWC's care centres. At that time, there were precious few organisations running such services.

Along with these moves, the headquarters of SAWC relocated from WCC — first to ECCC in 1992, and then to ERCC in 2001.

## A Refuge for Women — Elliot Road Care Centre

ERCC opened on 17 February 1992 as a residential shelter for women with mental health conditions. ERCC was located on the lush and tranquil grounds of another Anglican Ministry, St. Andrew's Community Hospital (SACH). There were an unoccupied ward and a bungalow that SACH rented to SAWC for one dollar a month to care for and shelter women in distress.

ERCC was a sanctuary for women to receive care, counselling, and love, where they would be led to wholeness through psychiatric rehabilitation. The bungalow, which was formerly the nurses' quarters, was converted to a residential facility called *The Bougainville* for women with mental health conditions.

Although ERCC was primarily opened as a residential facility for women, psychiatric day rehabilitation services were introduced to serve both men and women. The unoccupied ward was converted into a day care centre for women and men with mental health conditions. The caseworkers at the centre also provided outpatient counselling and financial casework services.

ERCC closed in December 2004, as they shared the grounds with SACH, which was slated to move to a new facility in Simei. The land on Elliot Road was to be vacated and redeveloped into St. Andrew's Autism Centre.



Top:  
*The Bougainville in ERCC, a residential facility for women with mental health conditions, 1992*

Middle:  
*Morning exercises sessions at ERCC, 1994*

Bottom:  
*ERCC, 2001*

## PROFILE ON ERCC AND WCC CASES

PERCENTAGE OF BATTERED WIVES SEEKING SHELTER AT SAWC			
Year	Number of battered wives	Total number of female residents	Percentage of battered wives
1986	3	14	21%
1987	7	32	21%
1988	6	30	20%
1989	5	27	19%
1990	11	52	21%
1991	20	50	40%
1992	51	105	48%
Total	103	310	Average 33%

Table showing a sharp increase in the number of battered wives seeking shelter, SAWC Annual Report 1992



ECCC, 1992

## A Haven for Men — East Coast Care Centre

Following hot on the heels of ERCC, ECCC was opened on 30 May 1992 by The Right Reverend Dr Moses Tay, the Bishop of Singapore. ECCC was one of the first residential centres for men in crisis in Singapore. The tranquil facility was leased from the government at a subsidised rate. The existing building was renovated, given a fresh coat of paint and made ready to rehabilitate men in crisis with or without mental health conditions.

The crises these men faced were different from the women. While a small number of them were victims of abuse at the hands of their wives, many of them were victims of gambling addiction and debt-related problems. ECCC featured a day care for persons with emotional problems and mental health conditions as well as a residential facility for men in crisis. Like ERCC, it also offered outpatient counselling and financial casework.

ECCC got off to a flying start. In just the first eight months, ECCC admitted 110 clients or about three to four per week for day care, residential care or counselling. Over 70% of ECCC's clients was between the ages of 21 and 40. As this is the prime productive employment age range for men, it was important to get them out of their respective crises and bring them to wholeness as soon as possible. Many were unemployed due to mental health and emotional problems, or because of troubled relationships. Some were rebellious youth forced out of their own homes by parents who could not manage them. The goal of SAWC was always to rehabilitate clients, restore their relationships with loved ones, and eventually lead them to job placements, or in the case of the youths, lead them back to school.

Dr Sally Thio, then Executive Director of SAWC, said, “We have to help them (the residents) get to the next stage (of their rehabilitation process) — otherwise it will be a case of them moving from one void deck to another.”

Mr Steven Ting, the first male case manager of the crisis centre, who eventually became the Head of SACS Psychiatric Services in 2012, recalled that it was a period of great learning. “We were young, and our experiences taught us a lot about managing families in crisis. We made some mistakes, but we learned and used these experiences to run ECCC better and indeed, all the other future centres,” said Mr Ting.

Being willing to constantly learn and submit themselves before God is a hallmark of SAWC, which remains to this day.

## The Wild, Wild East

ECCC focused on men in crisis and with it, came unique challenges that were different from the women’s facility at ERCC.

Mr James Chan, the first Executive Director of ECCC, reflected that in the early 1990s, “It was a place with all sorts of interesting characters that made living in the east like the Wild, Wild West. Many of them had mental health conditions and personality disorders and could turn violent at the drop of a hat.”

Some men had squandered their money gambling and resorted to borrowing from loan sharks who charged unscrupulously high-interest rates that they could not repay. Some were entangled with multiple loan sharks as they would take money from one loan shark to pay off another. The Centre even handled a case where a client had borrowed from 15 loan sharks!



*Top:  
The Right Reverend  
Dr Moses Tay, the Bishop  
of Singapore, addressing  
attendees at the opening  
of ECCC, 1992*

*Bottom:  
Bible studies for men  
at ECCC, 1992*

Case workers played multiple roles of rehabilitating these men and acting as their intermediary to the loan sharks. They equipped the men to find jobs by training them in new skills through social enterprises at ECCC so they could repay their debts. Even as they were being trained at ECCC, the men would be paid. The staff of SAWC would approach the loan sharks and negotiate to repay the principal amounts with reduced interest rates. The loan sharks were sometimes intimidated as they thought the staff from SAWC could be from the government or worse, from the Criminal Investigation Department, and would often agree to revise the repayment terms.



Dr Jimmy How, Chairman of SAWC at that time, said that some loan sharks could be very reasonable once the client's situation was explained and there was some guarantee of repayment of the principal amount. The key negotiating tactic was to reduce the exorbitant interest rate, which could increase a debt of a few hundred dollars to a few thousand dollars within a short time. However, he warned against the calm loan sharks, "The ones to be careful of are those who threaten you without actually saying it. They lean back in their chair and calmly say: 'Nobody signed any contract, so we can't make him pay us back if he doesn't want to, can we?'"

This was all in a day's work for the case workers. Thankfully, many men at the crisis centre were able to get jobs and eventually pay off their debts.

The ministry at ECCC was not always smooth sailing. There were times when the staff had no choice but to discharge disruptive clients from the residential centres or even file a police report as the last resort to safeguard the other residents and staff from harm.

One such incident involved a resident who was prone to excessive alcohol consumption and violent behaviour. He would pick fights, even during devotion services at the crisis centre, and terrorise the other residents. Having tried all means to counsel and help the man, Mr Chan was left with little choice but to discharge him from the residential centre.

This kind of work in that era held its inherent dangers, and would have left many trembling. Perhaps some organisations would have resorted to referring cases to the police while taking the "easier" clients. But they knew they must continue this work and serve all who came to their centre. After all, Jesus never shied away from dangerous situations, and He healed the most hardened hearts

with His love and mercy. So they continued His work in faith fearlessly, and it paid off. Amidst all these were success stories of men who were rehabilitated and returned to their families, to school or to work. Many men, out of their own volition, turned to God for help on their journey to recovery and wholeness.

## Back to Work

The care centres were not merely residential homes. They aimed to counsel residents to become independent, confident, and self-sufficient. Hence, the care centres featured social enterprises or sheltered vocational workshops for clients to work, gain experience and earn money. More importantly, the skills clients learned boosted their confidence and helped them find jobs outside the shelter. SAWC frequently employed their clients at their care centres.



*A social enterprise hair salon was set up at ECCC to help residents acquire new skills and gain confidence, 1992*



*The cafeteria at ERCC equipped clients with work skills for future employment opportunities in the food and beverage industry, 1993*

Sheltered workshops had first started in 1986 at WCC, and over the years, workshops were set up at other care centres. Clients learned new and marketable skills such as picture framing, working in a cafeteria, making acrylic products, running thrift shops, computer training and plastic modelling. They were placed in enterprises depending on their interest, aptitude and functioning level. At the sheltered workshops, clients could earn up to six times more than if they were doing manual contract work with a company outside the care centres.

According to Dr Sally Thio, Executive Director of SAWC, these workshops were set up to give clients practical tasks in a realistic environment, to teach them to deal with real situations like handling cash in a cafeteria.

The cafeteria, which was open to the public, was particularly successful. Residents were trained in all aspects of food and beverage operations such as cooking, serving, managing the cash registers and cleaning. Almost 90% of those trained at the cafeteria secured jobs compared to the other vocations, which still averaged a very respectable rate of 60%. It was also the most profitable of all ventures.





Top Left:  
*Something Old, Something New (SOSN), a social enterprise thrift shop, was first set up at ECCC, 1997*



Top Right:  
*Clients from ECCC received retail skills training at the SOSN thrift shop, 2001*



Middle:  
*Clients at ECCC being taught computer skills by Mr Steven Ting, Case Manager (far right), 2001*



Bottom:  
*Picture framing service was started as a social enterprise to provide more job opportunities for clients of ERCC, 1994*



## Caring for the Little Ones

Unfortunate social issues of the time surfaced new needs. Divorce rates were up, and a large number of children were brought up by single parents, usually mothers, who were compelled to work in order to support the family. This situation gave rise to “latchkey children” who returned from school to empty homes. They were deprived of parental love, lacked supervision and, as a result, became ill-disciplined, and their schoolwork suffered.

Jesus had a special place in His heart for children. In Mark 9:37, He told his disciples, **“Whoever receives one of these little children in My name receives Me; and whoever receives Me, receives not Me but Him who sent Me.”**

Mothers in crisis were encouraged to find jobs so they could provide for themselves and their children. While this was necessary, the children could, unfortunately, be neglected. SAWC felt it was only right to look after these children while their parents were at work. And so, SAWC started a service to provide love, care and support for the children. The latchkey service, better known as after-school care in present days, was started in 1993 in WCC specifically for children of women at the crisis centres.

The children at the latchkey service received emotional support and spiritual guidance, and were provided meals and assistance with schoolwork during the hours that their parents were at work. Volunteer tutors coached the children in their studies. The service started with three teachers and 15 children with financial support provided by the National Council of Social Service. Fees were heavily subsidised, and if a family was still not able to pay, a waiver was usually given.



Top:  
Children at ECCC were actively engaged through enrichment and leisure activities, such as arts and crafts, 1998

Middle:  
Student volunteers from St. Margaret's School looking after children at Kallang Care Centre (KCC), 1998

Bottom:  
Birthday Party for children at KCC, 1997

## A New Shelter for Women — Kallang Care Centre

When WCC eventually closed in December 1995, the women and children at the sheltered home were transferred to Kallang Care Centre (KCC), which opened in January 1996. KCC was a residential facility with 11 rooms for 50 women (and their children, if they had any) in crisis. Battered wives formed a large proportion of KCC's clients. The centre provided a latchkey service for children, outpatient counselling, and financial casework.

KCC was officially opened by Mr Abdullah Tarmugi, Minister for Community Development on 20 April 1996. At the opening, he commended SAWC for "its effort in reaching out to women and families who are in need of help."

The demand for such services was high, and within three months, KCC was full. Residents stayed at the facility for a longer duration as the rise in costs of living had forced families in distress to seek refuge at halfway homes. Dr Sally Thio, Executive Director of SAWC, reported that in 1996, residents stayed for one to two years compared to three to six months in 1986 when they opened the first care centre, WCC.

KCC ceased operations in May 2000 when the lease of the premise expired, but the services continued, first at East Coast Care Centre, then to St. George's Place, and finally, the SACS Family Care Centre.



*BCC, 1996*

## A New Home for Men — Balesstier Care Centre

God kept SAWC on the move during this season. In June 1995, the Ministry of Health (MOH) asked SAWC if they were keen to take over one of the three psychiatric day care centres that they were managing — Mandalay Day Centre, Chua Chu Kang Day Centre, and Alexandra Day Centre.

The timing was providential. It was half a year before WCC was due to close. Due to its proximity to WCC, SAWC agreed to take over the running of Mandalay Day Centre as it would be easier to transfer and continue working with existing clients of WCC. They took over the building, had it renovated, and renamed it as Balesstier Care Centre (BCC). BCC expanded on services provided by Mandalay Day Centre by including a residential facility for men. MOH funded the renovation cost of almost S\$300,000, and provided the SAWC full rental subvention, as well as 50% of its operating expenses for the day care and hostel programmes. It was a massive stamp of approval as it was

the first time the government had entrusted a state-run service to a Voluntary Welfare Organisation (VWO).

BCC opened as a residential centre for men in crisis and those with mental health conditions. It had a capacity for 20 residents. The men from ECCC were transferred to BCC in 1996 and ECCC was then converted into a family crisis centre. BCC also ran day care rehabilitation and vocational training for 40 PMHCs, for both genders.

At the opening of BCC on 23 November 1996, Guest-of-Honour, Dr Aline Wong, Senior Minister of State for Health and Education said, **“Balestier Care Centre is the first Day Centre to be handed over to a Voluntary Welfare Organisation to run.** This Day Centre started as the Mandalay Day Centre in 1981 by the Ministry of Health, and was the first of its kind... **the Government could pick no better partner than SAWC to further the development of this Day Centre.** SAWC has a strong tradition dating back to the 1960s, of welfare services, and of providing care for persons with mental health conditions. It has experience in running, since a decade ago, the Elliot Road Care Centre and the East Coast Care Centre for persons with mental health conditions.”

She went on to commend the work of SAWC, **“I wish to acknowledge, on behalf of the Ministry (of Health), the contribution of SAWC in accepting the challenge and responsibility of managing Balestier Care Centre and to place on record our appreciation of the excellent work and dedication of SAWC in their effort to alleviate the problems of the persons with mental health conditions in Singapore.”**

## God Confirms Singapore Anglican Welfare Council’s Commission

Back in January 1987, SAWC had adopted the verse from Matthew 5:16 as the guiding theme for the organisation, **“In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven.”**

The resounding endorsement by Minister Dr Aline Wong at the opening of the BCC almost ten years later was a clear sign that the government, specifically the MOH and the Ministry of Social and Family Development, had recognised the good works of SAWC. More importantly, it was a clear affirmation of God’s direction for SAWC and His faithfulness. God had directed SAWC’s path, and the organisation had been faithful in following Him every step of the way. Anchored in God’s Word, inspired by the love of Christ, and led by the Holy Spirit, the organisation had endeavoured to take the right actions and necessary steps.

Since 1967, SAWC had led a nomadic existence as they served the community — from Potong Pasir to Sophia Road to Armenian Street to Whampoa, and then to other areas of the island. In the next decade, God would consolidate SAWC’s services and burn the torch of community care even more brightly. In the next phase, SAWC would be entrusted with greater challenges and opportunities.





Top:  
Sheltered Workshop at  
BCC, 2001



Middle Left:  
St. Margaret's Primary  
School Military Band  
performing at the opening  
of BCC, 1996



Middle Right:  
Dr Aline Wong, Senior  
Minister of State for Health  
and Education unveiling  
the plaque at the opening  
of BCC with Chairman of  
SAWC, Dr Jimmy How,  
1996



Bottom:  
Dr Aline Wong, Senior  
Minister of State for Health  
and Education interacting  
with clients doing contract  
works at the sheltered  
workshop in BCC, 1996







A photograph of a beach at sunset, with waves crashing onto the shore. The sky is a mix of orange, red, and purple. A large, white, stylized number '4' is overlaid in the upper right corner.

4

*Walking  
by Faith,  
Not by Sight*



And without faith it is impossible to please God, because anyone who comes to him must believe that he exists and that he rewards those who earnestly seek him.

Hebrews 11:6

32 years after the establishment of Singapore Anglican Welfare Council (SAWC), Singapore was in a new millennium and it was a vastly different place in terms of society and philosophy of medical care. In the early 2000s, the Ministry of Health (MOH) changed their model for treating patients with mental health conditions (PMHCs). It started to focus on rehabilitation with a policy of “no patient under bars” unless the patient’s condition was acute and lifelong. This meant that patients would not stay in psychiatric hospitals unless absolutely necessary. With this development, rehabilitative psychiatric facilities would have a larger role in Singapore’s healthcare landscape. Practically, MOH planned to reduce the number of patients at Woodbridge Hospital from 20,000 to about 3,000. Like the Parable of the Talents in Matthew 25, over the years, SAWC was found faithful in using its “talents” and God was about to entrust SAWC with greater responsibilities.

***Matthew 25:21 reads, “His lord said to him, ‘Well done, good and faithful servant; you were faithful over a few things, I will make you ruler over many things. Enter into the joy of your lord.’”***

The scope and size of the tasks at hand would increase, and God would lead SAWC to serve an unprecedented number of clients using much larger budgets. The demand for stewardship was to expand significantly. SAWC started in the beginning with a seed of faith, and continues to have faith and trust in God to steer SAWC through this next journey.

## Changing of the Guards

Just like when Joshua took over from Moses to enter the Promised Land, this period also witnessed a leadership transition. God raised a new man for this new season. Dr Jimmy How, the stalwart and faithful commander of

SAWC, would retire in 2004 after having served as the Executive Chairman for 20 years on a voluntary basis. By the grace of God, he had led SAWC from its infancy and navigated the organisation through to maturity together with a dedicated team. When he joined, the tiny organisation was running a budget deficit. When he handed over to a new leader, the organisation was running a surplus. More importantly, he had developed a capable team of leaders for the next generation, and charged them to carry the light of the mission into the future.



*Dr Jimmy How delivering a speech just before his retirement, circa 2004*



*Dr Jimmy How with the latchkey children from East Coast Care Centre, 1998*

When Dr How retired in 2004, the operational leadership of the organisation was entrusted to Mr John Suan, the Acting Executive Director who had been with the organisation since 2002. Mr Suan was a seasoned hospital administrator with years of experience in public and private hospitals such as National University Hospital, Gleneagles Hospital, and Tan Tock Seng Hospital. He was intimately acquainted with the work of SAWC as he was involved in the planning of St. Andrew's Community Hospital's move to Simei, the work at Elliot Road Care Centre (ERCC), the move to Simei Care Centre (SCC), and had served as a member of the Board. Mr Suan was promoted to Chief Executive Officer in 2005.

The quantum changes that were to come in the next few years necessitated an experienced hospital administrator to lead the charge. True to God's character, He orchestrated the changing of the guards from Dr How, who was the right person for his time, to Mr Suan, who would lead the next charge.

## The Modified Clubhouse Model of Psychiatric Rehabilitation — Hougang Care Centre

In 2001, in line with the Ministry of Health's (MOH) new policy of focusing on the rehabilitation of patients with mental health conditions, MOH decided to close View Road Hospital, which specialised in the treatment of patients with mental health conditions. Recognising SAWC's stellar track record in this area, MOH asked if they would take over the care and rehabilitation of over 100 patients with mental health conditions from the hospital.

