

SINGAPORE

COMPANY
OF GOOD



ISSUES FACED BY

THE ELDERLY

IN SINGAPORE

Today around
1 in 7

**Singaporeans are aged 65
and above.**



Declining birth rate and increasing life expectancy have led to rapidly ageing populations in countries around the world. Singapore is not exempt from this. Today, around 1 in 7 Singaporeans are aged 65 and above. By 2030, this number will rise to 1 in 5, positioning Singapore as a “super-aged” country, joining the ranks of Japan, Germany and Italy, among others.

An ageing population is a pressing demographic challenge with far-reaching implications. At the international level, the United Nations recognises the 2002 Madrid International Plan of Action on Ageing (MIPAA) as the overarching framework for ageing issues. Adopted during the Second World Assembly on Ageing, the

MIPAA highlighted three key needs, namely to (1) consider older persons in development planning, (2) emphasise that older persons should be able to participate in and benefit equitably from the fruits of development to advance their health and well-being, and (3) that societies should provide enabling environments for them to do so.

Singapore is committed to implementing the MIPAA to turn its ageing population into a “demographic dividend”¹. In recognition of the multifaceted nature of ageing, a Ministerial Committee on Ageing (MCA) was formed in 2007 to be the main body in Singapore looking after ageing issues. Chaired by the Minister-in-charge of



Ageing Issues and Minister for Health, the MCA works in partnership with other ministries and agencies to address active ageing and employability, home care and family support, as well as health, social and elder care services and resources.

In August 2015, the MCA introduced the Action Plan for Successful Ageing (APSA) to enable older adults to age well physically, emotionally, mentally and socially. The Report mirrored the key action plans outlined in MIPAA and outlined 12 areas of focus: health and wellness, learning, volunteerism, employment, housing, transport, public spaces, respect and social inclusion, retirement adequacy, healthcare and aged care, protection for vulnerable seniors and research. This translated into over 60 initiatives and programs that aim to address various ageing-related issues, implemented in consultation and/or partnerships with various agencies, non-profit organisations (NPOs) and private players.

In alignment with the government's approach, this landscape review uses the APSA and MIPAA as the basis to explore the issues and needs of elderly in Singapore. The following is a non-exhaustive list of issues facing

the elderly based on media and academic reports, as well as ground validation with academics and expert practitioners. The list will continue to grow as more needs surface and information becomes available. The list is organized according to the issues in the APSA, as categorised in the table on the following page. The tables show the number of charities that we see as currently addressing the issues in each category.

The team is grateful to the following individuals for their support and guidance in the preparation of this review:

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¹ Permanent Mission of the Republic of Singapore. (2015). Statement by Miss Ng Woan Chyi, delegate to the 70th session of the United Nations General Assembly. Retrieved from https://www.mfa.gov.sg/content/mfa/overseasmission/newyork/nyemb_statements/third_committee/2015/201510/press_20151016.html



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Issue Framework for Elderly in Singapore

Based on Action Plan for Successful Ageing,
2002 Madrid International Plan of Action
on Ageing and WHO Quality of Life Framework

The table shows the number of charities that we see as currently having programmes addressing the issues in the personal domain of an elderly's life.

Personal [APSA - Opportunities for All Ages]	No. of charities
Area 1 - Senior Learning [S, NP, O] Ensuring affordability and access to learning opportunities for seniors of different skills and experience	9
Area 2 - Lifelong Employability [S, NP, O] Everyone should make decisions and act in the best interests of children and every child must be allowed to be an active participant in all matters affecting his or her life	1
Area 3 - National Seniors' Health Programme/Health and Wellness [S, NP] Information on health issues for seniors, health checks and exercise opportunities near their homes and offices	20
Area 4 - Senior Volunteerism [S, NP, O] Engaging seniors with volunteer opportunities that apply their skills and expertise, and recognising senior volunteers nationally	5
Area 5 - Retirement Adequacy [S, NP] Helping seniors transit from employment to retirement comfortably	3

