



ASIA INSTITUTE OF MENTORING

# LEARNING CIRCLE INSIGHTS

*Virtual AIM Learning Circle*



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**Mentoring  
for  
Caregivers**



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5:00 - 6:30pm**

# Mentoring for Caregivers

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## Key points / insights:

1. The group has defined two main categories of caregivers – professional caregivers & caregivers ‘out of love and responsibility’. In Asia, the former group does not always get the necessary professional training & support, while the latter group is often taken for granted and is not recognised for all the hard work they do to cater for those in need.
2. While professional caregiving certainly has its challenges, it comes with an ‘end time’ when the caregiver gets to check out and ‘go home’, so to speak. ‘Personal’ caregiving is a 24/7 job that often goes unappreciated. As a result, the person who is in such a position, often does not even realise that his/her life has changed for good, as he/she is now a full-time caregiver. Because of that, they often do not think of acquiring new skills to help them on this journey. They are also not necessarily aware of their own needs (and to know when and how to reach out for help). It is often way too late when they realise that they slip into depression, but “no-one is here to save you.”
3. Some of the caregivers, who are put into this position through a series of events (whether immediate or over time), often need some social help and support, that could be as trivial as having a listening ear. According to one of the guests, when her friend was in a position of being a caregiver to an elderly family member, there was no-one in her circle who offered help or initiated a conversation with her, because they thought she was doing OK. The needs of caregivers are often hidden – they tend not to speak up. Another, albeit related, issue is that the caregivers do their absolute best to care for others, and try to ‘save face’, not always recognising how important love and support is *to them*, and *how much they need it*. One of the speakers also linked such situations to the sense of guilt, when people care for someone else thinking – “I am so much better off than the person I am caring for – I cannot / not allowed to complain”, they often may find themselves on a path towards deterioration of their mental or physical health, and other issues.
4. Another speaker shared – being a caregiver himself – that he would not necessarily need a listening ear per se, but he could really benefit from having a mentor who has been through something similar. A mentor who can recognise and address certain issues, share insights based on their personal, practical experience, and make useful suggestions. He’s suggested that AIM should be specific about their mentors’ skills and share the types of *specific* help and support the AIM mentors can provide to the caregivers (that have to be gained through their personal experience & exposure).
5. Another interesting observation is that caregivers are not only people who care for the elderly; caregivers are also those who care after sick kids with a chronic condition, or spouses who suddenly found their other half disabled, etc. A caregiver can be younger or older than the person they care for. When a tragedy strikes, it becomes extremely important to provide/offer some sort of safety net early on, at the very onset of such caregiving journeys. As mentioned by one of the participants, once you become a caregiver, your life changes so much, that you find yourself to be a hamster in a wheel, and you just do your level best not to fall off that wheel... At which point the person might not even recognise he or she needs help, or simply not being aware of where such help can be found, or how to ask for it. To that end, perhaps AIM could work with some doctors who

- witness situations like this, and can suggest mentoring support to families early on? And also think about a marketing campaign to make people aware of AIM's help to caregivers?
6. Talking about the Asian society, the attendees have agreed that there is still a certain stigma associated with needing 'professional help', e.g., a psychologist, to deal with a psychological burden of being a caregiver. Due to that fact (and perhaps the cost/\$\$), most people in today's Singapore society won't be willing to go to a psychologist, however, they would be OK to get a mentor (which is where AIM could play an important role).
  7. To that end, I ran a quick poll to ask the guests whether they would think of recommending a mentor to someone who is a caregiver and needs help, and only 32% said yes, which makes me think that people do not always realise that mentors can provide help to caregivers (and are not aware of the work AIM does in this space).
  8. Some of the attendees also spoke about the importance of peer support and support groups – again, perhaps this is something that AIM could look into?
  9. The importance of empathy and human-centric design is so very important when dealing with caregivers. Even if there is training or mentoring sessions available, some caregivers won't be able to attend due to being busy 24/7 and having a lot on their plate. Therefore, proactively reaching out to them, understanding their stories, and asking them what would be the best way to support them, is the absolute way to go.
  10. In summary, as AIM we are encouraged to clearly define the needs of caregivers (through ethnographic research/direct interaction), and see how mentoring could help them (instead of guessing what could and could not work for them). We must be explicit in what we can offer at this stage, and make sure our mentors have practical experience & hands-on knowledge in the caregiving domain, that will enable them to relate to the caregivers better.
  11. At the very end, some attendees noted that the topic in itself was so important and vast, that they would be happy to attend AIM's next session dedicated to mentoring for caregivers (should it take place in the future).