SAWC was up to the task and agreed. To facilitate the transfer of patients from View Road Hospital and understanding SAWC's need for additional space, the government offered to expand their capacity by helping to set up two new facilities — Hougang Care Centre (HCC) in 2002 and SCC in 2005. This led to the consolidation of SAWC's psychiatric rehabilitation services to HCC and SCC, and the care centres at Elliot Road, East Coast Road, Kallang, and Balestier progressively ceased operations by 2004.

HCC, situated within the Institute of Mental Health at Buangkok View, started with 138 patients transferred from View Road Hospital. It was officially opened on 9 November 2002 by Dr Balaji Sadasivan, Minister of State for Health and Environment. In his speech, he acknowledged the role HCC would play in rehabilitating PMHCs, **"The management of patients with mental health conditions goes beyond psychiatrists' care and medications.** The needs of different groups of PMHCs have to be met through various facilities and services, such as nursing homes, day centres and rehabilitation homes. **The rehabilitative services play an important role in enabling the patients to return to the community through helping them to build their self-confidence and learn work and life skills. This is the mission of Hougang Care Centre."**

Dr Balaji's statement had captured the vision of HCC and SAWC in bringing persons with mental health conditions (PMHCs) to recovery — giving those deemed helpless a glimmer of hope.

Dr Sally Thio, who started as a volunteer with SAWC, and later joined the staff team as the Executive Director of various care centres, was appointed Senior Director of HCC. During her tenure as a volunteer, her interest in helping PMHCs grew. During the 1980s, the prevailing attitudes towards PMHCs were less than ideal





*Dr Balaji Sadasivan,  
Minister of State for Health  
and Environment, at the  
opening of HCC, 2002*



*Dr Balaji was briefed on  
how art therapy services  
helped with psychiatric  
rehabilitation at HCC, 2002*





4



Hougang Care Centre at  
Block 4 Buangkok View,  
2017





as she recalled a disturbing conversation she had, “I was talking with a senior practitioner at the Woodbridge Hospital. He said that persons with mental health conditions had ‘no hope’ and were walking down a ‘dead-end street’. I could not accept that. I had friends with mental health conditions and I saw that they could be helped. I knew I could help them. God would help them.”

Using her own resources, Dr Thio travelled to Australia, Korea, Japan, Taiwan, and Hong Kong to learn how institutions there treated persons with mental health conditions. She was struck by the progressive techniques employed by practitioners in those institutions. During the study trips, she came across the “Clubhouse Model” pioneered by New York-based psychiatric institution, Fountain House.

Later on, in 1996, she travelled to the United States where she met with Dr Tony Zipple, then Chief Operating Officer of Vinfen Corporation, the largest psychiatric rehabilitation service in Massachusetts. Through these trips, Dr Thio learned that the key to psychiatric rehabilitation was to develop the strengths of PMHCs rather than focus on their weaknesses.

This philosophy drove the development of a modified Clubhouse Model relevant to the Singapore context for HCC.

The Clubhouse Model is an evidence-based, psychosocial rehabilitation model. Every member is responsible for the decision-making, running and the upkeep of the clubhouse with little involvement from the staff. Members are given roles in the clubhouse based on their unique strengths, interests and talents. HCC adapted the Clubhouse Model by assigning roles based on members’ strengths and interests. This would allow the staff and volunteers to create opportunities for members to engage in activities designed to develop their confidence, life and social skills.

HCC largely followed the same principles of a Clubhouse Model, but with some modifications. In HCC’s care model, staff operate the residential centre and conduct programmes for the clubhouse activities. In a pure clubhouse model, members would live in the community and not in the residential facility where the clubhouse was located, and members would manage the entire clubhouse with no involvement from the staff. HCC, on the other hand, plans and administers programmes for residential and non-residential members who come for day rehabilitation.

A typical day at HCC starts in the morning when members cook, clean, attend to administrative matters and look after the general upkeep of the premises. The confidence members gain at the centre helps them to adapt to society and live fulfilling lives in the wider community.

## The Enterprise Model of Psychiatric Rehabilitation – Simei Care Centre

By the year 2000, the MOH had decided that it was necessary to build customised facilities for psychiatric rehabilitation. The government recognised the solid track record that SAWC had built over the years.

The tender to build such a rehabilitation and residential facility in Simei was awarded to SAWC. Working hand in hand with MOH, this facility named SCC was designed specifically for psychiatric rehabilitation. This was unlike all the other previous care centres, where SAWC had to make do with whichever building they were offered.





*Top:  
Crafts like sewing help members to relax from pressures of daily life, and keep their fingers agile and nimble, HCC, 2017*

*Middle Left:  
Art therapy helps members cope with their stress and difficulties along their recovery journey at HCC, 2017*

*Middle Right:  
As part of the modified clubhouse model, the cafeteria is operated by members of HCC, 2017*

*Bottom:  
Members from HCC help keep the centre clean and neat, 2017*



Mr Chan Soo Sen, Parliamentary Secretary, Prime Minister's Office and Ministry of Health, had at a charity dinner in 2000 to raise funds for SCC affirmed SAWC's recovery model, **"In the case of Singapore Anglican Welfare Council, you organise rehabilitation and vocational training so that your case-clients will be able to learn social and work skills to prepare them to live, work and reintegrate into the community. In so doing, you help them gain greater acceptance by the community. With community acceptance, they have the opportunity to work and live a normal life. They will gain self-confidence and dignity. This way, the community gives them new lives. Acceptance is indeed the best gift the community can give to these ex-patients."**

When SCC opened, it had the distinction of being Singapore's first purpose-built psychiatric rehabilitation facility. It was also far larger than SAWC's previous care centres. At its opening, SCC could house 120 clients compared to 15 each at Elliot Road Care Centre (ERCC) and Balestier Care Centre (BCC). The space at SCC was later optimised to accommodate 156 residents. The day care facility can accommodate 40 clients.

Existing clients at ERCC and BCC were moved to SCC in December 2004. SCC was officially declared open by the President S R Nathan on 9 April 2005. Unlike the Hougang Care Centre (HCC), SCC adopted an enterprise model in rehabilitating its members. In psychiatric rehabilitation, there is no "one size fits all" solution. Persons with different mental health conditions require different models of rehabilitation. While the easy solution would have been to replicate the model used at HCC, the enterprise model was chosen. Depending on need, a person would be referred to either HCC or SCC. The space and facilities at SCC were designed for the

members' needs and training. Members are taught vocational and practical skills with the ultimate goal of placing them in jobs. SCC has a dedicated space for social enterprises where members can showcase and sell their own products and services to the public. This helps members develop a sense of entrepreneurship and to earn money for their own livelihood, boosting their confidence and social skills.

### *Custom Designed for Rehabilitation*

Being a purpose-built psychiatric rehabilitation facility in Singapore, SCC was able to calibrate all elements to maximise the comfort of clients and more importantly, aid in their rehabilitation. It was designed with an open concept that allows free movement in and out of the building. Between 20% and 30% of SCC's residents hold jobs outside the centre. For those who do not work or hold jobs at SCC, for example, as a receptionist or in providing housekeeping services, tasks are assigned based on interest and aptitude, with the aim to help them find a job outside the care centre.

SCC's residential section was designed to provide maximum privacy with clients having their own cubicles as sleeping quarters, so they feel that they are living independently. There is a laundry area and a kitchen for simple cooking at every residential floor for clients' use. Clients are encouraged to practice self-care by maintaining their personal hygiene and doing their own chores. SCC features a karaoke lounge, an indoor games room, a computer room, a cafeteria, a basketball court, a gym, and an art corner. These amenities are in place to encourage clients to engage in social activities as they would within the community, to enable them to gain confidence and be reintegrated into society.





Top:  
Ground breaking for  
SCC, 2002

Middle Left:  
Dr Jimmy How, Chairman  
of SAWC taking President  
S R Nathan on a tour of  
SCC, 2005

Middle Right:  
President S R Nathan  
interacting with a client  
of SCC working as a  
receptionist in the centre,  
2005

Bottom:  
Guest-of-honour, President  
S R Nathan (sixth from left),  
with The Right Reverend  
Dr John Chew, Bishop  
of Singapore, and  
President of SAWC  
(fifth from left) and  
Dr Jimmy How, Chairman  
of SAWC (seventh from  
left) at the opening of  
SCC, 2005











SIMEI CARE CENTRE







### *Working with MOSES*

In 2006, a social enterprise called Members Own Social Enterprise and Services (MOSES) was launched in SCC. MOSES is managed by members and staff of SCC and was started to provide employment for PMHCs.

PMHCs often face difficulties in securing jobs in Singapore's demanding and sometimes uncompromising work environment. Some employers are unwilling to employ PMHCs due to the extra attention they may need and their frequent medical appointments. MOSES was created to be a retail space for PMHCs to sell their handmade products to the public. A product designer is employed by SCC to guide

the members in the designing and crafting of their products. MOSES also operates as a sheltered workshop to train and provide jobs to PMHCs, improving their competence and employability.

### *Engaging and Energising Youth at Simei Care Centre*

When SCC first opened, clients of all ages were treated in the same way and participated in the same programmes. There was no segregation by age, and each member had a choice of which rehabilitation programme to participate in. However, as the age range of the clients spanned from 18 to 60 and the programmes





Members at SCC are actively engaged in various social and leisure activities as well as skills training, 2017



mainly catered to those from 35 to 50, some youths became disengaged, and many opted out of the programmes.

Noticing this situation, Mr Steven Ting, Executive Director of SCC, launched a programme in 2008 called Youth Empowered for Success (YES) Club specifically for members between the ages of 18 and 30, but the club accepted members up to 35 years of age, as long as the programmes were suitable for the members' needs and temperament.

A space within SCC was dedicated and renovated specifically to house the YES Club. The room has computers, board games and musical instruments. Programmes targeting the youth such as sporting activities, board game competitions, screening of movies of interest to their age range, art therapy and a group sharing session called Chatter Club Sessions were implemented. Youth members also organised their own activities such as music and dance sessions. The YES Club became a powerful tool to rehabilitate the young. The programmes suited their interests and the young clients started bonding and supporting each other. When a member of YES Club did well and was able to find work, they became role models and positively influenced other youths.

In addition, SAWC employs Peer Support Specialists (PSSs) to aid the clients' recovery process. PSSs are PMHCs who had graduated from the Peer Support Specialist Programme by the National Council of Social Service. Besides practical and written assessments, they are required to undergo 100 hours of practicum and assessment after completion of classroom training before graduation. They leverage on their personal experience of recovery in the mental health setting to



perform peer support work in both the social service and healthcare sector to support others in their recovery journey.

*Members are introduced to different craft and contract works in the sheltered workshop of MOSES, 2017*





*Top:  
Members of YES Club  
playing the Ukulele, 2017*

*Middle and Bottom:  
Members of SCC are  
engaged in various leisure  
activities as part of their  
psychiatric rehabilitation,  
2017*



## Leaving No Stone Unturned

By the mid-2000s, SAWC's range of psychiatric rehabilitation services had expanded in scale and scope. Around this period, SAWC would restructure the organisation and be renamed as Singapore Anglican Community Services — SACS. However, the organisation's psychiatric services were only in two locations, Hougang and Simei, which meant clients had to visit the facilities to receive their services. The leadership team realised that there was a segment of PMHCs who did not receive help as they were unable or unwilling to visit a psychiatric facility. Some simply did not know where to seek help. SACS's mission is to bring those living in darkness into the light. If this meant they had to step out to serve the people in need, they would. There were people who fell between the proverbial cracks, and intent on plugging these gaps and leaving no stone unturned, a decision was made to introduce psychiatric services to the heartlands and into people's homes. This led to the introduction of Community Rehabilitation and Support Services (CRSS).

## Into the Heartlands — Community Rehabilitation and Support Services

The first service of SACS to be carried out in the community was psychiatric rehabilitation. In 2005, the MOH, through a tender, invited organisations to provide psychiatric rehabilitation services for PMHCs who, for various reasons, were homebound. SACS was already a leading provider of psychiatric rehabilitation through its day and residential centres — HCC and SCC. After prayerful deliberation, SACS realised that this was a natural and important extension of the work they were doing as it presented a great

opportunity to extend their services and the love of Christ into the community. SACS was awarded the tender and launched Singapore's first CRSS.

CRSS is a community-based service for PMHCs and their caregivers. It first started with home visitations to PMHCs and their caregivers from an office in Hougang in 2006. They soon realised that it would be useful to offer day care centres for clients who might benefit from a community-based rehabilitative facility and vocational training. A team of professional caseworkers, who provides counselling, case management and support services, staff the day care rehabilitation facilities for clients living in the vicinity who can travel to these community-based centres. A variety of interactive activities such as computer classes, karaoke sessions, board games, art and craft activities, group exercises, and various workshops are designed to help clients with their rehabilitation and community reintegration.

Over three years, SACS launched three new CRSS Centres — Bukit Batok in 2010, Pasir Ris in 2011, and Yishun in 2012. The locations were chosen based on very practical criteria. CRSS centres were started in areas with dense populations and where psychiatric services were not easily available. In true Anglican community services ethos, SACS went where God sent them and where the needs were the greatest.

## *Serving All, Loving All*

With the launch of the CRSS in 2006, SACS now offered care across the spectrum of psychiatric needs from moderate to severe, and across a continuum of settings — from residential facilities to day care services and now, SACS's psychiatric care services and



Top Left:  
CRSS (Bukit Batok), 2010



Top Right:  
Karaoke session at the Day Care Facility of CRSS (Pasir Ris), 2017



Middle Left:  
CRSS (Yishun), 2012



Middle Right:  
CRSS (Pasir Ris), 2017

Bottom Left and Right  
The case manager of CRSS  
visiting a client at her  
home, 2017



support were offered to PMHCs and their caregivers at their homes.

The desired result of all psychiatric care offered by SACS is restoration to health and community integration. The CRSS component is vital to achieving this goal, as through this service, SACS is able to journey with PMHCs from diagnosis to recovery, and integration into the community. Some clients recover well enough to hold steady jobs and function well but may require long-term help such as counselling, training and support services — CRSS supports these individuals in their journeys to recovery.

CRSS does not only serve PMHCs. As they are taken care of at home, the role of the caregiver is crucial and can be very demanding. It is not always easy for caregivers to understand mental health conditions and manage situations that they may encounter. The CRSS case workers, with their expertise, befriend, counsel and encourage caregivers to provide the best care to their friends and family members with mental health conditions.

Dr Sally Thio, former Executive Director of SACS and head of the pilot CRSS programme, said, “What’s particularly significant about this programme is that we do not just serve the client, but also provide support for the family. We try to train the family for their roles, which include knowing how to monitor medication and how to recognise symptoms and side effects.”

## A New Home for the Homeless — St. George’s Place to SACS Family Care Centre

When East Coast Care Centre (ECCC) closed in 2004, families in crisis who were at the centre required a new home. SACS had a responsibility to their existing clients that they intended to honour. Thankfully, the Methodist Welfare Services agreed to have SACS take over the existing premises they owned for three years, and existing clients at ECCC thus moved to St. George’s Place.

The Right Reverend Dr John Chew, Bishop of Singapore, and President of SACS, officially opened the family crisis centre at St. George’s Place on 11 September 2004. It could house 50 residents, and like the previous family crisis centres, it provided temporary and safe accommodation for families in crisis, battered spouses with children, and single women who were victims of domestic violence. It also ran after-school care for children of clients at St. George’s Place.

In 2008, SACS started the Mother and Child Project (MnCP) in St. George’s Place. The brainchild of Ms Anna Tsang, a volunteer with SACS at that time, MnCP is a social enterprise through which single women and women recovering from mental health conditions receive retail training and participate in centre-based sewing and handicraft work. The goal is to enable them to be financially self-sufficient by teaching them to create goods that they can sell, raising their sewing skills so they can offer seamstressing services, and train them in retail skill, so they can secure jobs. This allows them to live normal lives in the community and be equipped with the means to look after their children — hence the name “Mother and Child Project”.





*Top:  
The Right Reverend  
Dr John Chew unveiling  
the plaque at the opening  
of St. George's Place with  
Chairman of SAWC,  
Dr Jimmy How, 2004*

*Middle Left:  
Logo of Mother and Child  
Project, 2008*

*Middle Right:  
Handcrafted Samsui  
woman dolls by Mother  
and Child Project, 2012*

*Bottom:  
Ladies being trained  
in sewing through the  
Mother and Child Project,  
circa 2008*



## **Mother and Child Project**





The lease of St. George's Place was extended until March 2009, after which a new location was needed. Families were then relocated to a larger facility which was renamed SACS Family Care Centre (FCC), in line with the naming convention adopted by SACS (e.g. Hougang Care Centre, Simei Care Centre).

FCC is one of four crisis centres in Singapore and one with the largest capacity that can accommodate up to 100 residents. For the benefit of residents, SACS intentionally avoided a clinical and functional design and instead, FCC was designed to be a home environment. FCC features 27 family rooms, three dormitories and six pantries where residents can prepare their own meals. Residents are encouraged to participate in activities and interact with one another to create a community spirit and a sense of belonging. Besides providing practical assistance and support for the adult residents, case management teams are employed to engage children and youth with programmes designed to support their development. A variety of enrichment programmes such as outings, sports, tuition, arts and recreational activities, skills learning workshops and psycho-education programmes are organised for the well-being of its residents.

## Coming of Age

This was an exciting period in the history of SACS. The growth was exponential. The organisation was no longer a small ministry but an established organisation in psychiatric care and community services in Singapore. Recognised by the government for its solid track record, SACS was an important player in the healthcare landscape. God had expanded its footprint and influence — SACS had come of age.

It was time for consolidation.



*Top:  
Activities and outings  
for children at the  
FCC, circa 2015*

*Right:  
SACS FCC, 2009*





## Working Hard so They Can Work — Integrated Employment Services

Singapore Anglican Community Services (SACS) never views its clients as disadvantaged. Instead, SACS treats everyone with equal importance — just as God has created them — focusing on the potential inherent in one and all.

However, clients often lack self-confidence, which is an essential quality for any person to function well at home, school, or work. There is an old proverb that goes, “Give a man a fish and you feed him for a day; teach a man to fish and you feed him for a lifetime.” For young to middle-aged adults, a vital component of reintegrating back to the community involves holding steady jobs, which allows them to be self-sufficient and to develop self-worth. Both these qualities are important in the rehabilitation and reintegration process. However, persons with mental health conditions (PMHCs) often find it difficult to hold on to jobs as they navigate the turbulences of their conditions.

### *Recycling for a Cause*

As early as 1997, SACS started Something Old, Something New (SOSN), a social enterprise at East Coast Care Centre (ECCC). It was the brainchild of volunteers Ms Anna Tsang and Ms Felicia Teo, who thought of starting a thrift shop selling second-hand items to provide training and employment opportunities to persons recovering from mental health conditions. The vision was for SOSN to be a platform to train and equip its clients with retail and logistic skills to boost their employability. SOSN is a “green” enterprise which operates with the “reduce, reuse, and recycle” principles.