Total no. of charities (as of December 2017) : 107
Total no. of eldercare charities : 89
Total no. of health charities serving mainly elderly : 18

Note: The letters S, NP and O in square parenthesis refer to the players currently active in addressing this issue in some way: S=State, NP=Non-profit, O=Others (including corporates and social enterprises)

Issue Framework for Elderly in Singapore

Based on Action Plan for Successful Ageing,
2002 Madrid International Plan of Action
on Ageing and WHO Quality of Life Framework

The table shows the number of charities that we see as currently having programmes addressing the issues in the elderly's immediate environment and within society.

Immediate Environment [APSA - Kampong for All Ages]	No. of charities
Area 6 - Communities of care to help seniors age in place [S, NP, O] Communities-based services to support seniors with varying degrees of frailty and family support	60
Area 7 - Inter-generational harmony [S, NP] An inclusive society where the young respect and care for the old; more social spaces for seniors to interact with each other	2
Area 8 - Love and Respect for Seniors Cultivating a positive view of ageing and recognising the authority, wisdom, dignity and restraint that comes with life experience	13
Area 9 - Protecting Vulnerable Elderly [S, NP, O] Ensuring that seniors at risk of functional, mental and physical decline receive appropriate support and treatment, and are not abused	11

Public Space [APSA - City for All Ages]	No. of charities
Area 10 - Healthcare System/Aged Care [S, NP, O] Ensuring that all seniors have access to support and adequate care for their various healthcare needs as they age	38
Area 11 - Senior-friendly housing, transport, parks, built environment [S,O] Integrating health and social services into housing options and ensuring a senior-friendly built environment and transport system	5
Area 12 - Research on ageing (lengthening health span, productive longevity, ageing-in-place) [S,O] Multi-disciplinary, application-oriented research into the local context for ageing	0

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FINANCIAL SECURITY OF THE ELDERLY

Why should you care?

In an Asian country that values filial piety, the sight of older women working as cleaners in food courts or servers in fast food restaurants is jarring. The issue of financial vulnerability in old age prevails across both genders.

The elderly with lower socio-economic profiles face several challenges in Singapore:

Elderly with troubled family relationships are not able to apply for help easily

The applications for schemes like ComCare Long Term Assistance Scheme and the Silver Support Scheme follow strict guidelines. These guidelines make the process tedious and longwinded. As these schemes still focus on family as the first line of support, seniors with children are hindered from applying for these schemes as they require documentation and paperwork of their children's financial statuses for the application. This is more troublesome for seniors who have estranged relationships with their children².



Some segments of the elderly such as the disabled, widowed, those who are caregivers and those requiring long-term care still fall through the cracks when interventions are developed

More research, both at the policy as well as practitioner levels, are needed to develop effective interventions to provide better support for these unmet needs among financially vulnerable older women. There are promising efforts in this area with various research undertaken by think tanks like the Institute of Policy Studies (IPS), Tsao Foundation and Duke-NUS Centre for Ageing Research and Education (CARE). IPS for example, has suggested to look into better disability insurance coverage, spousal survivorship benefit to CPF Life, and elderly intermediate and long-term care for women, especially those with low or no CPF balances.

Seniors tend to have limited financial literacy

While the availability of financial literacy programmes is growing, especially among corporate players and NPOs, there is a need for more initiatives and programmes focusing on lifelong employability for older people. As these are introduced, service providers should be conscious to coordinate their programmes to maximise impact and reach³.

