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Creating an Age-Friendly Singapore: Enabling Ageing in Place

Introduction

Around half a million Singaporeans were aged 65 or above in 2017. They comprise 13 per cent of the population (Department of Statistics, 2018) and this figure is set to increase as more of Singapore's population ages. A growing number of seniors in our population will impact Singaporean families, workplaces, healthcare and eldercare facilities, and policies in the economic and social domains.

Life expectancy at birth in Singapore is 81.3 years for men and 86.1 years for women (Hay, 2017). As Singaporeans live longer, their needs for long-term care

(or eldercare) will grow correspondingly. Singaporeans usually count on their families and communities first when it comes to eldercare, and have come to rely on foreign domestic workers (FDWs) who can be employed in homes to allow seniors to "age in place". However, shrinking family sizes and the higher costs of employing FDWs mean that expanding the capacity and quality of formal home care and centre-based services should be a foremost policy priority for ageing Singapore.

Ageing in place

"Ageing in place" refers to the concept and practice of making it "a priority for older people to live and be cared for in the place of their choice and to avoid their unnecessary relocation" (Andrews, 2009, p.33). Although nursing homes provide a solution for long-term care, this entails moving seniors from the familiarity of their homes and communities to a new and institutionalised setting, which can be difficult for them to adjust to due to their age.

Long-term care (Table 1) is related to but distinct from acute care and primary healthcare. Acute care and primary healthcare are carried out in general and specialist hospitals, general practitioner (GP) clinics and polyclinics. In contrast, long-term care is carried out through formal services such as nursing homes, palliative care, formal home care services, centre-based care services, as well as informal care by family members and foreign domestic workers.

Table 1: Long-term care services in Singapore

Type	Explanation
Nursing homes	Nursing homes provide residential care for seniors who have limited family support and/or are unable to be cared for at home or in the community. These seniors would also require significant assistance with their daily activities and/or skilled nursing care on a daily basis.
Palliative care	Palliative care services are for seniors who require terminal or end-of-life care. These can include inpatient palliative care, home palliative care and day hospice services.
Centre-based care services	Centre-based care services are for seniors with some family support, but who require care in the daytime in the vicinity of their homes. These can include day care, community rehabilitation, centre-based nursing, etc.
Home care services	Home care services are for seniors who need to be cared for at home. These can include home medical services, home nursing, home therapy, home personal care, etc.

The demand for community and home care is growing. The Ministry of Health (MOH) reported that “in late 2017, approximately 14,000 seniors have benefitted from subsidised home and community care services, compared to approximately 10,000 seniors who took up subsidised nursing home beds” (Ho and Huang, 2018, p.19). Clearly, Singapore policymakers are placing greater emphasis on creating facilities and policies that will encourage and enable seniors to age in place within their homes and communities.

Centre-based care and formal home care in Singapore

Ramping up the capacity and quality of formal home care and centre-based services is essential, alongside supporting informal home caregivers, if we are to encourage and support ageing in place in Singapore.

Formal home care is carried out in a senior’s home and refers to medical visits by doctors and nurses, home rehabilitation, home personal care (e.g., personal hygiene, meal deliveries, medical escort and transportation), as well as palliative care. These services are personalised and costlier than using centre-based care services, which are delivered in a communal setting. For seniors who have severe medical needs or mobility issues, formal home care is necessary for them to remain in the comfort of their homes with their families.

Centre-based care includes senior activity centres, social day care (for seniors who are more frail), centre rehabilitation, dementia day care, centre-based nursing and day hospice care. These facilities suit seniors who are more ambulant or can access transportation to and

from the centres. Recognising that seniors’ care needs may shift over time as they fall ill or recover from an episode of illness, the MOH introduced the Integrated Home and Day Care (IHDC) model to bridge care needs that extend across the home and centre domains. The IHDC model provides an alternative option to a nursing home when seniors require more intensive care. Care coordinators and healthcare professionals develop personalised plans depending on the senior’s condition, which may evolve from using formal home care to centre-based care or vice versa.

Long-term care financing and ageing in place

While the range of eldercare facilities and services is growing in Singapore, the accessibility of these services depends on seniors’ ability to afford them. Monthly costs for using formal long term care services in Singapore currently range from \$400 for using social day care – which is more suitable for ambulant seniors – to as much as \$2200 for the IHDC model if a senior has more intensive care needs (Table 2).