Since the first thrift shop in 1997, SOSN has other outlets in St. George’s Place (2004), Bedok (2010), Pasir Ris (2011), as well as co-located with the SACS Senior Activity Centres in Yishun (2016) and Jurong West (2016). The original SOSN moved from ECCC to Simei Care Centre (SCC) in 2008.





*A client working at SOSN, a social enterprise thrift shop at SCC, 2017*



## *Women Working for their Families*

Ms Anna Tsang, who co-founded SOSN, started another social enterprise in 2005 at St. George's Place (SGP) called Mother and Child Project (MnCP). As SGP was a shelter for families in crisis, battered spouses with children and single women who were victims of domestic violence made up a large part of its residents. MnCP was started specifically for these women. The aim, as always, is for the women to gain skills, earn money, and eventually secure jobs so they can be economically self-sufficient and look after their family, in the case of single mothers.

## *Working with MOSES*

Another social enterprise called MOSES, which is an acronym for Members Own Social Enterprise and Services, was started in 2006 at SCC. MOSES is co-managed by clients of SCC to sell their own handicrafts, together with staff of SACS. It was specifically started to provide employment for PMHCs, whom some employers may be reluctant to employ. MOSES is also a sheltered workshop where PMHCs are trained and given jobs with the long-term view of improving their skills and their employability. The profits from sales of the products are given to the members in the form of an allowance for their labour.

The three social enterprises — SOSN, MnCP and MOSES — were consolidated in 2013 and housed at SCC.

## *Synergising for Bigger Impact*

In 2016, the three social enterprise ventures were consolidated with other employment service offerings and named Integrated Employment Services (IES). The other service offerings include Temasek Cares Employment Support Services, which started in 2010 (and renamed Employment Support Services in 2013), Employment Training Services, which started in 2013, Employment Internship Programme, which started in 2016, and Employee Assistance Programme, which started in 2017.

## **Integrated Employment Services**

SACS provides a wide range of employment services that help PMHCs gain and sustain employment in the competitive job market:

- **Employment Training Course (ETC)**  
A structured vocational training course designed to suit the interests of PMHCs, and equip them with essential skills and knowledge to enter the workforce.
- **Employment Internship Programme (EIP)**  
Internship placement for PMHCs where we provide onsite job coaching and collaborate with employers to design work functions that utilise the strengths of PMHCs and minimise stigmatisation at workplace.
- **Employment Support Services (ESS)**  
Job matching and placement services for PMHCs where sustainable employment goals are created to facilitate their transition back into the workforce. Job support is also provided for PMHCs who are already in the workforce.
- **Employee Assistance Programme (EAP+)**  
EAP+ aims to create a healthy and productive workplace by addressing emotional wellness and providing employees with face-to-face counselling, access to email and a dedicated counselling hotline.
- **Social Enterprise**  
On-the-job training with our Social Enterprises that equips and empowers PMHCs with employability skills to facilitate transition into the workforce.



Through this suite of services, IES provides employment placement services, internship opportunities, social enterprise platforms, and training to help PMHCs obtain sustained employment in the competitive job market. Each client is assessed individually, with their medical history, interests, and location preferences taken into consideration to place them in a work environment that best suits them. This process is highly personalised for the client.

### *A Holistic Approach to Employment*

IES supports the client through the entire employment process, from job search and application, and hiring, to helping them remain employed. IES works with organisations which volunteer their services to help PMHCs prepare for job interviews by coaching them on interview techniques, and helping them with their grooming such as by suggesting appropriate attire and make-up for job interviews. Clients are also coached on how to manage their work and handle job stress.

Understanding is the key to acceptance. IES educates and supports employers who recruit PMHCs so that both the employer and employee benefit. Employment specialists from IES work closely with employers to provide the necessary medical and social support and suggest how to create the most conducive working environment for the clients. By identifying PMHCs and their needs to the employers, the company is trained to recognise and approach an undesirable situation or behaviour at work. With the support and guidance provided by IES, employers will exhibit greater understanding towards employees identified as PMHCs, who would otherwise be terminated if their condition is unknown to employers. The three-party relationship of the client, employer, and IES allows for a win-win situation, with the employer getting the best performance from the PMHCs and ensuring their long-term employment.

IES also plays a key role in educating public and business community on the employment of PMHCs. The aim is to reduce the stigma and encourage more employers to hire PMHCs, as well as to educate co-workers to better manage and work with PMHCs over the long term. All of us need acceptance, confidence and support in our lives, and PMHCs are no exception.





5

*The Rays  
Converge*

For as the body is one and has many members, but all the members of that one body, being many, are one body, so also is Christ.

1 Corinthians 12:12



By 2004, Singapore Anglican Welfare Council (SAWC) was almost 40 years old. The organisation had grown, expanded into new territories and had become a significant provider of psychiatric rehabilitation services. During the same period, other community services had been established by Anglican parishes (e.g. Mission to Seafarers, PEACE-Connect Neighbourhood Link by Holy Trinity Parish and later in 2005, CITY Community Services by St. Andrew's Cathedral) that were serving various communities. The time was right to merge the shining flames of these Anglican community services under one unified umbrella, and march into the future.

This transformation was led by The Right Reverend Dr John Chew, Bishop of Singapore and Patron of SAWC, Dr Jimmy How, Executive Chairman of SAWC, and Dr Arthur Chern, Board Member of SAWC and Chairman of the Board for Community Services by the Diocese of Singapore. Dr Chern would later join SAWC as its Chief Executive Officer in 2012.

There were compelling reasons for this change — synergy, accountability, and closer affiliation with the Anglican Diocese of Singapore. Besides SAWC, individual parishes were carrying out their own community services. The decision was made to form a central body that supports and coordinates all Anglican community services. The various community services could be linked to this new organisation with the authority and spiritual covering of the Anglican Diocese and the Synod. The parishes would be free to continue the good works they were doing, but now they could be linked together as a unified group under the banner of the Anglican Church.

As a result, on 29 October 2004, SAWC was restructured to consolidate the various Anglican community services — namely SAWC and parish-based services — and was

renamed Singapore Anglican Community Services (SACS). Mr John Suan was appointed the first Chief Executive Officer of SACS.

The consolidation served to foster greater partnership among the different Anglican community services. SACS would focus on these core services — Mental Health Rehabilitation (psychiatric services), Family and Children Services, and Senior Care.

The Right Reverend Dr John Chew captured it perfectly when he said, **“I am very encouraged to know that there is the common conviction that the Lord Himself is leading the transformation of SAWC, as the new Singapore Anglican Community Services, out to deeper water and up to greater heights.”**

While the decision to consolidate the various services was made in 2004, time was needed to operationalise the changes — to bring together the various services, and to streamline processes. A new logo and corporate identity were created during this period.



*Logo of Singapore Anglican Community Services, 2006*

The new logo was carefully calibrated to convey the mission and values of SACS. The brushstroke treatment projects the dynamism and drive of the organisation, reflecting the Asian culture and community self-help spirit. The golden yellow cross represents the love of Christ, which is the motivating force for the

organisation. The name “Singapore Anglican Community Services” and the emblem of the Anglican Diocese of Singapore were incorporated to reinforce the organisation’s roots and Christian values. The colour blue that was used has long been associated with the Anglican Diocese of Singapore. It reflects stability, determination and resolution. Finally, the golden yellow colour symbolises the richness of human life and SACS’s mission to create richness in the lives of others.

With everything in place, SACS was officially launched on 12 December 2006 by President S R Nathan at the St. Andrew’s Church Mission’s 150th Anniversary celebration at St. Andrew’s Cathedral.

Upon announcing this change in 2006, Dr Jimmy How said the amendment to the constitution would enable SACS to better manage its services within the Anglican family. He added, “It has been God’s blessings that as we end a milestone, many new chapters and challenges will be opened to us.”

He would be proven right.

## Working Together as an Extended Family

The restructuring of SAWC to SACS also helped to strengthen the Anglican ethos and synergy across all organisations. The 11-member Board of SACS was constituted in a manner that five members would be nominated by the Synod of the Anglican Diocese of Singapore, and the other five would be elected. The nominees would be confirmed and appointed at the Annual General Meeting. The Chairman of the Board, the 11th member, would always be the prevailing Bishop of the Anglican Diocese of Singapore. To further reinforce the Anglican connection and spirit, all members of the Anglican



*Top:  
SACS official launch ceremony at St. Andrew’s Cathedral,  
2006*

*From left to right: Ms Kerry E Wilcock, Centre Head of St. George’s Place; Mr Steven Ting, Director of Simei Care Centre; Dr Sally Thio, Senior Director of Hougang Care Centre; The Right Reverend Dr John Chew, Bishop of Singapore and President of SACS; President S R Nathan, Ms Denise Phua, Member of Parliament, Jalan Besar GRC; Mr James Chan, Director of St. Andrew’s Lifestreams; Mr John Suan, Chief Executive Officer of SACS; and Mr Keith Chua, Board Member of SACS*

*Bottom:  
President S R Nathan (centre) visiting the handicraft booth by members and staff of SACS Social Enterprises following the launch ceremony, 2006*



clergy would automatically be appointed as honorary members of SACS with the same rights as ordinary members. The Registrar of Societies approved of these changes. These constitutional changes ensured that the spirit of the Anglican community services and support from the Anglican parishes would be maintained while ensuring accountability.

The formation of SACS also facilitated partnership with the other community service arm of the Anglican Diocese — St. Andrew's Mission Hospital (SAMH). Dr Charlotte Ferguson-Davie, a medical doctor and wife of the first Anglican Bishop of Singapore, The Right Reverend Charles James Ferguson-Davie, started SAMH in 1913. SAMH was a medical mission that first focused on serving women and children and later, the seniors.

After the formation of SACS in 2006, SACS and SAMH recognised that if they joined hands and worked with each other, they could bolster their respective service offerings. In 2010, St. Andrew's Community Hospital (SACH), a service of SAMH, which is located next to Simei Care Centre (SCC), started a pilot programme to provide occupational therapy to SCC clients as part of their mental health rehabilitation therapy. In addition, SACH started providing occupational therapy and physiotherapy services to the seniors at PEACE-Connect Senior Activity Centre at Kampong Glam.

The collaboration between SACS and SAMH gave birth to another service in 2013 — St. Andrew's Nursing Home (Buangkok), a 300-bed psychiatric nursing home located just a stone's throw from Hougang Care Centre (HCC), was launched in October. Combining the expertise of SAMH in community health with the psychiatric rehabilitation experiences of SACS, St. Andrew's Nursing Home (Buangkok) serves to bridge the gap

of a lack of long-term psychiatric and physical rehabilitation cum nursing facility. This strategic collaboration between SAMH and SACS offered the opportunity to develop a new model and standard of care for people requiring long-term psychiatric rehabilitation and other medical care. It was facilitated by the shared Anglican passion and dedication in serving the needs of the disadvantaged in the community. The nursing home also provided employment opportunities for HCC clients, such as healthcare assistants and security personnel.



*St. Andrew's Nursing Home (Buangkok), 2013*



*Residents at St. Andrew's Nursing Home (Buangkok) engaged in various recreational activities as part of their rehabilitation process, 2017*

## Shifting the Focus

The services of SACS had evolved in such a manner that by 2004, a large part of the work was in psychiatric rehabilitation. With the consolidation of the various community services, the leadership decided to adjust the focus and expand to become a multi-service organisation, serving the different needs of the community instead of focusing solely on psychiatric rehabilitation services.

The decision to broaden the scope of community services was unanimously accepted. However, some of the Board members preferred to remain focused on psychiatric services. They voluntarily stepped down from the Board into the management committee level to continue their work in psychiatric care. This allowed the good work that SACS was doing in psychiatric rehabilitation to continue flourishing, while the Board focused on expanding the Anglican community services into other areas.

By 2016, SACS had successfully expanded other services, as Dr Arthur Chern, Group Chief Executive Officer, SACS and SAMH, articulated, "Each year, SACS serves close to 8,000 people through its 13 centres providing integrated social and mental health services. Over the years, our services have evolved from caring for women and children to senior care, families in crisis, counselling and long-term psychiatric care."

## Parish-Based Services

Some community services were started independently by various Anglican parishes. After the restructuring to SACS they came under the umbrella of SACS, but remain operationally independent. The three Anglican parish-based services in Singapore are

PEACE-Connect Cluster Operator (operated by the Holy Trinity Parish), CITY Community Services (anchored by St. Andrew's Cathedral), and the Mission to Seafarers.

### CITY Community Services

CITY Community Services was started in 2005 to serve the needs of underprivileged primary school children, including international students who live and study in Singapore away from their families. CITY is an acronym for Character-in-the-Young; its mission is to build good character in schoolchildren and to demonstrate Christian love by providing practical assistance to those in need. Services offered include befriending, student care, fun activities, free tutoring and coaching, camps, outings, sports activities, life skills workshops and other enrichment programmes tailored to the schools' specific needs.

*CITY Community Services reaches out to children at risk through various activities by its Befrienders Clubs, 2016*







## Mission to Seafarers

Mission to Seafarers (MtSS) is one of the oldest ministries of the Anglican Church — the Singapore chapter of MtSS was formed in 1924. Singapore's ports attract about 130,000 vessel calls annually. As sailors, it is in the nature of their jobs to be separated from their loved ones for weeks at a time. The job can also be mentally and physically taxing, as they may also experience piracy, or even be shipwrecked. MtSS serves sailors of all ranks, nationalities and religions through a network of chaplains, staff, and volunteers that provide pastoral care and services such as financial support, medical care, counselling, and the provision of communications.

Staff and volunteers of MtSS regularly visit ships that are docked at these ports, as well as the

Sembawang Wharf. The International Drop-in Centre, designed to be a home away from home for sailors, was launched at the Jurong Port in 2014. This centre serves sailors of the three ports at Tanjong Pagar, Pasir Panjang, and Jurong. Facilities at this centre include a chaplain's office for counselling and advice services, a library and reading room, telephone, email and internet workstations, a television, and a kitchenette for light refreshments.

At the opening of the centre, Reverend Stephen Miller, The Mission to Seafarers' Regional Director for East Asia, said, "We depend upon seafarers to ship over 90 per cent of the world commodities to market. Without them, Singapore would not be the place it is today. By the opening of this new centre, Singapore is honouring those seafarers who give up so much, particularly sacrificing time away from

*Top:  
Guest-of-Honour,  
Ms Tan Beng Tee, Assistant  
Chief Executive Officer  
of the Maritime and Port  
Authority of Singapore,  
at the launch of the  
International Drop-in  
Centre for Seafarers,  
2014*

family and home to man the ships that bring the world's commodities and products to us where we live. By providing this home away from home, the MtSS is helping in its way to bring seafarers back into contact with their families; it helps make that sacrifice a little easier to bear."

MtSS staff and volunteers also visit sailors who are unwell at hospitals, clinics, or the Maritime Medical Centres. Free daily transportation is provided for the sailors to shuttle between ship and shore.



## Making the Twilight Years the Highlight Years — Senior Services

An area of focus from 2015 onwards was senior services. SACS believes that everybody deserves care throughout their lives and into their golden years. However, not everyone is able to receive love and enjoy the dignity of ageing well. Through various circumstances, some seniors are neglected, and end up spending their last days alone. SACS recognised that Singapore is a rapidly ageing nation, and many older people are lonely and lack the necessary support systems. True to its calling, SACS launched a suite of services to bring hope and joy to senior citizens and help them age meaningfully within their communities. As the mobility of the seniors was often restricted, SACS went to where they lived.

### Cluster Operators: PEACE-Connect Cluster Operator and SACS Cluster Operator (Jurong East)

In 1995, the Holy Trinity Parish started the Shalom Seniors Activity Centre to serve the senior residents of Kampong Glam and help them age in place. In 2003, it was upgraded to PEACE-Connect Neighbourhood Link (PCNL). On 1 June 2005, a Memorandum of Understanding was signed between Holy Trinity Church and SACS for PCNL to be a service unit under SACS legal framework, the first concerted effort between parishes and SACS to serve the needy.

PCNL was situated at the ground level of Block 8 North Bridge Road. The Centre held inter-generational activities, provided support, care, and looked after the interests of the

Top:  
Her Royal Highness, Princess Anne, who is president of the MtSS, visiting the International Drop-in Centre at Jurong Port, 2016

Middle:  
MtSS celebrating Christmas with sailors, 2007

Bottom:  
Ship visitation by staff from the MtSS, 2008



residents of 21 blocks in Kampong Glam. In 2010, PCNL changed its operational service model and was renamed PEACE-Connect Seniors Activity Centre (PCsac), focusing on providing services to seniors above 60 years old who live in the rental HDB one- or two-room units in Kampong Glam.

In recognition of PCsac's good work, the Ministry of Social and Family Development (MSF) appointed SACS to run two cluster operators – PEACE-Connect Cluster Operator in Kampong Glam in 2014, and SACS Cluster Operator (Jurong East) in Jurong East 2015. The two Cluster Operators promote purposeful community life among senior residents by providing case management support for these senior residents to age in place.

Both Cluster Operators employ a team of case managers who care for the seniors within their respective communities. They visit homes to assist the seniors with their physical, psychosocial and counselling needs.

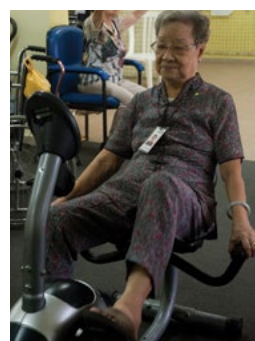
Based on the senior's needs, the caseworkers will refer them to service providers for services such as home cleaning and maintenance, meal deliveries, medical transport and escort. Caseworkers also link the seniors with volunteer befrienders to strengthen their social support network, reduce social isolation and prevent them from withdrawing from society.

When necessary, the case management team provides mental health support to seniors with dementia, depression, and other mental health conditions through SACS Community Resource, Engagement and Support Team (CREST) programme. The CREST programme educates seniors and caregivers on mental health conditions, provides emotional support, and connects them to the appropriate healthcare and social assistance to ensure they receive appropriate psychiatric and rehabilitation care.

Each cluster operator runs a Senior Group Home, which is a residential facility comprising six to eight rental units in Jurong East and Kampong Glam, specifically for vulnerable seniors with some degree of physical challenges to live together. The senior residents are assisted by onsite staff during regular working hours to ensure they receive coordinated care such as home help, counselling, and meals. Referrals to the senior group homes are made by the Agency for Integrated Care (AIC).