What you need to know

Older women continue to dominate in lower-income jobs in Singapore⁴

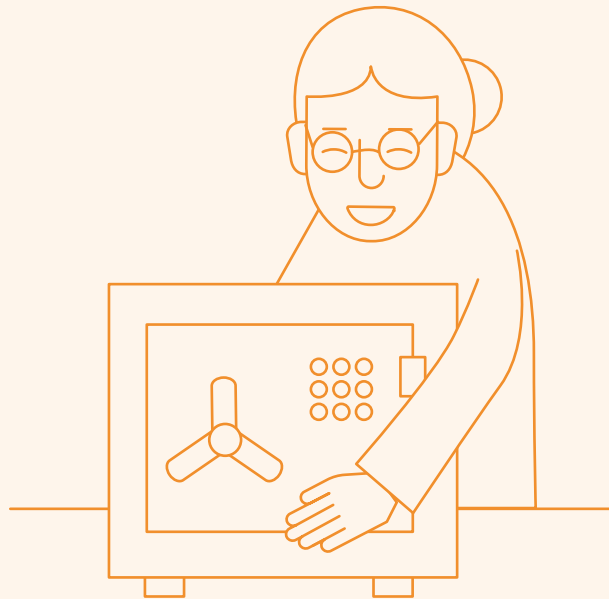
According to the Ministry of Manpower Labour Force Survey 2015, more than 7 in 10 of nearly 100,000 women aged 60 and above who worked last year earned less than \$2,000 per month⁵. The same report also highlights that the number of women aged 60 and above who work as cleaners rose by 70 percent to 34,100 last year, from 19,800 just five years earlier⁶.

Financial security of older women is of particular concern

Life expectancy has increased, and women tend to outlive men. Population statistics show that there are twice as many women as men aged 80 and above, and they are also more likely than men to be single, widowed or divorced⁷.

Women are more likely to experience interrupted employment

While there is an increasing number of women who are financially independent through gainful employment (Singapore female labour force participation hit 60 percent in 2015), women are more likely to experience interruption to their employment due to family caregiving responsibilities. Women are also over-represented in unpaid jobs and informal work, and are more prone to take part in transitional work. As a result, there are more older women than men who live in poverty, and many are forced to return to work to make ends meet⁸. In particular, experts have identified four groups of older women who face a vulnerable financial future: those who are single, housewives, part-time workers, and caregivers who quit work to look after loved ones in fast-ageing Singapore⁹.



What's being done and how can you help?

Efforts are underway to support the financial security of older workers through a slew of policies, ground-up initiatives and collaborative partnerships focusing on increasing wages, employment rates and retirement savings.

Government-led initiatives

The government focuses on ensuring retirement adequacy through a range of Central Provident Fund (CPF) initiatives, such as the **Workfare Income Supplement** that provides cash and higher CPF payouts for older lower-wage workers. Similarly, the **Silver Support Scheme** provides quarterly cash supplement to help the bottom 20 percent of lower income seniors accumulate savings and grow their retirement nest eggs¹⁰.

The **ComCare Long Term Assistance Scheme** by MSF is a scheme that provides cash assistance to the elderly of up to \$1,180 monthly. Those who qualify for the scheme include seniors who are unable to work due to old age, elderly who have no means of stable income and seniors who have children who are unable to support them financially¹¹.

The HDB also introduced the **Lease Buyback Scheme (LBS)** for seniors who live in 4-room or smaller HDB flats. This scheme allows seniors to sell part of their flat's lease to HDB. The proceeds from selling part of the lease will be added into the senior's CPF Retirement Account (RA). This will allow them to receive a higher CPF monthly payout¹².

Public and private partnerships

The government, employers and unions are also combining efforts to expand the opportunities available for older workers through the Tripartite Committee on Employability of Older Workers (TAFEP). To dispel stigma against older workers, TAFEP produced a nationwide advertisement targeting corporates entitled "Tap into a wealth of experience". Grants and schemes like WorkPro incentivise companies to continue hiring and supporting older worker through job redesign and age-friendly practices. At the same time, older workers are encouraged to continue upgrading their skills through training with the Workforce Development Agency (WDA).