Although families in Singapore can benefit from government subsidies, the amount a family receives depends on its per capita monthly household income, which is the total income of the family divided by the number of people living in the household (Table 3).

Lower-income families who require greater financial assistance can receive the highest subsidy level of up to 80 per cent of formal long-term care services, if the senior is a Singapore citizen. The senior and his or her family is responsible for the remaining 20 per cent, usually as out-of-pocket payments (also known

Table 2: Costs of selected long-term care services in Singapore

Centre-based care and pre-subsidy fees	Home-based care and pre-subsidy fees
Day rehabilitation: \$12-85 per session	Home medical: starting from \$150 per visit
Social day care: \$400-1500 per month	Home nursing: starting from \$65 per visit
Centre-based nursing: \$25-35 per visit	Home therapy: starting from \$110 per visit
Integrated Home and Day Care (IHDC): \$1100-2200 per month	Home personal care: \$22 per hour
Dementia day care: \$900-1700 per month	
Hospice day care: \$10-15 per visit	

Source: Agency for Integrated Care, (n.d.) (information correct as of 10 March 2019)

Table 3: Subsidies by per capita monthly household income level

Income category	Per capita monthly household income	Subsidy rate for Singapore citizens	Subsidy rate for Singapore permanent residents
Lower income	\$700 and below	80%	55%
	\$701 to \$1100	75%	50%
Lower-middle income	\$1101 to \$1600	60%	40%
	\$1601 to \$1800	50%	30%
Upper-middle income	\$1801 to \$2600	30%	15%
Higher income	\$2600 and above	0%	0%

Source: Ho and Huang, (2018), p.94 (information correct as of 3 August 2018)¹

as co-payments). Out-of-pocket refers to amounts paid directly with one's own money (e.g., in cash), rather than from another source, such as from the government or insurance company. As a family's household income increases, the amount of subsidy decreases accordingly.

While wealthier families may face little difficulty paying for long term care independently, it is the middle-income families, particularly the upper-middle income category, who are likely to feel the squeeze of long-term care co-payments most of all. Upper-middle income families can receive only up to 30 per cent subsidy, which means they are liable for co-payments of up to 70 per cent. For such families, their co-payments could range from \$630 to \$2170 per month based on the costs of using social day care or the more intensive IHDC model. Crucially, these payments exclude other costs such as transportation and medical consumables (e.g., needles or diapers). With a few exceptions, long-term care costs such as those described above are usually not payable by Medisave², MediShield Life³ or the Community Health Assist Scheme (CHAS)⁴.

Although the newly established CareShield Life⁵ scheme provides a limited pay-out sum to help finance long-term care costs if a senior is "severely disabled", the criteria to meet the assessment for such a condition is highly restrictive. By the time a senior is considered severely disabled⁶, his or her quality of life and remaining lifespan would be significantly compromised. Moreover, the pay-out of \$600 per month (for claims starting in 2020) is unlikely to be sufficient to cover the full long-term care cost of a severely disabled senior.

Given the significant costs of using formal long-term care services, it is unsurprising that many Singaporean families have opted to employ foreign domestic workers instead. The monthly salaries of foreign domestic workers range from \$400 to \$800, and they can help with household chores and childcare, in addition to carrying out eldercare duties. However, foreign domestic workers may not be adequately trained to care for frail seniors, and not all employers are willing to avail time off for their helpers to receive formal eldercare training.

¹ For subsidy information updated in 2019, see MOH's "Subsidies for government-funded intermediate long-term care services" at <https://www.moh.gov.sg/cost-financing/healthcare-schemes-subsidies/subsidies-for-government-funded-intermediate-long-term-care-services>.

² Medisave is a national savings scheme that Singaporeans pay into through the Central Provident Fund (CPF) to set aside money for their medical expenses.

³ MediShield Life is a basic health insurance plan that augments Medisave in helping Singaporeans pay for costly hospital bills and selected outpatient treatments.

⁴ The Community Health Assist Scheme provides Singaporeans with subsidies for medical and/or dental care at participating general practitioner and dental clinics. The subsidy level is tiered according to the recipient's household monthly income and the annual value of his/her home.