Top:  
PEACE-Connect Cluster Operator, 2015

Middle and Bottom:  
Activities for seniors at PEACE-Connect Cluster Operator at Kampong Glam, 2015





Top:  
SACS Cluster Operator  
(Jurong East), 2017

Middle:  
SACS Senior Group Home  
(Jurong East), 2017

Bottom:  
SACS Cluster Operator  
staff conducting home  
visits to seniors living in the  
Senior Group Home, 2017





## Senior Activity Centres

In 2015, the Ministry of Social and Family Development affirmed the mission of SACS in caring for Singapore's ageing population. SACS was appointed to operate two senior activity centres at the HDB Studio Apartments Estates: Floral Spring in Yishun and Golden Orchid in Jurong West.

The two senior activity centres at Floral Spring and Golden Orchid provide basic support services for the senior residents living in the studio apartments, including providing information on government schemes for the seniors, and referrals to relevant services upon request. The support team monitors and provides emergency responses to the senior residents of the studio apartments via an Alert Alarm System. The Alert Alarm System is an electronic system that comprises two pull-cords installed in the living room and bathroom of each apartment unit which is linked to an alarm controller. The seniors can pull the cord for assistance whenever help is needed, and the SACS Senior Centre team will be alerted to attend to the resident's needs.

Besides providing basic support services, SACS serves close to 100 seniors per day through a community area created for the senior residents in the neighbourhood. In the community space, seniors participate in social-recreational activities such as exercise programmes, board and tile-based games, arts and crafts, cooking sessions and social outings. Most of the activities in these centres are conducted by neighbourhood volunteers. In addition, SACS Senior Centres at Floral Spring and Golden Orchid are actively supported by volunteers from Yishun Christian Church (Anglican) and Westside Anglican Church respectively. The partnership with churches is important as SACS cannot do this work alone. The call of Jesus on His church is to work as a community in serving those who need care and love. In this spirit, the Anglican churches

work closely with SACS to bring the love and service of Christ to the community and in this case, for the seniors to experience God's love through the members of the parish churches.



*Engaging seniors through various recreational activities at SACS Senior Centre (Floral Spring), 2016*

Each of the centres incorporates a thrift store named Something Old, Something New (SOSN). It is a social enterprise under SACS, where the senior residents can purchase pre-loved clothing and items for their living needs. SOSN employs persons recovering from mental health conditions, thereby providing them with opportunities and vocational training in retail and logistics. The shop also promotes and supports environmental initiatives through “reduce, reuse and recycle” principle. Sales proceeds from SOSN are used to fund psychiatric rehabilitation programmes at SACS, and are used to provide rehabilitation allowances for those going through vocational training at the thrift store.

The eventual goal of the senior activity centres is to promote engagement and meaningful ageing within their communities to make their twilight years their highlight years.

## Carrying the Torch into the Future

This era — with the restructuring of SAWC and the launch of SACS — gave the organisation a solid governance structure, a clearer vision and renewed focus. Under the leadership of Dr Arthur Chern, Group Chief Executive Officer, SACS and SAMH, the organisation was now ready to stride boldly into the future, following God’s guiding light.



*Top:  
Seniors enjoying a game of Rummikub, a tile-based game, at  
SACS Senior Centre (Golden Orchid), 2017*

*Bottom:  
SOSN, co-located with SACS Senior Centre (Golden Orchid),  
2017*

*Right:  
SACS Senior Centre (Golden Orchid) organises weekly  
morning brisk walks for the seniors living in the vicinity, 2017*







## Caring and Healing with the Love of Christ

Each and every one of us has physical and spiritual needs. As Singapore Anglican Community Services (SACS) walks together with clients, members, and residents on their journey towards recovery, an important aspect of healing includes not just physical restoration, but emotional and spiritual as well. To this end, SACS is called by God to care for the whole person, to meet the needs of body, mind and spirit.

This is where the Pastoral Care Service (PCS) comes in. PCS is the department in SACS that cares for the emotional and spiritual well-being of not just clients, members and residents, but of its staff as well. Meeting a person's emotional and spiritual needs can help to restore health and quality of life, as spiritual care can help a person better cope with illness, or feelings of loss, grief, or pain.

PCS finds its roots in the Chaplaincy Ministry of the Anglican Church in Singapore as far back as 1928. At that time, St. Peter's Church held services for people with leprosy from Trafalgar Home (later renamed Trafalgar Hospital) and patients of the old Woodbridge Hospital. Since then, Chaplaincy has always been an integral part of Anglican community services.

In May 2011, the Chaplaincy Ministry was renamed and formally inaugurated as PCS of SACS and St. Andrew's Mission Hospital during the opening service of the Synod of the Diocese of Singapore.

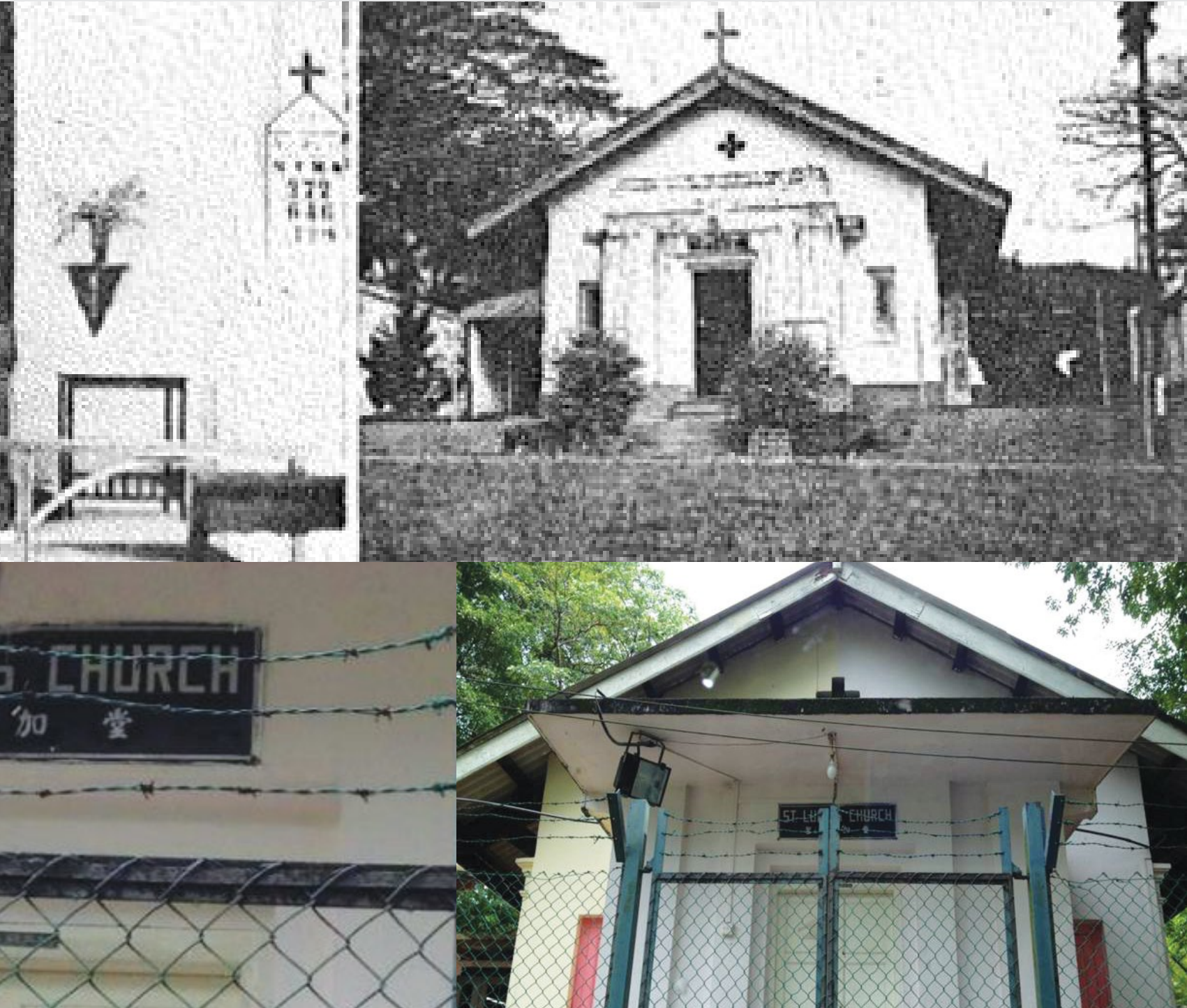
Venerable Wong Tak Meng, Reverend Eric Yong, Reverend King Chiew Kwang, Reverend David Teo, and Reverend Peter Manimuthu were commissioned as full-time Chaplains, while Reverend Foo Chee Meng and Reverend Timothy Ewing-Chow were commissioned as Honourary Chaplains (in addition to their primary parish duties). The ordained Chaplains and Honourary Chaplains are assisted by non-ordained Associate Chaplains who are theologically educated and trained in clinical pastoral care.





Top:  
St. Luke's Church was opened in 1928 as a chapel for Trafalgar Hospital (formerly Trafalgar Home).  
Patients worshipped at the church.

Bottom:  
St. Luke's Church still stands, and is located within Lorong Buangkok.  
Source: Used with permission from joyloh.com.



PCS offers friendship and a listening ear to all clients, staff, caregivers and volunteers without criticism or judgement, regardless of race, language or religion. In times of distress, emotional stress, physical and mental illness, loss, and bereavement, pastoral care affirms individuals of their inherent dignity and value, and assures them that they are not alone. They share the joy and pain of the recovery journey, while encouraging clients to persevere through their treatment and therapy.

Caring for staff and volunteers is vital in sustaining their sacrificial service in this emotionally demanding vocation. They need to know that someone cares for them, while they do so for others. Through annual dedication services, times of prayer and reflection, words and gestures of encouragement, as well as private pastoral conversations in the hour of need, PCS offers staff and volunteers opportunities to renew their purpose and calling, and find strength and inspiration to continue serving.

Pastoral care is always respectful, person-centred, and sensitive to need. Where the person in need finds the Christian faith inspiring in times of trouble, PCS offers prayers and words of comfort and strength from the Bible as well as other inspirational resources. Where a non-religious approach is more appropriate, emotional support is offered through friendship, words of encouragement and the warmth of a caring presence.

Adopting a proactive and community-based approach, chaplains play an important role in bringing SACS and Anglican parishes closer together. The PCS of each SACS service unit is supported by an “anchor parish” of the Diocese of Singapore nearby. Through talks, training sessions, and personal sharing, the Chaplains help parishioners to better understand the work of SACS and raise awareness and empathy for the clients they are serving. This has inspired many congregation members to fervently support SACS through volunteering, donations, and other means.

Ultimately, SACS chaplains play an important role as part of the care team at SACS. They embody the comfort and love of Christ, and help clients find meaning and hope in their suffering and through their recovery.

Reverend Foo Chee Meng, Senior Chaplain of SACS, captured the spirit of PCS well when he said, “We ask ourselves why we do community services. The reason is not just doing good work. It is God’s work. Our vision is to be an authentic witness for Jesus Christ in the community where He has placed us. Chaplains provide a threefold ministry of the *pastoral* by offering care and compassion to all, the *priestly* through prayers for our clients, volunteers and staff, and the *prophetic* through the proclaiming of the Word of God.”

*Opposite:  
Top:  
Yishun Christian Church (Anglican) and HCC's joint Mental Health Awareness Walk. The walk was organised by the Institute of Mental Health and the National Council of Social Service, 2016*

*Middle Left:  
The Anglican Church's SERVE programme servers helping out at HCC, 2016*

*Middle Right:  
Reverend Peter Cook (second from left), former Chaplain of St. Luke's Church, visiting HCC, 2013*

*Bottom Left and Right:  
Yishun Christian Church (Anglican)'s Chinese Befrienders and SERVE programme servers working together with CRSS (Yishun) to bring joy and cheer to clients of the centre, 2016*











The image features a field of wheat in the foreground, with a bright sun on the left side creating a lens flare effect. The background shows a line of trees under a twilight sky. Overlaid on the entire scene are several semi-transparent, overlapping geometric shapes in shades of purple, magenta, and blue, radiating from the left side.

6

*Into  
The  
Light*

And let us not grow weary  
while doing good, for in due  
season we shall reap if we  
do not lose heart.

Galatians 6:9



The year 2017 marks the Golden Jubilee of Singapore Anglican Community Services (SACS). It is not simply a milestone that celebrates the organisation's longevity. More than that, it is evidence of God's goodness to the community and faithfulness towards SACS. He has directed, provided, and inspired SACS throughout the journey. His love has sustained the organisation for over 50 years. When times were tough, He would strengthen. In uncertain times, SACS remained faithful and held fast to God's promises. In good times, SACS celebrated His glory.

The 50-year journey was not always smooth-sailing. The organisation had faced numerous challenges — financial difficulties, sudden expiration of lease agreements, frequent moves, abandoned plans and being pushed beyond their comfort zone. Serving clients with mental health conditions is a case in point. It was a hot potato that not many organisations would consider. In the early days, there was the stigma and social isolation of those working with and associating with the mentally infirm and downtrodden. SACS could have left this area of service to those who had more experience. But with the knowledge that God is on their side, they prayed, persisted and kept moving boldly forward in faith. When God surfaced a need, SACS obeyed.

The Right Reverend Rennis Ponniah, Bishop of Singapore, and President of SACS and St. Andrew's Mission Hospital (SAMH), referred to the Word of God from 1 Thessalonians 1:2-4 in gratitude for the work of all those who had served at some point in the history of SACS, "***We give thanks to God always for you all, making mention of you in our prayers, remembering without ceasing your work of faith, labour of love, and patience of hope in our Lord Jesus Christ in the sight of our God and Father, knowing, beloved brethren, your election by God***".

Bishop Rennis attested to the faithfulness of God, not only in terms of material provisions but His ushering of exactly the right people at precisely the right moment to fulfil the pressing need of the time. In the beginning were Mr Francis Thomas and his wife serving the community at Potong Pasir and the students at St. Andrew's School. Then, Dean of St. Andrew's Cathedral, The Venerable Tony Dumper, played a role in formalising what the Thomases had started. This led to the formation of Singapore Anglican Welfare Council (SAWC). When SAWC moved to Armenian Apostolic Church of St. Gregory the Illuminator (or Armenian Church) and started ministering to the poor and seniors, who were mostly women, God brought Ms Felicity Foster-Carter. When a man was needed due to the presence of gangsters in the area, He raised Mr James Chan, a social worker who had formerly worked at the prisons. And when the organisation started to grow and God directed SAWC to focus on persons with mental health conditions (PMHCs), He ushered in Dr Jimmy How, a navy colonel and a medical doctor. During the same period, Mr Steven Ting, the first male case manager of a crisis centre, who eventually became the Head of SACS Psychiatric Services in 2012, was recruited.

When Dr How retired in 2004 and SAWC restructured to SACS, the operational leadership of the organisation was entrusted to Mr John Suan, a seasoned hospital administrator with years of experience in public and private hospitals.

Today, SACS is firmly entrenched in the medical and social service ecosystem and works closely with the government. The man God raised for such a time as this was Dr Arthur Chern, Group Executive Officer, SACS and SAMH, former Group Director of Health Regulation at the Ministry of Health (MOH).

God's track record is impeccable. The work of SACS can often be difficult and demands patience, tenacity, and working through strife. Not only were the men and women whom God has appointed competent and committed, their work was intrinsically tied to their faith. They laboured out of God's calling. The challenges of their tasks did not deter them because they worked from their love and faith in God.

With the benefit of hindsight, God's design was clear. Right from the beginning at Potong Pasir, He had led SACS to shine the light of His love from need to need and place to place — to bring hope to the hopeless and relief in darkness. He brought the organisation through various experiences to train the team to take on increasingly larger and more specialised roles. For example, the start of Whampoa Care Centre (WCC) was originally planned as a sheltered home, but it was there that God started moulding the organisation to focus on psychiatric care. In the years that followed, SACS became a reliable partner of the MOH, which entrusted more and bigger facilities to them. Today, SACS is the largest psychiatric rehabilitation service provider in Singapore.

Approaching the organisation's 50th year, Dr Arthur Chern, Group Chief Executive Officer, SACS and SAMH gave due tribute to God when he said, "As we enter into the year of Golden Jubilee, we thank God for His guidance over the past 50 years. The future of SACS is not only about continuing the heritage of serving the needs of the community, but more importantly, doing it God's way and serving with a heart that exemplifies His great love. As we embark on a new journey for the next 50 years and beyond, we will continue to work in shining God's light as we serve the community. SACS serves with love because we have been first loved by God."

SACS moves into the future confidently, having absolutely no doubt that God will continue to be the grand architect of the organisation.

## The Immediate Future (2017 and 2018)

God continues to affirm the commission of SACS in psychiatric and senior care by leading the organisation to start Anglican Care Centre (ACC) at Farrer Park and Anglican Senior Centre at Hillview.

When SACS first started in psychiatric care in 1986 at WCC, there were 10 staff members providing care at the sheltered workshop. Most of them had no formal training in psychiatric care. By 2016, SACS has more than 150 professionally trained staff members providing a continuum of psychiatric care to over 2,000 people with mental health conditions (PMHCs).

SACS has more than proven its mettle in psychiatric rehabilitation. In 2016, MOH appointed the organisation to operate a new psychiatric sheltered home for 60 adults and 20 youths. Named ACC (Farrer Park), the only psychiatric shelter in Singapore, opened in 2017, providing residential care for people recovering from mental health conditions to prepare them for independent living in the community. This new service is aligned with the mission of providing integrated psychiatric rehabilitation services — Residential and Day Rehabilitation Services, Community Rehabilitation and Support Services (CRSS), Sheltered Home, and Integrated Employment Services — to PMHCs.

Since the days of Armenian Street, SACS has been involved with ministry to the seniors. This will continue and expand with the opening of Anglican Senior Centre at Hillview in 2018. The focus of the centre is on serving the needs of senior clients with dementia.



Supporting the government’s rapid expansion plans for health and social services in the recent past, SACS has expanded the scope and boundaries of their services. Besides strengthening the continuum of its core psychiatric services, SACS has significantly expanded their senior service offerings — a key area of health and social services in Singapore’s rapidly ageing society.

SACS, together with its sister organisation, SAMH, will continue to build on five key pillars of work – Medical, Senior, Psychiatric, Autism, as well as Family and Children Services. The vision is to be a transnational leader in the Voluntary Welfare Organisations sector.

## Building Upon the Beachhead

Dr Chern describes the period from 2012 (when he joined the organisation as the Group Chief Executive Officer) to 2016 as a period where the organisation was “securing beachheads”. It was a time of rapid development for the organisation.