Amongst non-profits and private players, **Beyond Age** and **Silver Spring** push for workplaces that accept and appreciate older workers. Since 2008, **Tsao Foundation** has worked in partnership with Citi to introduce the Citi-Tsao Foundation Financial Education Programme for Mature Women, which has since been adopted by People's Association Women's Integrated Network, to provide older women with training in financial literacy. The model has been successfully adopted in Indonesia and Malaysia, and the programme aims to replicate it across Asia Pacific to target various segments of women.

POSB Bank and Council for Third Age (C3A) – Financial Literacy for Seniors

In 2009, POSB Bank and C3A partnered to introduce Financial Literacy for Seniors – a programme that helps the elderly plan for retirement by equipping them with knowledge on everyday financial planning, will writing and estate planning. POSB and C3A also introduced other initiatives such as **POSB Active Neighbours**, where elderly are trained to support work at its branches, and **Aging has its Privileges**, an initiative that offers perks such as snacks to elderly and special insurance plans targeted at elders.

Impact:

According to POSB, within two weeks of the programme's launch in June this year, the bank received close to 1,200 applications. As of 2015, 80 seniors had been hired to work up to two days a week at POSB branches. They assist customers, particularly those in a similar age group, with their banking transactions and the use of self-service banking services.

Sources: DBS. (2009). Council for Third Age and POSB join hands to address the financial needs of baby boomers and older Singaporeans holistically. Retrieved from https://www.dbs.com/newsroom/Council_for_third_age_and_POSB_join_hands_to_address_the_financial_needs_of_baby_boomers_and_older_Singaporeans_holistically_MIGRT

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DBS. (2015). Annual Report 2015. Retrieved from <https://www.dbs.com/annualreports/2015/performance/customers/posb.html>

² Interview with an unnamed VWO by SMU students

³ ILC 2nd Financial Security of Older Women in East and Southeast Asia (2016)

⁴ Basu, R. (2015, Mar 8). Money worries remain for older women. The Straits Times. Retrieved from <http://www.straitstimes.com/opinion/money-worries-remain-for-older-women>

⁵ Ibid.

⁶ Ministry of Manpower Labour Force Survey. (2015)

⁷ National Population and Talent Division, Strategy Group, Prime Minister's Office. (2016). Population In Brief (2016). Retrieved from <https://www.strategygroup.gov.sg/docs/default-source/Population/population-in-brief-2016.pdf>

⁸ National Population and Talent Division, Strategy Group, Prime Minister's Office. (2016). Speech by Mrs Josephine Teo, Senior Minister of State, Prime Minister's Office, Ministry of Foreign Affairs & Ministry of Transport at the 2nd Multipartite Regional Meeting. Retrieved from <http://www.nptd.gov.sg/Portals/0/Homepage/Highlights/20161010-sms-teo-speech-at-2nd-multipartite-regional-meeting.pdf>

⁹ Interview with an unnamed VWO by SMU students

¹⁰ Ministry of Manpower Labour Force Survey. (2015)

¹¹ Government of Singapore. (2016). 7 ways the Government is helping seniors. Retrieved from <https://www.gov.sg/news/content/7-ways-the-government-is-helping-seniors>

¹² Ibid.

Why should you care?

For many seniors, work is not only a source of financial independence, but also a way to stay active, achieve lifelong aspirations and find fulfilment during the silver years¹³.

In view of the tight job market and increasing difficulty to employ foreigners, there are more voices calling for employers to tap on the silver workforce as a competitive source of skilled labour¹⁴.

However, there are worrying trends regarding the employability of older workers:

Many corporate cultures are resistant to intergenerational harmony and respect

Despite various campaigns by TAFEP to promote inclusivity in the workplace, instilling a corporate culture that values intergenerational harmony and respect will require sustained and progressive effort from both employers and employees regardless of age. Employers need to recognise older workers as value-adding assets. Having mixed-age work teams who can leverage on each other's strengths and deepen their understanding of the other party's management and communication styles¹⁵ can also help foster an age-friendly work culture.