⁵ CareShield Life is an enhanced version of the ElderShield long-term care insurance plan for Singaporeans. The new enhanced plan starts in 2021 and will be compulsory for Singaporeans born from 1980 onwards.

⁶ According to the criteria for CareShield Life, a "severely disabled" senior requires help with three or more activities of daily living (ADL). These include washing, feeding, toileting, dressing, walking or moving around, and transferring (i.e., moving from a bed to an upright chair or wheelchair and vice versa).

However, for some Singaporean families, employing a helper is not an option because of the cost. In such cases, family members become the primary caregivers. Without adequate support, they might experience stress and frustration towards their eldercare responsibilities, or feel helpless as a senior's care needs increases with age. Poor-quality care and neglect could severely jeopardise the welfare of vulnerable seniors.

Enabling Singaporeans to age in place

Although ageing brings with it new challenges, it also offers novel opportunities. Efforts to prepare Singapore for its ageing population are reflected in various government projects such as the \$3-billion-dollar "Action Plan for Successful Ageing" aimed at enabling seniors to remain independent and age in place (MOH, 2016).

Government bodies such as the MOH, the Agency for Integrated Care and the Housing Development Board have implemented initiatives to better prepare Singapore to meet the changing needs of an ageing society. Amongst these initiatives are the Active Ageing Hubs (AAHs) that are built within public housing estates, such as the Kwong Wai Shiu Community Care Centre at McNair Road (KWSCCC @ McNair) and NTUC Health's AAH in Kampung Admiralty. These hubs serve as one-stop day centres that feature a range of services, from day care and rehab to personal care services.

The Ministry of National Development has further announced that it is working with the MOH to pilot assisted living facilities for public housing at Bukit Batok (Leong, 2019). These assisted living facilities - though common in North American and European countries - will be new to Singapore, consisting of a small residential unit and a package of care services for the senior. They could be built on vacant school sites that can be converted into retirement homes. AAHs and assisted living facilities are part of the Singapore government's plans to transform the city-state's urban environment into an age-friendly one.

Social service agencies (SSAs; previously known as Voluntary Welfare Organisations), such as Kwong Wai Shiu and NTUC Health, are indispensable partners in supporting the aspirations and needs of seniors who desire to age in place. Another example is the Tsao Foundation, which introduced the Community

for Successful Ageing (ComSA) programme in 2012 at Whampoa, a public housing estate with a high population of seniors. The programme seeks to support seniors in their healthcare over the course of their lives, while also nurturing lifelong learning and elder empowerment. In 2017, ComSA's multiple programmes were consolidated at the Whampoa Community Club, where new facilities for health and social care needs were built, creating an ecosystem of integrated and community-focused services for long-term care.

The private sector has also started to leverage on market opportunities in long term care. Examples of private providers in the home care sector are JagaMe and Homage, which partner SSAs to improve the range of long-term care services. Private providers catering for centre-based care include Montessori for Dementia Care, which caters to seniors with cognitive and/or physical impairments, and Aspire55 and HoviCare, which run activities for seniors who desire to stay physically and mentally active.

Conclusion

As Singapore's population demographics change, we need to transition into becoming an age-friendly city that welcomes and enables the seniors amongst us. The Singapore government, SSAs and private sector players are already coming together for this purpose. Yet, for our seniors to truly age in place, we will also require the rest of the Singaporean population to be mindful towards the needs of the seniors amongst us, whether it be pausing to show concern to a senior family member or passer-by, or changing our city's infrastructure to enable more seniors to age in place.

*This article is based on research done for the publication *Care Where You Are: Enabling Singaporeans to Age Well in the Community*, which Dr Elaine Ho co-authored with Associate Professor Shirlena Huang.*

Thinking Points

1. What are the benefits of older people being able to age in place?
 2. How might the opportunities and challenges of ageing in place differ between cities?
 3. What further steps could the public and private sector take in Singapore to better support ageing in place?
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About the Author



Dr Elaine Lynn-Ee Ho is an Associate Professor at the Department of Geography, National University of Singapore.

She obtained her Ph.D from University College London in 2007.

Her main research interests address how citizenship is changing as a result of migration. She has conducted research in China, Myanmar and Singapore amongst other countries. Her current research focuses on two domains: transnational ageing and care ethics in the Asia-Pacific and forced migration in/of Asia.

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