SACS responded quickly to the changing society, growing population with the influx of immigrants, and new areas of special needs. The organisation also grew as they supported the requirements of government health policy. As a result, services offered by SACS in psychiatric rehabilitation and senior care were developed and strengthened.

Now that the various beachheads have been secured, the next phase will see the expansion of services geographically. 2016 to 2020 has been mapped out as a period of consolidation, building up and harvesting the fruits of SACS’s labour.

The natural evolution of SACS had resulted in services being concentrated in the East and Central areas. The goal is to bring SACS’s offerings to the North and West of Singapore. This expansion will be planned with the Anglican Diocese, which can provide on-the-ground support through the mobilisation of volunteers from the parishes’ respective congregations.

*Anglican Care Centre at Farrer Park, 2017*



The consolidation and streamlining of processes will be another area of focus as the organisation grows. Dr Chern said, "As we have expanded very rapidly in the past few years, we need to consolidate our services. We need to make changes to our corporate systems, processes, staff culture, and governance, to better manage a much larger organisation and the increasingly complicated operations. With multiple centres operating at different locations and run by diverse staff, we need a very efficient system of management to ensure that costs are controlled while standards are maintained. We also need to continue to review our financial planning to ensure the sustainability of our services without relying too much on donations. We must keep reviewing existing services and improving new services to be a sector leader, and better meet the needs of the people we serve."

This is an incredible statement, considering the mission started with a teacher husband and nurse wife partnering God to serve their community at their home just 50 years earlier.

SACS is clear that it does not want to be an organisation that merely "does good" ("do gooder"). Rather, they also want to be good at "doing good" ("good doer"). Although SACS is a charity, it does not mean that service standards are only of a "basic level". SACS will not spend unnecessarily and will ensure every cent is used wisely. The goal is to achieve equal or even better standards compared to the public and private sectors. God sets the standards and the way the service is delivered must aspire to achieve what He desires.

## Sharing Experiences Beyond Our Shores

The experiences that SACS has gone through over 50 years were all in Singapore. God has next called the organisation to take their knowledge to new lands and help other organisations to establish and grow. The Anglican Diocese of Singapore covers six countries (or deaneries) — Cambodia, Indonesia, Laos, Nepal, Thailand, and Vietnam. SACS will play an advisory role to organisations in these countries desiring to develop community and health services, through sharing the knowledge and skills gained in these 50 years.

As the local Anglican churches grow in these six countries, it is envisaged that their community service arms will grow in tandem, in the same way that SACS grew since the days of Anglican Welfare Council. As fellow Anglicans, SACS will help in the process and allow these organisations to gain a head start.

## The Next Fifty Years and Beyond

Proverbs 16:9 reads, ***"The heart of man plans his way, but the LORD establishes his steps."***

As the organisation moves forward, careful planning certainly needs to be carried out. Due diligence must be taken. However, over the next 50 years and beyond, as the future is being charted, SACS will commit all plans to God in prayer as He alone will establish the steps of the organisation. No one can predict what SACS will look like in 100 years, but with the commitment to continuously seek the will of God, the organisation will venture confidently into the future.



The key to the continued success and longevity of the organisation is in relying on God to bring about the right kind of leaders, as He has already done over the last 50 years. SACS is now the largest psychiatric rehabilitation and step-down care provider in Singapore, and it is growing in other areas of community service. The future leadership team must be highly competent and capable. More importantly, they must possess the ethos of the Christian ministry and the commitment to serve the needy and disadvantaged in society as an act of service.

SACS defines the “needy” not based on just income but physical, mental and social, as well as spiritual needs. To fulfil their mission, the leaders of the future must continue to direct the SACS team to help those they serve to live a more holistic life and experience the love of Christ.

Bishop Rennis summarised the spirit of the work of SACS in this manner, where what differentiates SACS from other organisations is the triad of faith, hope, and love. “The organisation does not merely do good. We have never shied and will never shy away from areas of work because it is difficult. If God surfaces a need to us, we will do our best to bring light and healing in that area of work. Our faith in the Lord Jesus Christ will propel us forward. Secondly, we offer hope beyond physical healing. Finally, we will deliver our services out of love and not merely ticking the boxes. This has been the foundation of SACS for over 50 years and this trinity will carry us forward.”

The anchor Bible verse for SACS is taken from Matthew 5:16, **“In the same way, let your light shine before others, that they may see your good deeds and glorify your Father in heaven”.**



This story is not about SACS. This is the story of God and how He has led the organisation to shine His light before others, to do good, and ultimately glorify our Father in heaven.

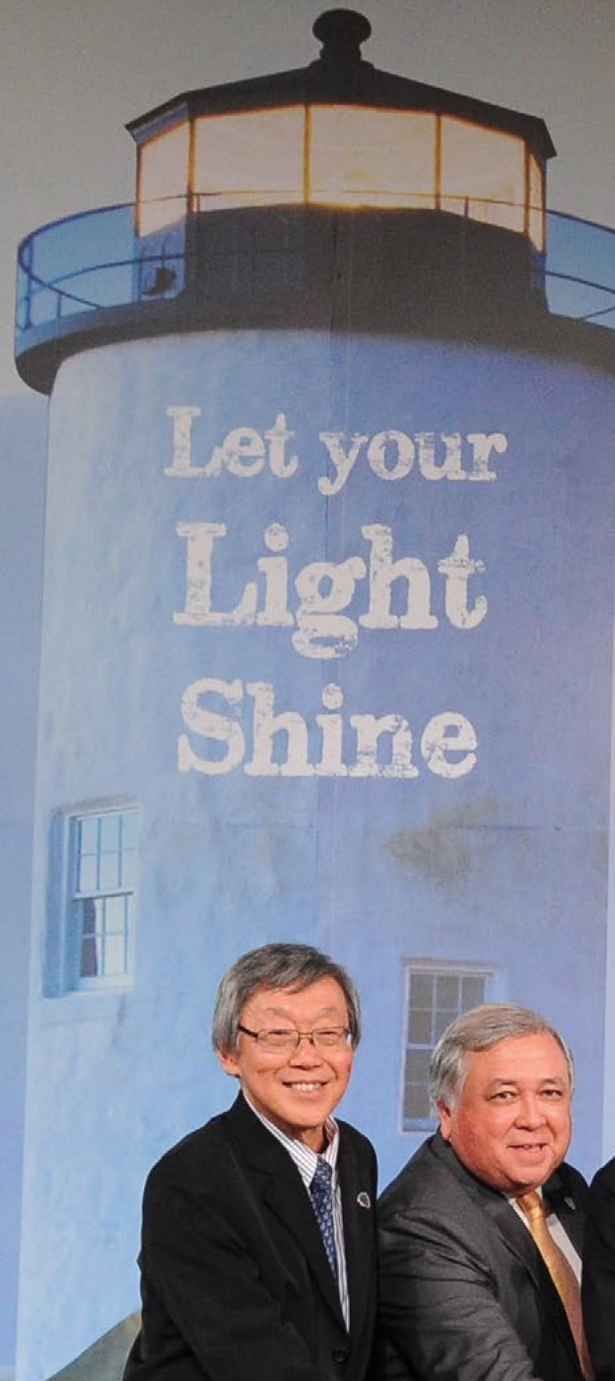
To this end, SACS will follow the Lord and continue to bring people in need of love, care, and compassion, **Into The Light.**

*Staff and clients of SACS's psychiatric services participating in The Purple Parade, the largest movement in Singapore to promote awareness of those with special needs, 2015*



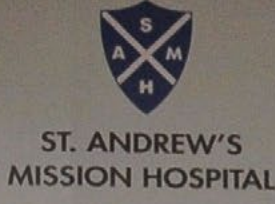
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**SACS**  
to You

Let your  
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**Shine**





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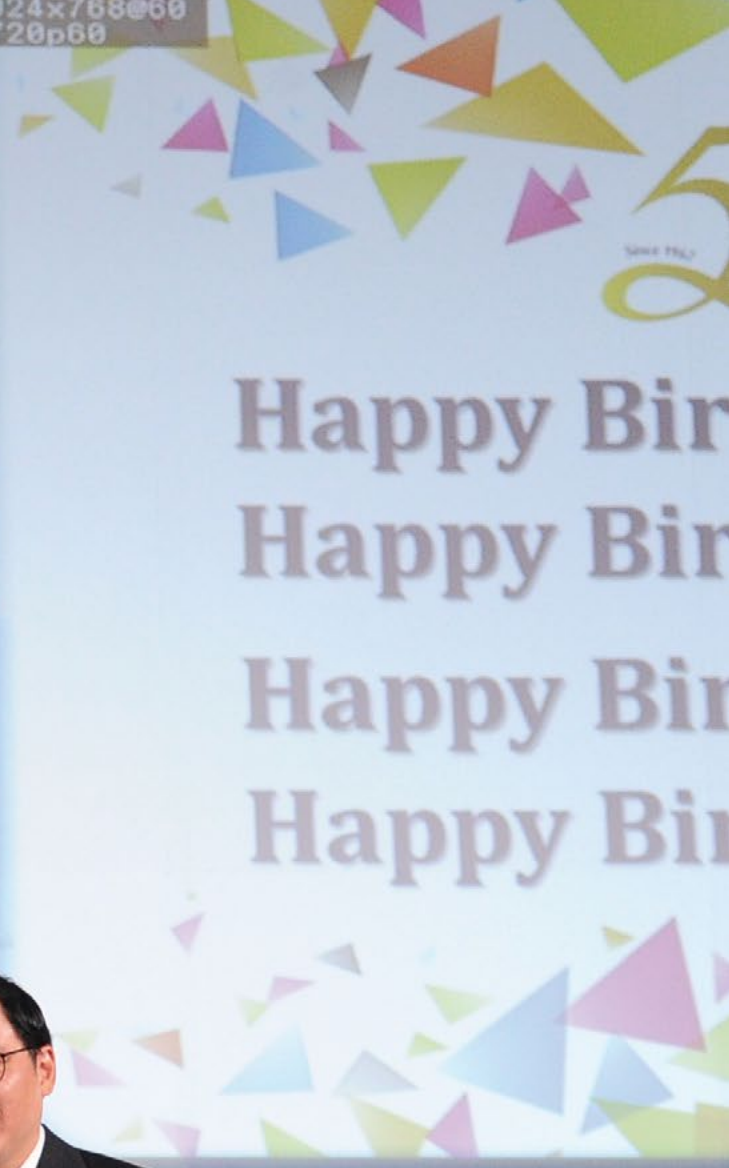
# Charity Gala Dinner

25 August 2017

Guest-of-Honour:  
**Mr. Chan Chun Sing**  
Minister in Prime Minister's Office



# SACS 50



*Celebrating SACS's Golden Jubilee at the annual SAMH and SACS Charity Gala Dinner, 2017*

*From left to right: Mr Andrew Goh, Vice President of SAMH; Mr Keith Chua, Vice President of SACS; The Right Reverend Rennis Ponniah, Bishop of Singapore and President of SACS and SAMH; the Guest-of-Honour Mr Chan Chun Sing, Minister in Prime Minister's Office; The Most Reverend Datuk Ng Moon Hing, Anglican Bishop of West Malaysia and Archbishop of the Province of South East Asia; Dr Jimmy How, former Executive Chairman of SAWC and Dr Arthur Chern, Group Chief Executive Officer of SACS and SAMH*

## Our Footprints

### **All Glory To God**

*Miss Lim's circle of hope and support*

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I was admitted to Hougang Care Centre (HCC) for rehabilitation in June 2016. The Chaplains and the Pastoral Care team are a blessing to me. Through their teaching of the Word of God, I have learned to surrender to God and trust that He will take care of all my needs.

In every hurdle of life that I faced, I would approach Pastor King, the Chaplain, or Pastor Charis, the Associate Chaplain, to pray for me. I was amazed at how God helped me to overcome all my hurdles in life through answered prayers. I decided to attend Yishun Christian Church Anglican (YCCA) services, and transport and food were provided.

In mid-October 2016, I was interviewed by RMA Group for a part-time job. I thank God that I was accepted and started working part-time with them in November 2016. In March 2017, I was offered a full-time position as an Operations Assistant with them. After a probationary period, I was confirmed as a full time staff at the end of May 2017. I even won the Achievement Prize for a job well done at HCC Employment Night. My boss came to the Centre to attend the event and presented the prize to me personally. All praise to the Lord our good God!

In terms of my health, I requested the pastors to pray for me each week and I got better and better. I started to manage my doctors' appointments and medication independently. I used to have high cholesterol, low thyroid and nose cancer. Praise God, over time, He has blessed me with a clean bill of health.

Through the prayers of the pastors, I had a happy family reunion dinner over Chinese New Year 2017 and I was blessed to receive support from my loved ones. This was significant to me.

I also had the privilege of emceeing the HCC Christmas party and HCC Family Connect Day in 2016. I would not have been able to do this without the help of Pastor Charis, who guided me in the writing of the emcee script.

I am very grateful to God, Singapore Anglican Community Services, HCC, YCCA, and RMA. I would like to give special thanks to the Pastoral Care Services team at HCC. All glory to God!

### **A Blessing To Bless**

*Doris Ng — A champion for the distressed*

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***"Whoever brings blessing will be enriched, and one who waters will himself be watered." Proverbs 11:25***

Our agency, DNA Financial — Manulife (S) Pte Ltd, has regularly volunteered at Simei Care Centre (SCC) since May 2013. As our vision is to be a progressive God-fearing, funding, financial and ministry centre, we believe in reaching out to our colleagues, clients and communities.

Being involved with the community is a noble and godly decision that our agency has undertaken. We know we are on the right path because my team of financial planners have learned to appreciate the beauty of life and are more thankful for the blessings they have since they started volunteering at SCC. Volunteering as an agency also builds up team synergy.



Initially, our involvement was on a weekly basis, where I would share a passage from the Scriptures with members of SCC, followed by a group discussion on what we learned from the passage. My team and I would lead them in a discussion, encourage them to share their experiences and pray with them. We did this for about two years. During special occasions like Easter and Christmas, we organised parties with food, games and gifts, which the members always looked forward to with joy. Over the years, though our work commitment increased, we never forgot our vision of reaching out to the needy. Amidst our busy schedule, we still volunteer monthly.

As a director, it blessed my heart seeing my team use their gifts and talents to encourage, love and care for the community. Our efforts paid off as the members from SCC started with open up and share their life experiences with us. We had not only built relationships with them, but also provided a safe haven where they can freely confide in us and pray together.

There is one member who often approached me and asked me to pray for her. She was estranged from her daughters, and had not seen them in years. Her only wish was for her daughters to visit her one day. It broke my heart when I heard her story. It suddenly dawned on me that what seems to be a normal privilege for many of us, may not be so for some others. Many times, we tend to take our loved ones for granted and not treasure what we have in our lives. One day, the member shared with us excitedly that her prayer was answered — her daughters and family were visiting her at SCC! What a joy!

I highly recommend SCC to persons with mental health conditions who need a place for shelter, help and rehabilitation. The staff, counsellors and pastoral care team are helpful, caring, and often go above and beyond their call of duty to serve the members.

### ***Darkness Has Turned Into Light*** *Madam Belle's beacon of hope*

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The darkest year of my life was 2012. I was the main caregiver for my mother. I was very close to her and when she passed away that year, I was devastated. My tears could not stop flowing. Staying home and doing nothing was the only thing I was able to do. Then, I was diagnosed with depression. For someone who has had epilepsy since young, it was a double blow to me. I was admitted to Changi General Hospital and subsequently referred to Simei Care Centre (SCC).

At SCC, I found hope. The rehabilitation programmes at SCC helped me greatly — concerts, working at MOSES Workshop and the counselling sessions. I chose to participate actively in the rehabilitation programmes at the MOSES Workshop, which enabled me to regain my focus and patience.

Working in the workshop brightened my days. I took great pride and satisfaction in making various products, especially batik books. The workshop supervisors recognised and praised my handicraft work. This built up my self-confidence and prepared me for reintegration back to the community.

Being confident and happy helped combat my depression and epilepsy episodes, which are now under control with the aid of medication and counselling. Previously, I used to have 15 epileptic seizures in a month. Now, the episodes are down to one per month. Although my epilepsy is unpredictable, if it happens in SCC, I am assured that I will be well taken care of — because each time I regained my consciousness, there was always an SCC staff by my side.

I am also elated that I have overcome my depression. I no longer have to rely on anti-depressants. I am very grateful to the support of SCC and my siblings on my recovery journey. My siblings looked after my daily living and accompanied me to medical appointments. Thank you for staying through this journey with me. I could never have come so far without the support from all of you.

### ***I Can Do It*** ***Fatimah and true grit***

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It all started when I was 18 years old. I was single and pregnant with my ex-boyfriend's child. He did not want the responsibility of caring for me and our child, but I adored children and desired to raise the child on my own.

Uncertain of what the future held, I became depressed and fearful of facing the world. I cried every day and thought of committing suicide. I was at a complete loss and did not know how to manage my situation. Upon being counselled by a medical social worker, I decided to seek help from the psychologist, and was diagnosed with depression.

Although I took my medication, I preferred to be alone and was always feeling down. It got worse after my son was born. I kept hearing voices that told me to hurt my son. As the

months passed, the voices did not stop, and it drove me to beat and pinch my son, until he cried. After I calmed down, I reflected on my actions. I loved my son and I never wanted to hurt him in any way. I decided to consult a psychologist. I was admitted to a hospital for a week and was diagnosed with schizoaffective disorder, in addition to my existing depression.

I was separated from my son during the period I was admitted. As I was still breastfeeding, I could see him when accompanied by someone so that I would not hurt him if I had a relapse. It was a long and miserable one-week stay in the hospital.

Upon discharge, my social worker helped to enroll my son in a childcare centre, so that I could have some time to myself and allow me to work. Although I was reluctant to be away from him, I agreed with the decision.

To earn money to raise my son, I landed my first job in administrative work. However, I was overwhelmed by the amount of stress and had a relapse. This happened again with my second job, and it was wearing me down.

My social worker then referred me to Community Rehabilitation and Support Service (CRSS) for counselling. At CRSS, my counsellor advised me to work on stabilising my condition before looking for a job. She recommended me to attend job training through the Employment Training Course (ETC).

After receiving training from the ETC, I received on-the-job training at SACS Social Enterprise — Mother and Child Project (MnCP) for three months and continued to work there after the training. Stress at work started to build up, and at the same time, my son was admitted to hospital for his frequent asthma attacks. It was a very stressful period as I had to handle both work and caring for him.