Employers need to create senior-safe and senior-friendly workplaces

At the same time, it is of primary importance that more employers create an enabling workplace that is safe and age-friendly for senior workers¹⁶. Apart from tapping on technology to improve productivity, employers should re-design jobs to offer older workers greater flexibility, and be open-minded in identifying skills upgrading courses for them. Moreover, companies should gradually adopt formal rehiring policies that provide timely intervention when their workers are approaching retirement age, as opposed to the prevailing current practice of case-by-case management.

Very few nonprofit organisations promote senior employability

There are currently only a handful of non-profit organisations that support lifelong employability. Having community support in promoting senior employment and employability will buttress the governments' efforts and help potential employees find meaningful opportunities. A concerted and coordinated approach by non-profits and social enterprises will be instrumental in preparing our society to accept and empower our seniors to be gainfully employed in the years ahead.



What you need to know

Current situation and concerns of the aging labour force:

Currently, 1 in 3 residents of the labour force are aged 50 and above, up from 1 in 4 a decade ago¹⁷. Among the key concerns of ageing workers are: Will I continue to enjoy the same remuneration and benefits? Will my employer continue to hire me if I want to keep working after the retirement age?

New legislation for senior workers

From 1 July 2017, employers will be obliged to offer re-employment to eligible staff up to the age of 67¹⁸. This amendment will allow workers between 62 and 67 years old to choose whether they want to remain hired by the same employer or transfer to a different company for up to five years, up from the prevailing three years.

Special Employment Credit Scheme

To support companies in hiring older workers, Budget 2016 extended the **Special Employment Credit (SEC) Scheme** to the end of 2019. This will offset the monthly wages of employees aged 55 and above earning up to \$4000 a month by 8%¹⁹. Employers who voluntarily employ staff aged 65 years and above enjoy an additional SEC of 3%, for a total of 11% of the monthly wages for staff aged 65 years and above.

Senior worker salary trends

According to the Ministry of Manpower, in 2016, more than 98% of companies in Singapore did not cut their employee's salary when the employee turned 60²⁰. In fact, the median gross monthly incomes of older full-time employed resident workers aged 55 and above grew by 2.6% per annum in real terms from 2011 to 2015²¹. The median monthly income for workers aged 60 and above in 2016 was \$2000²².



What's being done and how can you help?

Government-led initiatives

Centre for Seniors (CFS) offers a comprehensive range of services for senior workers and employers, including a job search portal, workshops on age-friendly workplaces and a programme to equip frontline and retail staff with age-friendly skills to engage senior customers.

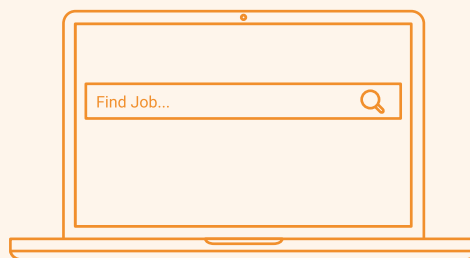
To boost skills upgrading, the Government has also moulded Continuous Education and Training (CET) programmes to be more flexible and accommodating to different learning needs. Under **SkillsFuture**, working seniors interested in part-time studying can choose to enrol in modular courses offered by Post-Secondary Education Institutions (PSEIs), without needing to pursue a full qualification programme. Other working seniors keen on attaining full skill qualifications can tap on the **SkillsFuture Mid-Career Enhanced Subsidy**, to enjoy subsidies of up to 90% of course fees for WDA-supported certifiable courses and MOE supported course at all publicly-funded Institutes of Higher Learning²³.

To encourage employers to invest in age-friendly workplaces, the Government has implemented **WorkPro**, which offers various grants ranging from \$20,000 to \$300,000 to support employers to re-design their workplace practices, processes and jobs for older workers²⁴. Moreover, Institutes of Higher Learning are working with business associations to further develop a comprehensive training programme to educate employers in the management of older workers in Singapore, covering topics like job redesign, workplace health and safety, and the sociological aspects of ageing.