Although it was a challenging time, I was thankful to have a very understanding and caring coordinator at work. She was very supportive and encouraging, despite me having to be away from work often due to my relapse and caring for my son. She would also comfort me and guide me. She never failed to show concern for my son and me.

Slowly, I learned to detect early signs of relapse and ways to cope with it. The untiring support and assistance from CRSS, ETC, and MnCP care teams helped me regain confidence and hope for the future.

Equipped with skills and knowledge I gained from working at MnCP, I secured a job as a full-time program executive in a private corporation. Although I still face stress at work, I have now learned to better calm myself down. I know there will always be stresses in life, but I am determined to handle them and overcome my relapse. It is not an easy journey, but with determination and patience, I know I can do it!

### ***No Longer Just A Dream*** *It is possible for Jamal*

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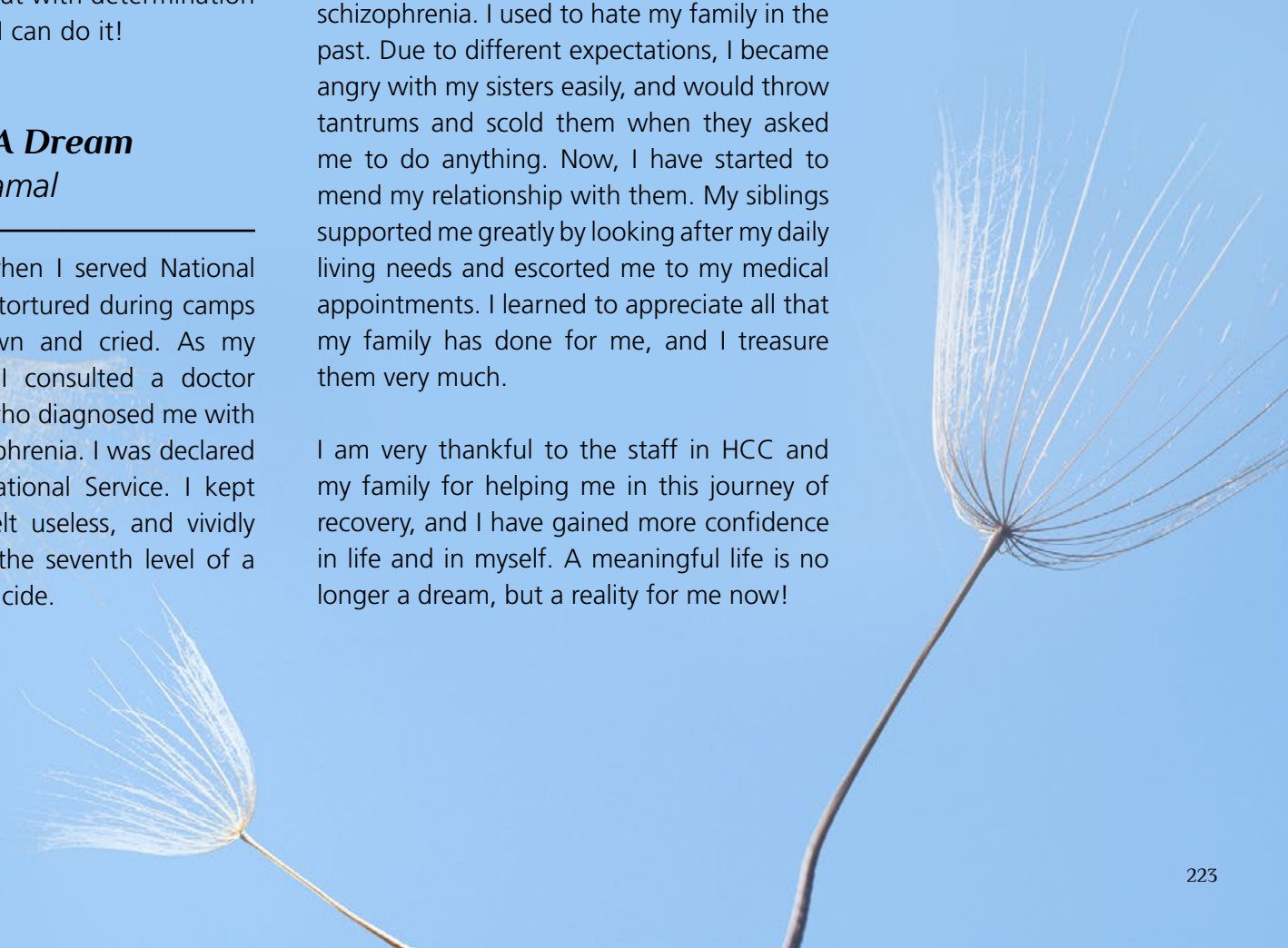
I was very stressed when I served National Service in 1990. I felt tortured during camps and often broke down and cried. As my condition worsened, I consulted a doctor from a private clinic, who diagnosed me with depression and schizophrenia. I was declared medically unfit for National Service. I kept hearing voices and felt useless, and vividly recall climbing up to the seventh level of a building to attempt suicide.

Since then, I never held on to a job for long, and after my last employment in 2000, I often spent my time idling at home. My health deteriorated due to heavy smoking and anxiety. There were occasions when I fainted, slipping into unconsciousness for three days. I was even warded in an Intensive Care Unit in 2011 and 2014.

In February 2015, I was referred to Hougang Care Centre (HCC). There were many programs and services available at HCC, which helped me greatly in regaining my self-confidence. Through programs such as "Smoking Cessation", I was able to better manage my urge to smoke and reduced my smoking frequency. I was also engaged by the Maintenance Unit from Monday to Friday, which trained me to be stronger and healthier, and more importantly, to find meaning in life and in daily activities.

Through medication, counselling and being meaningfully engaged in daily activities, I gradually recovered from depression and schizophrenia. I used to hate my family in the past. Due to different expectations, I became angry with my sisters easily, and would throw tantrums and scold them when they asked me to do anything. Now, I have started to mend my relationship with them. My siblings supported me greatly by looking after my daily living needs and escorted me to my medical appointments. I learned to appreciate all that my family has done for me, and I treasure them very much.

I am very thankful to the staff in HCC and my family for helping me in this journey of recovery, and I have gained more confidence in life and in myself. A meaningful life is no longer a dream, but a reality for me now!



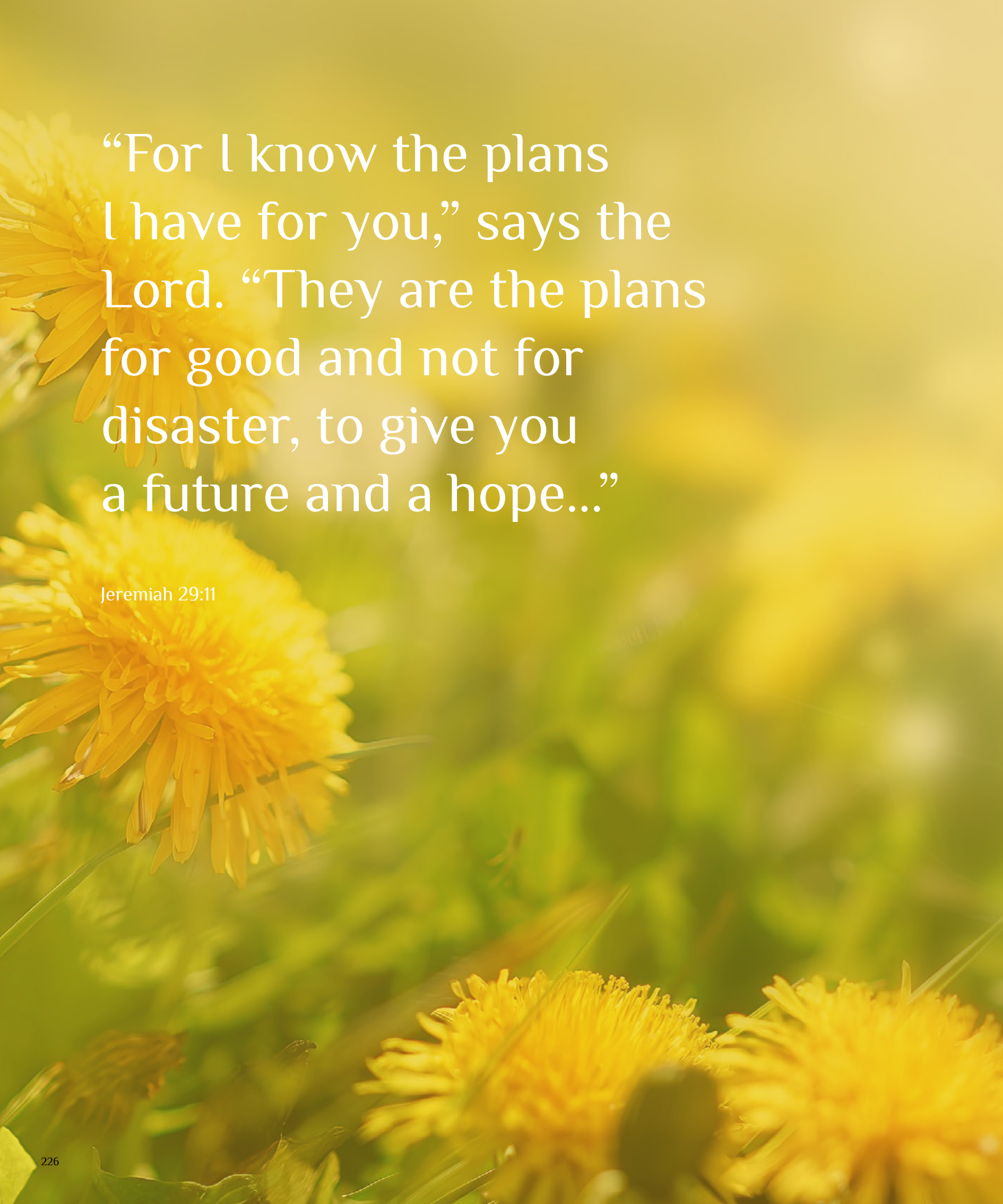






# *Moving Forward*

The Next Lap of  
St. Andrew's Mission Hospital and  
Singapore Anglican Community Services



“For I know the plans  
I have for you,” says the  
Lord. “They are the plans  
for good and not for  
disaster, to give you  
a future and a hope...”

Jeremiah 29:11



## Love Never Fails



In 2013, the Anglican Diocese of Singapore marked its 100th year of serving the community, starting with St. Andrew's Mission Hospital (SAMH) and later Singapore Anglican Community Services (SACS). Beyond the commemoration of an anniversary milestone, it was time to reflect and take stock of the skills and expertise accumulated, the synergy among SAMH and SACS services, and the potential cooperation between the two organisations. With that, five strategic service pillars were established: **Medical, Senior, Psychiatric, Autism** as well as **Family and Children Services**. Both SAMH and SACS Boards of Management recognised that with each other's respective expertise, especially in senior care, psychiatric care and autism care, closer collaboration can bring about an enhancement of service delivery to reach out to those in need more effectively. Together and among their service units, SAMH and SACS endeavoured to develop a continuum of care services, for people in their active, independent phase through to their dependent phase. Post-2013, by God's design and enabling, new service units were added to both SAMH and SACS stables, which filled the gaps within the continuum of care spectrum of their five service pillars.



# Service Pillars of SAMH and SACS

MEDICAL SERVICES	SENIOR SERVICES	PSYCHIATRIC SERVICES	AUTISM SERVICES	FAMILY AND CHILDREN SERVICES
				
<p><b>COMMUNITY HOSPITAL</b></p> <ul style="list-style-type: none"> <li>• St. Andrew's Community Hospital (Inpatient Rehabilitation, Sub-acute and Palliative Care)</li> <li>• Home Care and Home Palliative Care</li> <li>• Day Rehabilitation Centre</li> </ul>	<p><b>ACTIVE AGEING CENTRES</b></p> <ul style="list-style-type: none"> <li>• Anglican Senior Centre (Havelock, Jurong West, PEACE Connect@5, PEACE Connect@8, Tampines, Woodlands, Yishun)</li> </ul>	<p><b>RESIDENTIAL REHABILITATION</b></p> <ul style="list-style-type: none"> <li>• Anglican Care Centre (Hougang, Simei)</li> </ul>	<p><b>ST. ANDREW'S MISSION SCHOOL</b></p>	<p><b>CHILDREN BEFRIENDING</b></p> <ul style="list-style-type: none"> <li>• CITY Community Services</li> </ul>
<p><b>OUTPATIENT CLINIC</b></p> <ul style="list-style-type: none"> <li>• St. Andrew's Mission Hospital Clinic</li> </ul>	<p><b>CLUSTER OPERATORS</b></p> <ul style="list-style-type: none"> <li>• Anglican Cluster Operator (Jurong East, PEACE Connect)</li> </ul>	<p><b>DAY REHABILITATION</b></p> <ul style="list-style-type: none"> <li>• Anglican Care Centres (Bukit Batok, Hougang, Pasir Ris, Simei, Yishun)</li> </ul>		<p><b>TEMPORARY REFUGE FOR WOMEN AND THEIR CHILDREN</b></p> <ul style="list-style-type: none"> <li>• Anglican Family Centre</li> </ul>
<p><b>MIGRANT WORKER MEDICAL CENTRE</b></p> <ul style="list-style-type: none"> <li>• St. Andrew's Migrant Worker Medical Centre</li> </ul>	<p><b>SENIOR CARE CENTRES</b></p> <ul style="list-style-type: none"> <li>• Anglican Senior Centre (Hillview)</li> <li>• St. Andrew's Senior Care (Bedok North, Bedok South, Dover, Henderson, JOY Connect, Queenstown, Tampines Central, Tampines North<sup>2024</sup>)</li> </ul>	<p><b>COMMUNITY INTERVENTION TEAM</b></p> <ul style="list-style-type: none"> <li>• Anglican Care Centres (Bukit Batok, Pasir Ris, Yishun)</li> </ul>	<p><b>ST. ANDREW'S AUTISM SCHOOL</b></p>	
	<p><b>NURSING HOMES</b></p> <ul style="list-style-type: none"> <li>• St. Andrew's Nursing Home (Aljunied<sup>2024</sup>, Buangkok, Bukit Purmei<sup>2027</sup>, Henderson, Queenstown, Taman Jurong, Tampines North<sup>2024</sup>)</li> <li>• St. John's - St. Margaret's Nursing Home</li> </ul>	<p><b>YOUTH SERVICES</b></p> <ul style="list-style-type: none"> <li>• CREST Youth (Sengkang)</li> </ul>	<p><b>ADULT AUTISM SERVICES</b></p> <ul style="list-style-type: none"> <li>• Day Activity Centres (Sengkang, Siglap)</li> <li>• Residential Home                     <ul style="list-style-type: none"> <li>- St. Andrew's Adult Home (Sengkang)</li> </ul> </li> </ul>	
		<p><b>PSYCHIATRIC SHELTERED HOME</b></p> <ul style="list-style-type: none"> <li>• Anglican Care Centre (Farrer Park)</li> </ul>		
		<p><b>INTEGRATED EMPLOYMENT SERVICES</b></p>		



# Active Ageing In Their Silver Years

## Active Ageing Centres



As the rapid greying of Singapore's population reached a critical juncture, SACS stepped up its efforts to encourage the seniors to stay active, healthy and socially engaged in the community. Senior activity centres are one great avenue to prevent social isolation in the silver years.



Steering full gear in this direction, SACS began to plant more senior activity centres all over Singapore. In the short span of three years since 2017, five Anglican Senior Centres (ASC) were birthed, reaching out to seniors living in the neighbourhood of Havelock, Jurong West, Tampines, Woodlands, and Yishun.



These centres received strong support from their partnering Anglican churches. Working hand in hand with the centres, the church volunteers planned and facilitated various recreational programmes that promote social interaction, friendship, mutual help and neighbourliness in the community.



Some of the centres have an adjoining thrift shop, Something Old Something New (SOSN), a social enterprise of SACS. SOSN provides vocational training for SACS clients who are recovering from mental health conditions. SOSN also encourages an eco-friendly alternative for customers.

In 2022, the senior activity centres under SACS were officially awarded by the Ministry of Health (MOH) to become Active Ageing Centres (AACs). Forming a community of care, the ACCs provide a suite of services, enriching the lives of seniors and strengthening bonds among residents in the neighbourhoods.

*Through a wide array of social-recreational activities, seniors are actively engaged and enabled to age-in-place in the community.*

# Healing Hands, Touching Lives

## Community Hospital

### Home Care Services

In 2012, St. Andrew's Community Hospital (SACH) expanded its home nursing service into a full suite of Home Care Services comprising medical, nursing and therapy services. With pilot funding from the Agency for Integrated Care (AIC), this service became linked with Changi General Hospital's (CGH) Transitional Care (TC) service so that more medically unstable patients could be cared for by the CGH TC team while more stable non-ambulant patients could be provided with long-term home-based care by the SACH Home Care Services. Initially just covering the east, the service has since expanded to cover other parts of the island in support of St. Andrew's Senior Care (SASC).

### Dementia Care

Going beyond our expertise in stroke and musculoskeletal rehabilitation, SACH enhanced our dementia care and started operating its dementia ward in October 2013 with funding from the Ministry of Health (MOH) and the NR Mistri Fund. The operating model of this 22-bed dementia ward is based on a multidisciplinary, person-centred approach of providing care for patients with moderate to severe dementia who require rehabilitation in a conducive, home-like and person-centred environment.

Being the first community hospital in Singapore to be on this MOH's pilot, the ward features an outdoor therapy garden, an in-ward therapy facility and communal dining facilities. The person-centred model of care aims to provide patients with more than just physical rehabilitation. The care team plans individualised rehabilitation programmes to improve the functional outcomes and reduce behavioural challenges of the persons admitted into the ward.

### The Integrated Building

A major milestone in 2014 was the co-development of The Integrated Building, the first such hospital building in Singapore to be operated by two hospital partners. Working with and funded by MOH, CGH and SACH used Lean Design principles to plan a common ward layout so that each ward would be acuity-adaptable and could be converted from an acute to community hospital purpose, and vice versa, with minimal physical change. The aim of the entire project was to integrate the inpatient and community care services of CGH and SACH through process-redesign and a shared physical infrastructure. When The Integrated Building opened its doors in December 2014, the following SACH services started to operate there in phases:

- a) Three allocated SACH wards
- b) SACH Day Rehabilitation Centre
- c) SACH Medical Social Work service
- d) SACH Home Care Services in a common office with CGH Transitional Care
- e) Shared Centre for Independent Living  
– Activities of Daily Living Training Centre

### Sub-acute Care

In 2014, SACH started its first sub-acute care ward which is located at The Integrated Building. A collaboration with CGH supported by MOH pilot funding, the ward provides sub-acute care to CGH patients who have passed the acute phase of their illness and require continued medical care. Prior to this, most community hospital sub-acute care patients were cared for in rehabilitation wards. The patients in the SACH sub-acute care ward are cared for by a combined clinical team comprising CGH and SACH



healthcare professionals. All the wards at The Integrated Building were planned by SACH and CGH to be acuity-adaptable and the sub-acute ward takes advantage of this design feature. SACH also pioneered direct inpatient admissions from CGH Accident and Emergency Department to the sub-acute care ward so that suitable patients can be directly admitted into the community hospital ward when acute hospital admission is not necessary.

## Palliative Care

With the ageing of Singapore's population and the advances in medical care, the role of palliative care has become all the more important. Recognising this, SACH started a 24-bed palliative care ward in July 2015, the first in any community hospital. Funded by MOH as a pilot programme, the ward was specially designed to provide a soothing and conducive environment for patients receiving end-of-life care. Besides relieving the patients' symptoms, the palliative care team focuses on adding life to their days. Therapy programmes are individually tailored to improve patients' quality of life, while recreational activities are organised to create memorable moments for patients and their loved ones.

## Sub-acute Stroke Care

In October 2019, SACH broadened its range of inpatient services with a new sub-acute stroke ward in The Integrated Building which is jointly operated by CGH and SACH. Riding on the existing experience of running the sub-acute ward, SACH leveraged on CGH's specialist services and other facilities to provide higher quality and a better continuum of care for stroke patients. As the first dedicated stroke unit in a community hospital in Singapore, the ward introduced new initiatives such as the management of post-stroke contracture and pain as well as a stroke self-management programme with CGH to optimise patients' rehabilitation.



*SACH caters to the evolving needs of the community, providing quality healthcare to all in need.*

# Heart for the Aged Frail

## Senior Care Centres

### Senior Care Services

With the ageing population in Singapore and to keep the social fabric intact by helping seniors age-in-place, MOH initiated the setting up of more senior care centres in the community. Frail and vulnerable seniors can receive regular day care and physical rehabilitation within their neighbourhood. An opportunity arose for SAMH when MOH was looking for a service provider to operate a senior care centre providing day care, community rehabilitation, centre-based nursing, and home care to the residents in the Kampong Glam precinct. With SACH's established day rehabilitation programmes as well as its experience in dementia care and home care services, it was selected as the operator of this senior care centre. This was a timely addition to the SAMH stable of services. The senior care centre located at Kampong Glam was located near PEACE-Connect Senior Activity Centre (renamed Anglican Senior Centre (PEACE-Connect) in 2022), a service of SACS. Both senior care centre and senior activity centre services complement each other with the common goal of serving the seniors living in the neighbourhood with healthcare and social services.

As the senior activity centre at Kampong Glam was named PEACE-Connect Senior Activity Centre, the senior care centre was named St. Andrew's Senior Care (SASC) (JOY Connect) to signify the partnership. The PEACE-Connect – JOY Connect co-located services are a testimony of the partnership and growing synergy between SAMH and SACS. SASC (JOY Connect) was officially opened on 25 April 2015 by Senior Minister of State for Health, Dr Amy Khor.

Between 2017 and 2023, seven more senior care centres were opened. Co-located with St. Andrew's Nursing Home (SANH) (Henderson) and SANH (Queenstown) respectively, SACS (Henderson) and SASC (Queenstown) opened their doors in 2017 to serve the seniors living in mature housing estates.

On 22 September 2018, SAMH's fourth senior care centre, SASC (Tampines Central), was officially opened by Minister for Finance and Member of Parliament for Tampines Group Representative Constituency (GRC), Mr Heng Swee Keat. Situated at Our Tampines Hub, one of Singapore's largest integrated community and lifestyle hubs, SASC (Tampines Central) is part of Our Silver Hub — a partnership with CGH, the Eastern Community Health Centre and the Tampines Family Medicine Clinic, to provide accessible and coordinated community healthcare and senior care services to the residents in the Tampines vicinity.

That same year, SACS expanded deeper into eldercare services. Being SACS's first senior care centre, Anglican Senior Centre (Hillview) supports seniors with day care and rehabilitation services in the Upper Bukit Timah area.

In 2023, SASC (Bedok South) and SASC (Bedok North) started serving seniors in the Bedok region. Alongside SASC (Dover) where operations began in 2022, the new centres offer Active Ageing Programmes with tailored activities that help seniors stay healthy and socially engaged.

By 2024, one more senior care centre, SASC (Tampines North), will be added. Together, SAMH and SACS will be able to provide day care service for over 2,500 seniors.





*By 2023, SAMH and SACS offer a full range of senior services through eight senior care centres islandwide to support seniors with multiple care needs and provide respite for their caregivers within the community.*

## Expanding Our Reach Of Holistic Care Nursing Homes

As the need for more advanced and holistic care increases, nursing homes become an option for caregivers when their loved ones require more medical attention and care. SANH (Buangkok) joined the industry of providing long-term healthcare services for the frail and sick on 25 November 2013. It was SAMH's first nursing home. More notably, it was the first joint project with SACS, leveraging on its expertise in psychiatric rehabilitation, as SANH (Buangkok) was a purpose-built psychiatric nursing home - a service that was sorely needed for persons with mental health conditions requiring long-term residential care.

SAMH's work in the long-term residential care was affirmed by MOH with its appointment as the operator for two Build-Own-Lease (BOL) nursing homes with co-located senior care centres in 2017. SANH (Henderson), a 252-bed facility, was officially opened on 27 February 2018 by Senior Minister of State for Health, Mr Chee Hong Tat; and SANH (Queenstown), a 292-bed facility, celebrated its official opening ceremony on 25 May 2018, officiated by Dr Amy Khor, Senior Minister of State, Ministry of Health and Ministry of the Environment and Water Resources.



*SANH aims to deliver holistic and person-centred care to the residents in a supportive environment, providing an integrated programme of rehabilitation, psycho-social and nursing care.*

In 2018, a tender for an operator to manage a 290-bed capacity BOL nursing home at Taman Jurong was announced by MOH. The nursing home at Taman Jurong would cater for persons with dementia and mental health conditions requiring long-term nursing care and rehabilitation. SACS, with the support of SAMH, took a bold step forward to tender for this project.





Slated to provide long-term care for persons with mental health conditions, as well as nursing, rehabilitative and dementia care, the nursing home further enhanced SACS's continuum of care for persons who require psychiatric care, from residential rehabilitation to day rehabilitation, community intervention team, integrated employment services, a sheltered home and now, long-term residential care.



*SANH (Taman Jurong) provides long-term support, nursing care and rehabilitation for the seniors, persons with dementia and mental health conditions.*

Together, SACS and SAMH maximise each other's expertise to serve the disadvantaged and underserved in the community. SANH (Taman Jurong) was officially opened by Senior Minister and Coordinating Minister for Social Policies and Advisor to Jurong GRC Grassroots Organisations, Mr Tharman Shanmugaratnam on 30 August 2019, the eve of SACS's 52nd anniversary. This was a significant milestone for SACS. Over 30 years ago, SACS, then known as Anglican Welfare Council, first started a shelter for persons with mental health conditions. That seed of faith and obedience has blossomed into a full suite of psychiatric rehabilitation services today. Indeed, God is faithful, and in Him, nothing is impossible.

Dr Arthur Chern, Group Chief Executive Officer of SAMH and SACS said, "SAMH and SACS, with expertise and experience in senior care and psychiatric rehabilitation, have developed synergies in meeting the needs of the ageing population. The partnership allowed us to combine our strengths when we set up St. Andrew's Nursing Home (Buangkok) in 2013 to provide long-term residential care for clients with stable mental health conditions and persons with dementia. From February 2019, SACS started operating St. Andrew's Nursing Home (Taman Jurong). St. John's - St. Margaret's Nursing Home, another new nursing home at Dover Avenue (an initiative of St. John's - St. Margaret's Church in collaboration with SAMH), started receiving residents in 2021. Combining all our five nursing homes (Buangkok, Henderson, Queenstown, Taman Jurong and Dover) and two upcoming nursing homes at Tampines North and Aljunied, we will be serving the community with a total capacity of more than 2,000 beds by 2024. In addition, SANH (Bukit Purmei) is targetted to commence operations by 2027."



Photo Credit: SJSMC-Photography

**St. John's – St. Margaret's Nursing Home** with co-located **St. Andrew's Senior Care (Dover)**, opened its doors in 2021 to serve the community.



Artist's impression by MKPL Architects Pte Ltd

Scheduled to open in 2024, the nursing home at Tampines North will provide long-term residential, nursing and rehabilitative care for 277 residents. Its co-located Senior Care Centre, scheduled to open in 2024, will serve up to 60 day care clients.



Artist's impression by JGP Architecture (S) Pte Ltd

The nine-storey nursing home at Aljunied is slated to begin operations in 2024.



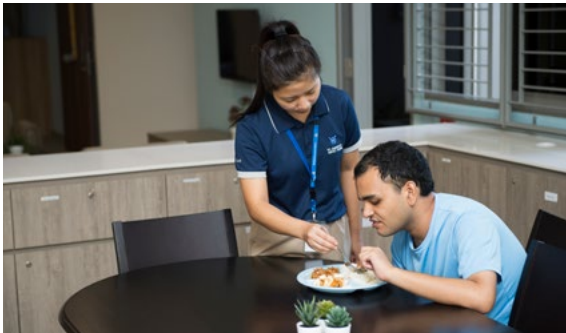
## Enhancing Our Autism Work

### St. Andrew's Adult Home (Sengkang) and St. Andrew's Mission School



In 2015, St. Andrew's Autism Centre (SAAC) celebrated its 10th anniversary. Its work on autism care was affirmed with the appointment by the Ministry of Social and Family Development to co-develop an adult disability home for persons on the moderate to severe end of the autism spectrum. This was a key milestone in SAAC's journey to walk and work alongside families of persons on the autism spectrum. Construction for this purpose-built St. Andrew's Adult Home (Sengkang) began in 2017 and was completed by end 2018. The home was operational in April 2019.

Today, SAAC's services include St. Andrew's Autism School which caters to students with moderate to severe end of the autism spectrum aged 7 to 18 and St. Andrew's Day Activity Centre at Siglap and Sengkang for those 19 years and older. The adult home completes its continuum of care by providing long-term residential care to adults on the autism spectrum.



*St. Andrew's Adult Home (Sengkang), housing a co-located Day Activity Centre, is Singapore's first residential facility designed and built to meet the needs of adults with autism.*

In 2020, SAMH was also appointed by the Ministry of Education (MOE) to set up and operate a new Special Education school for students on the autism spectrum who are able to access the national curriculum. In 2022, St. Andrew's Mission School (SAMS) received its first cohort of 43 Primary One students. The school will eventually provide 500 primary and 350 post-primary places at steady state. SAMS is temporarily sited in Bukit Batok and will move to its permanent site in Clementi from 2031. Led by Principal Mrs Wong Bin Eng, the school seeks to prepare their students, who they believe are "uniquely brilliant", by providing a holistic education that is founded in the mainstream academic curriculum and enhanced by life and vocational skills training.



*In 2020, SAMH was appointed by the MOE to set up and operate St. Andrew's Mission School.*

Autism is a lifelong condition, requiring lifelong intervention and support. It is an area of need, which is difficult to minister to, but essential. By the grace of God, SAAC and SAMH have been commissioned to go where the need is greatest, trusting the Lord to bless the work and striving tirelessly to give people on the autism spectrum the opportunity to reach their fullest potential.

# Empowering Youth

## SACS Youth Services

SACS Youth Services recognises that adolescence is a significant developmental period where they begin to explore their self-worth and others. Adverse childhood events, when not addressed adequately, will influence the development of mental health conditions and a distorted sense of self in adulthood.

The Youth Services hopes to provide early therapeutic interventions for the younger generation who grapple with mental health-related issues in their developmental stage.

On 1 April 2023, SACS Psychiatric Services became part of the CREST Youth (Youth Community Outreach Team) Programme. A programme under the Community Mental Health Masterplan developed by the AIC and MOH, it serves youths in the Northeast Region.

The programme helps to increase awareness of mental health and promote early identification by organising

outreach events for the youth population and those in their circles of support such as their parents and peers. The team also acts as the community node linking youths and their families to appropriate health and social support networks.

By providing support, care and concern for the youths, SACS Youth Services aims to empower them to build resilience and self-confidence to manage their life stressors. Services such as psycho-education, service linkage, early identification, emotional support for youths and their families, group work and various youth programmes are available.

As part of its preventive efforts, the team seeks to network with grassroots organisations and schools to organise talks and workshops on mental health conditions, communication skills, stress management skills and good mental well-being strategies for youths and their families.



*SACS Youth Services conducting roadshow at Christ Church Secondary School*



## Serving With Love

### Battle Against Coronavirus Disease 2019

*Let all that you do be done in love*

*1 Corinthians 16:14*

2020 presented an unprecedented health crisis not only to Singapore but to the world. Within a short few weeks into the new year, the Coronavirus Disease 2019 (COVID-19) pandemic brought all activities to a standstill. Driven by love, the staff of SAMH and SACS rallied to continue caring for all under their charge despite the challenging circumstances, joining the nation in its battle against the pandemic.

SACH charted new waters as the first community hospital to step forward during this critical time, coming alongside its acute care partner CGH, to admit COVID-19 patients. Two SACH wards at The Integrated Building were converted for this purpose within a week's notice. On 5 April 2020, SACH admitted its first COVID-19 patients. SAMH Clinic (Simei), co-located within SACH, was activated to be a Public Health Preparedness Clinic, as well as a Swab and Send Home Clinic to conduct COVID-19 swabbing of patients.

Upon an urgent request from the Ministry of Social and Family Development (MSF), SACS partnered the Anglican Diocese of Singapore to set up a "Safe Sound Sleeping Place (S3P)" at the Anglican Diocese Centre at St. Andrew's Village to provide hostel-level temporary shelter for the homeless during the "circuit breaker" period from 17 April 2020 to 29 May 2020.

As measures were tightened due to the escalating number of people infected with COVID-19, SAMH and SACS services had to adapt its day-to-day operations to continue serving their seniors, students, residents and clients. Online communications platforms were used to conduct physical exercises and social activities for seniors. Home-based learning was arranged for SAAC and Anglican Family Centre students. Residents at St. Andrew's Nursing Homes were able to interact with their loved ones via video calls. Volunteers engaged the residents through online video calls, audio and video recordings.



## St. Andrew's Migrant Worker Medical Centre

The community came forward with various gestures of appreciation and support for SAMH and SACS services. The Right Reverend Rennis Ponniah, Bishop of Singapore and President of SAMH and SACS, together with Venerable Wong Tak Meng, Archdeacon for Community Services, initiated a staff appreciation on behalf of the Anglican churches in Singapore to thank the staff of SAMH, SACS, Good News Community Services, St. Andrew's Cathedral Home and St. Hilda's Community Services for their hard work and dedication amidst the COVID-19 pandemic. Many individuals, churches, community groups, schools, small and medium enterprises and corporations blessed the staff and beneficiaries of SAMH and SACS with donations of food, masks, sanitisers, personal care items and monetary support.

The pandemic did not dim the light of SAMH and SACS. Instead, it fuelled the fire within them to rally together and to encourage one another. With God's unfailing love as the anchor and the generous support from the community, SAMH and SACS remained steadfast in the battle against COVID-19.

From 2012 till just before the start of the COVID-19 pandemic, SACH, with support from St. Andrew's Cathedral Medical Fellowship as well as volunteer doctors, nurses and support staff, was operating a regular free mobile clinic service for migrant worker communities living in dormitories.

The COVID-19 pandemic highlighted the importance of medical care for everyone, including ensuring the well-being of migrant workers in Singapore.

To provide better health care to migrant workers, SAMH partnered the Estate of Khoo Teck Puat, the Estate of Ng Teng Fong and the Singapore Business Federation Foundation to set up a purpose-built and pandemic ready medical centre offering primary care, dental treatment, physiotherapy and mental well-being counselling for migrant workers. The centre, located within Penjuru Recreation Centre, serves 80,000 migrant workers.

Once again, SAMH rose to its calling to care for a special group of people – the sojourners who form the backbone of many of our country's industries.





Responding to the needs of the nation, SAMH Clinic (Simei) stepped in to help screen migrant workers.



On 29 April 2020, S3P at St. Andrew's Village hosted a visit by Associate Professor Muhammad Faishal Ibrahim, Senior Parliamentary Secretary (SPS) in the Ministry of Education and Ministry of Social and Family Development; and Ms Sun Xueling, SPS of Ministry of Home Affairs and Ministry of National Development.

On behalf of S3P at St. Andrew's Village, Associate Professor Faishal received a donation of reusable masks from Ms Sun, sewed with love by volunteers of a community initiative led by the People's Association Women's Integration Network Council.



SACH used robots in the COVID-19 wards to provide better, safer and more efficient care for the patients.



Two SACH wards at The Integrated Building were converted to care for COVID-19 patients within a week's notice.

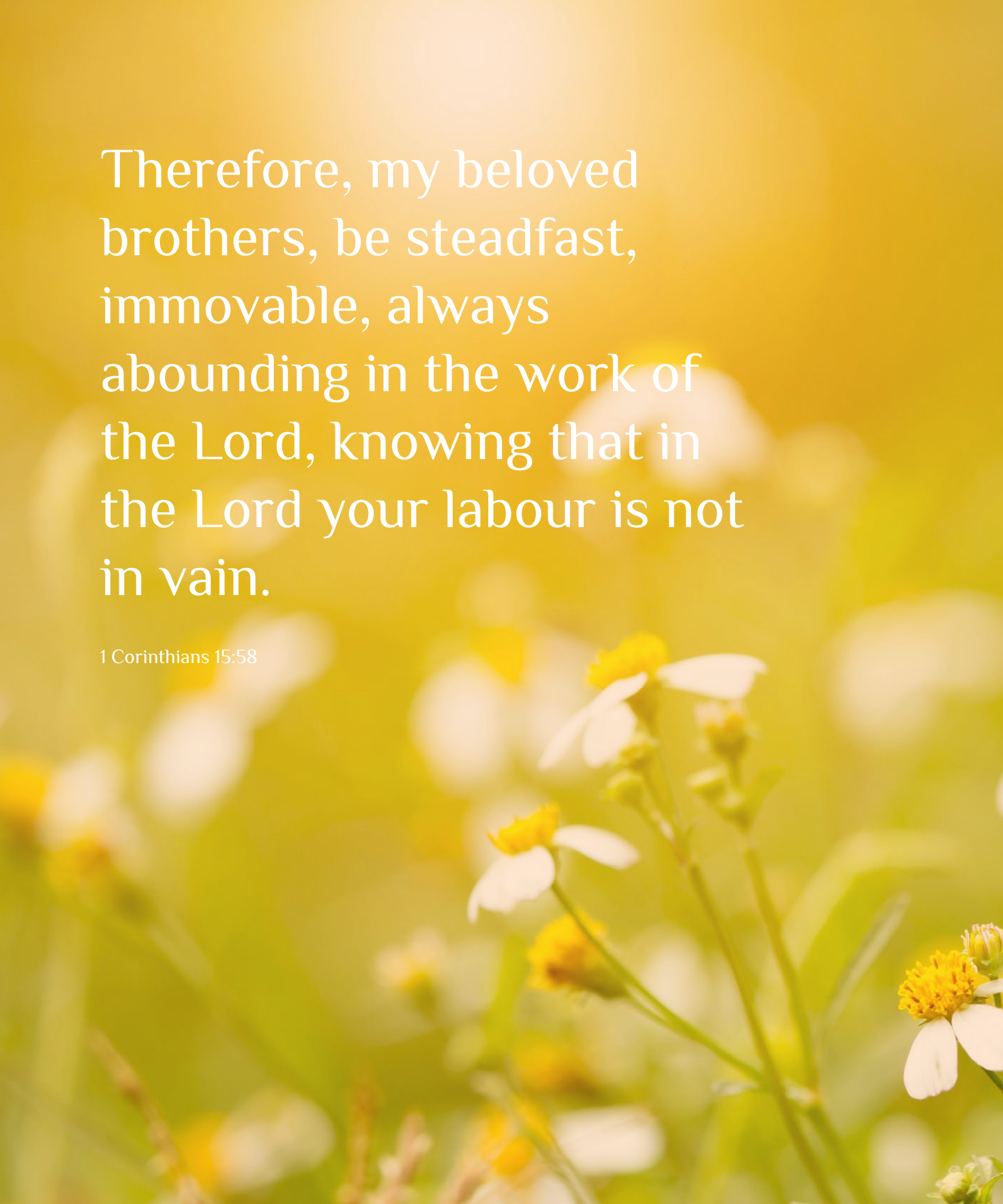


St. Andrew's Migrant Worker Medical Centre provides primary care, dental treatment, physiotherapy and mental well being counselling for migrant workers.



Therefore, my beloved  
brothers, be steadfast,  
immovable, always  
abounding in the work of  
the Lord, knowing that in  
the Lord your labour is not  
in vain.

1 Corinthians 15:58





## Let The Flame Burn Brighter

The story of St. Andrew's Mission Hospital (SAMH) and Singapore Anglican Community Services (SACS) are ongoing stories of how faithful leaders, dedicated staff, committed volunteers and most importantly, a gracious and loving God advanced and transformed the provision of health and social care in the community.

Both SAMH and SACS have grown to become major community service providers in Singapore. By 2024, SAMH and SACS will have 42 services across Singapore, reaching out to 50,000 beneficiaries through its five pillars of services: Medical, Senior, Psychiatric, Autism as well as Family and Children Services. While both SAMH and SACS were founded 54 years apart and are two separate entities, they are united as one Anglican community service with the same vision:

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**To be a light in society, relieving suffering and enriching lives with the love of Christ.**

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2023 marks the 110<sup>th</sup> and 56<sup>th</sup> anniversary of SAMH and SACS respectively. The future of SAMH and SACS is not only about continuing the heritage of serving the needs of the community, but more importantly, fulfilling God's will of exemplifying His great love through faithful service. When darkness blinds the path of those in need, may SAMH and SACS be a light and blessing through the (good) work that they do; and glorify God, Our Father in Heaven.

*Therefore my beloved brothers,  
be steadfast, immovable, always  
abounding in the work of the Lord,  
knowing that in the Lord your  
labour is not in vain.*

*1 Corinthians 15:58*

### *Our Vision and Values*

*In 2018, St. Andrew's Mission Hospital (SAMH) and Singapore Anglican Community Services (SACS) aligned their vision: To be a light in society, relieving suffering and enriching lives with the love of Christ.*

*SAMH and SACS are two ships with the same course guided by a singular vision, that all may see God's light, touched by God's love.*

*Both groups subscribe to the same set of core values: LIGHT, which represents Love, Integrity, Growth, Honour and Teamwork.*

*SAMH and SACS endeavour to shine God's light through its services. "The common vision and value statements reflect the close partnership of SAMH and SACS in reaching out to our society with God's love," said Dr Arthur Chern, Group Chief Executive Officer of SAMH and SACS.*







A scenic landscape featuring a dirt path leading over a ridge at sunset. The path is flanked by a rustic wooden fence made of logs. The sky is filled with soft, golden light, and the background shows rolling hills and a valley with a lake. The overall mood is peaceful and inspirational.

*Our Journey  
of Faith*



# Our Journey of Faith

## Milestones of St. Andrew's Mission Hospital (SAMH) and Singapore Anglican Community Services (SACS)

**1913**  
October 18



**Dr Charlotte Ferguson-Davie**, a medical doctor and wife of the first Anglican Bishop of Singapore, The Right Reverend Charles J. Ferguson-Davie, laid the foundation of **SAMH** with the opening of a small dispensary at Bencoolen Street.

**1939**  
February 28



**St. Andrew's Orthopaedic Hospital** was the first hospital to treat children with musculoskeletal conditions.

**1950s**



**Mrs Catharine Eng Neo Thomas**, a trained nurse and wife of the principal of St. Andrew's School, Mr Francis Thomas, set up a free clinic in Potong Pasir to serve the needy villagers.

**1968**  
August 3

The **Welfare Centre Building**, housed in St. Margaret's School, was also used as a temporary emergency shelter for homeless families.



**1992**  
May 30



**East Coast Care Centre** offered refuge to men facing crisis, and day care services for persons with mental health conditions.

In 1997, the Centre was remodelled into a family crisis shelter.

**1992**  
February 17



**Elliot Road Care Centre** was launched as a sanctuary for women with mental health conditions.

1910s 1920s 1930s 1940s 1950s 1960s 1980s 1990s

**1923**  
May 22

**St. Andrew's Mission Hospital for Women and Children** was opened at Erskine Road. It had 60 inpatient beds and an outpatient clinic.

**1942 - 1945**



During the Japanese Occupation of Singapore, **SAMH** continued to provide outpatient services while **St. Andrew's Orthopaedic Hospital** was used as a radar station.

**1967**  
August 31



**Anglican Welfare Council** (renamed Singapore Anglican Welfare Council in 1977) was inaugurated to serve the needy and disadvantaged with the love of Christ.

**1980**  
March 15



Situated in a parsonage of the Armenian Apostolic Church of St. Gregory the Illuminator, **St. Gregory's Hall** offered day care and counselling services to seniors, victims of family crisis and recovering drug addicts.

**1986**  
August 11

**Whampoa Care Centre** started as a residential refuge for women and children experiencing family crisis.

In 1987, the Centre shifted its focus to psychiatric care to help the residents more effectively.

**1946**

After World War II, **SAMH** relocated to Tanjong Pagar with full clinical services in operation, while **St. Andrew's Orthopaedic Hospital** resumed its services in Siglap.

**1968**  
February 20



**Schools Counselling Services**, pioneered by Mr Francis Thomas, became the core service of Anglican Welfare Council.





**1992**  
October 31



Located at Elliot Road (the former site of St. Andrew's Orthopaedic Hospital), **St. Andrew's Community Hospital** officially opened as Singapore's first community hospital, providing subsidised intermediate care.

**1998**



**St. Andrew's Lifestreams (SAL)** was launched to provide training, education and counselling services.

In 2018, SAL came under the SACS's stable and was integrated as part of the Anglican Family Centre for greater synergy of services.

**2004**  
October 29

Singapore Anglican Welfare Council was restructured, and renamed **Singapore Anglican Community Services**, to consolidate the various Anglican community services and foster greater synergy with the parishes.

**2004**  
September 11

**St. George's Place** took up the baton of the crisis refuge ministry upon the closure of East Coast Care Centre.



**2005**  
June 1



**PEACE-Connect Neighbourhood Link** became the first concerted effort between Parishes and SACS to serve the needy.

In 2015, the Centre expanded to a cluster operator, **PEACE-Connect Cluster Operator**, providing a wider array of eldercare services.

**2007**  
April 24



**CITY Community Services**, operated by St. Andrew's Cathedral under the umbrella of SACS, reaches out to children and youth from vulnerable families by providing a positive and supportive learning environment, imparting good values, building strength of character and nurturing resilience.

**2010**  
March 27



**Community Rehabilitation and Support Services (Bukit Batok)** (renamed **Anglican Care Centre (Bukit Batok)** in 2018) was officially opened, offering psychiatric community intervention.

## 2000s

## 2010s

**1996**  
April 20



**Kallang Care Centre** took over the ministry of providing crisis refuge upon the closure of Whampoa Care Centre.

**1996**  
November 23



**Balestier Care Centre** took over the operations of a former state-run psychiatric rehabilitation facility and expanded its services to include a male residential facility.

**2000**  
November 9



Under the appointment of the Ministry of Health, **Hougang Care Centre** (renamed **Anglican Care Centre (Hougang)** in 2018) was set up to provide psychiatric rehabilitation for long-staying patients from the former View Road Hospital.

Today, the Centre continues to care for persons with mental health conditions through residential and day rehabilitation services.

**2005**  
April 9



**Simei Care Centre** (renamed **Anglican Care Centre (Simei)** in 2018) officially opened its doors as the first and only purpose-built psychiatric care centre in Singapore.

**2005**  
April 18

**St. Andrew's Community Hospital** relocated to Simei. It was the first purpose-built community hospital located next to a regional acute-care hospital - Changi General Hospital.

**2005**  
October



**St. Andrew's Autism Centre**, a one-stop centre for the education, training and care of persons on the autism spectrum and their families, was started.

The Centre was first located within St. Andrew's Community Hospital. It moved into a comprehensive and purpose-built facility at Elliot Road in 2011.

**2009**  
March



**SACS Family Care Centre** (renamed **Anglican Family Centre** in 2018) continued the mission of St. George's Place to provide temporary refuge for women in crisis and their children.

**2009**  
March

**SACS Employment Support Services**, supported by Temasek Cares, was set up to provide employment services that help persons with mental health conditions gain and sustain employment in the competitive job market.



**2013**  
October 18



St. Andrew's Mission Hospital celebrated 100 years of service to the nation.

**2013**  
October 18

**St. Andrew's Nursing Home (Buangkok)**, SAMH's first nursing home was officially opened.



**2011**  
July 25



**Community Rehabilitation and Support Services (Pasir Ris)** (renamed **Anglican Care Centre (Pasir Ris)** in 2018) was officially opened, offering psychiatric community intervention.

**2016**

**SACS Psychiatric Services** consolidated and expanded its various employment programmes for greater synergy.

**The Integrated Employment Services** comprises the Employment Training Course, Employment Internship Programme, Employment Support, and Social Enterprises.



**2016**  
November 26



**SACS Senior Centre (Floral Spring)** (renamed **Anglican Senior Centre (Yishun)** in 2018), an active ageing centre co-located with Something Old, Something New (SOSN), was officially opened.

**2018**  
January



**Anglican Senior Centre (Hillview)**, a senior care centre which supports seniors with multiple care needs and provides respite to their caregivers, started operations.

## 2010s

**2012**  
October 5



**Community Rehabilitation and Support Services (Yishun)** (renamed **Anglican Care Centre (Yishun)** in 2018) was officially opened, offering psychiatric community intervention.

**2015**  
April 25

The official opening of **St. Andrew's Senior Care (JOY Connect)** marked SAMH's first senior care centre.

**2015**  
July 23



**The Integrated Building**, a collaboration between St. Andrew's Community Hospital and Changi General Hospital, was Singapore's first integrated facility focused on providing acute, subacute and rehabilitative care in wards that are acuity-adaptable and which have a common and innovative ward design aimed at better supporting the elderly patients.

**2016**  
July 30



**SACS Cluster Operator (Jurong East)** (renamed **Anglican Cluster Operator (Jurong East)** in 2018) officially opened, providing a suite of eldercare services.

**2016**  
July 30



**SACS Senior Centre (Golden Orchid)** (renamed **Anglican Senior Centre (Jurong West)** in 2018), an active ageing centre co-located with SOSN, SACS social enterprise thrift shop, was officially opened.

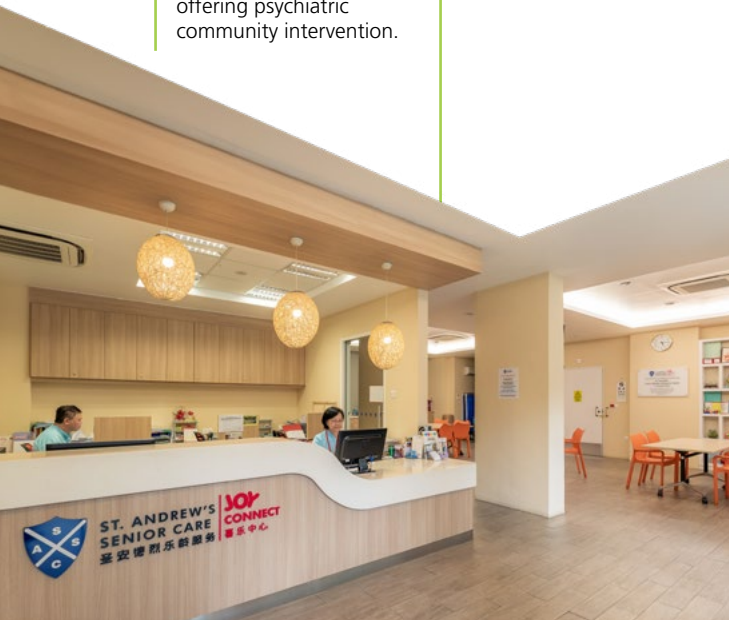
**2017**  
August 31



**Singapore Anglican Community Services** commemorated 50 years of serving the community.

**2017**  
October 13

**Anglican Care Centre (Farrer Park)** was officially opened. It is the only psychiatric shelter in Singapore, providing transitional accommodation for persons in mental health recovery.





**2018***February 27*

**St. Andrew's Nursing Home (Henderson)** was officially opened. The Home was St. Andrew's Mission Hospital's first nursing home with a co-located senior care centre, **St. Andrew's Senior Care (Henderson)**.

**2019***January 12*

**Anglican Senior Centre (Tampines)**, an active ageing centre co-located with SOSN, was officially opened.

**2019***July 6*

**Anglican Senior Centre (Woodlands)**, an active ageing centre co-located with SOSN, was officially opened.

**2019***August 30*

The official opening of **St. Andrew's Nursing Home (Taman Jurong)**, marked SACS's first nursing home.

**2010s****2018***May 25*

**St. Andrew's Nursing Home (Queenstown)**, with a co-located senior care centre, **St. Andrew's Senior Care (Queenstown)**, was officially opened.

**2018***May 25*

**St. Andrew's Senior Care (Tampines Central)**, part of Our Silver Hub, was officially opened. Housed within Our Tampines Hub, Our Silver Hub is a partnership with four other healthcare institutions to provide accessible and coordinated community healthcare and senior care services to the residents in Tampines.

**2019***April*

**St. Andrew's Adult Home (Sengkang)**, Singapore's first purpose-built long-term residential facility for adults on the autism spectrum, with a co-located Day Activity Centre started receiving residents. Respite care services are also available at the Home.





**2020**  
February 15

Amidst the Coronavirus Disease 2019 (COVID-19) pandemic, **St. Andrew's Mission Hospital Clinic (Simei)** was activated as a Public Health Preparedness Clinic, as well as Swab and Send Home Clinic to conduct COVID-19 swabbing of patients.



**2020**  
June



**Anglican Senior Centre (Havelock)**, an active ageing centre co-located with SOSN, commenced operations amidst challenging times during the COVID-19 pandemic.

**2022**  
January

**St. Andrew's Mission School**, SAMH's second special education school, started offering children on the autism spectrum access to the national curriculum.



**2020s**

**2020**  
April 5

**St. Andrew's Community Hospital** converted two wards in The Integrated Building to care for COVID-19 patients.

**2020**  
April 17



SACS partnered the Anglican Diocese of Singapore to set up a "**Safe Sound Sleeping Place (S3P)**" at St. Andrew's Village to provide temporary shelter for the homeless during the "circuit breaker" period from 17 April 2020 to 29 May 2020.

**2022**  
February



**St. Andrew's Migrant Worker Medical Centre (SAMWMC)** was officially opened. It provides primary care, dental treatment, physiotherapy and mental well-being counselling for migrant workers.

**2022**  
April 1

**SACS Youth Services** started to provide early therapeutic interventions for the younger generations aged between 13-24 years old, who grapple with mental health-related issues in their developmental stage of life.

**2022**  
December 3



Seeking to foster a community of care to help seniors maintain an active lifestyle as they age, SACS officially opened its fifth active ageing centre, **Anglican Senior Centre (Havelock)**.

**2022**  
September 14

**St. John's - St. Margaret's Nursing Home** and **St. Andrew's Senior Care (Dover)** were officially opened.





2023

June 13

Old and new friends of St. Andrew's Mission Hospital (SAMH) gathered at 5 Kadayannallur Street, the former 5 Erskine Road, to commemorate the 100th Anniversary of SAMH's First Hospital Building as well as the 110th anniversary of SAMH.



## Growing His Ministry of Love Upcoming Services

2024



**St. Andrew's Nursing Home (Tampines North)**, and its co-located senior care centre, **St. Andrew's Senior Care (Tampines North)** target to commence operations by 2024.

2027



**St. Andrew's Nursing Home (Bukit Purmei)** is targetted to commence operations by 2027.

2023

April 1



**SACS Psychiatric Services** became part of the CREST Youth (Youth Community Outreach Team) Programme. A programme under the Community Mental Health Masterplan developed by the Agency for Integrated Care and Ministry of Health, it serves youths in the Northeast Region.

2023

July and September

**St. Andrew's Senior Care (SASC) (Bedok South)** and **SASC (Bedok North)** started operating in July and September respectively.

Both centres provide day care, dementia day care, rehabilitation, centre-based nursing and community case management services for seniors. Seniors are also able to participate in active ageing programmes and befriending activities.

2023

October 18



St. Andrew's Mission Hospital celebrated 110 years of serving the community.

2024

SAMH looks forward to serving more seniors with **St. Andrew's Nursing Home (Aljunied)**.



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Love is patient, love is kind...  
It always protects, always trusts,  
always hopes, always perseveres.  
Love never fails.

1 Corinthians 13:4-8