Industry partnerships and support

There is a fast-growing movement spearheaded by TAFEP to support businesses in nurturing a fair and inclusive workplace culture for seniors. Some companies like **Challenger** provide substantial subsidies for their elderly staff's outpatient medical bills even though these bills can be more costly than that of younger staff²⁵.

For seniors who choose not to seek professional employment, a couple of fast-growing community initiatives offer flexible work opportunities to enhance their financial independence. For example, **PA's Senior Academy Golden Work Series** offers skills related workshops to seniors at community centres which then leads to offers for light work like hamper wrapping at partner companies like POSB, Yoshinoya, and Pet Lovers Centre²⁶. **SilverForce**, a social enterprise, matches SMEs with senior citizens who work from their homes or activity centres. Bollywood Veggies, an organic farm in Kranji, is one of its partners. It now buys newspaper carrier bags made by the seniors at NTUC Health's SilverAce Senior Activity Centre.



PUM* Netherlands Senior Experts

Based in Netherlands, PUM has been active since 1979 in 70 countries worldwide. The aim is to connect a pool of senior experts, each with their own individual expertise with entrepreneurs, business support organisations or local partners requiring advice and coaching.

Impact:

So far, PUM has sent out 3,000 senior experts who engage either in one-off or repetitive missions on the work floor or participate via online coaching activities. These volunteers have collective knowledge in over 70 sectors, including build and construction to incubator programmes and vocational education. One successful collaboration has seen expert Jan Koeman, a baker, travel to Rwanda to engage a women's cooperative, Mama Dunia, in supporting their new business activities and offering practical advice.

Source: Koeman, J. (2017). PUM. Synergy in Rwanda. Retrieved from <https://www.pum.nl/mama-dunia-%E2%80%98er-earth%E2%80%99-How-We-Work> (2017). PUM. Retrieved from <https://www.pum.nl/how-we-work/sectors>

¹³ **Ministry of Health.** (2016). I Feel Young In My Singapore Action Plan For Successful Ageing. Retrieved from https://www.moh.gov.sg/content/dam/moh_web/SuccessfulAgeing/action-plan.pdf

¹⁴ **Khalik, S. & Aw, C.W.** (2016, Mar 7). Over 400 people aged 65-69 still hired. *My Paper*. Retrieved from http://newslink.asiaone.com/user/OrderArticleRequest.action?order=&month=03&year=2016&-date=07&docLanguage=en&documentId=nica_MY_2016_37672060

¹⁵ **The Council for Third Age, C3A.** Integrating a Multi-Generational Workforce. Retrieved from http://www.c3a.org.sg/Learning_context.do?id=38636

¹⁶ **Khalik, S. & Aw, C.W.** (2016, Mar 7). Over 400 people aged 65-69 still hired. *My Paper*. Retrieved from http://newslink.asiaone.com/user/OrderArticleRequest.action?order=&month=03&year=2016&-date=07&docLanguage=en&documentId=nica_MY_2016_37672060

¹⁷ **Ho, O.** (2016, Apr 8). Parliament: Re-employment age for older workers to be raised to 67 on July 1 next year. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/manpower/parliament-re-employment-age-for-older-workers-to-be-raised-to-67-on-july-1-next>

¹⁸ **Ministry of Manpower.** (2016). Changes to re-employment from 1 July 2017. Retrieved from <http://www.mom.gov.sg/employment-practices/re-employment/changes-to-re-employment>

¹⁹ **Ministry of Manpower.** (2017). Special Employment Credit. Retrieved from <https://www.sec.gov.sg/Pages/More-Information-on-SEC.aspx>

²⁰ **The Council for Third Age, C3A.** Integrating a Multi-Generational Workforce. Retrieved from http://www.c3a.org.sg/Learning_context.do?id=38636

²¹ **Khalik, S. & Aw, C.W.** (2016, Mar 7). Over 400 people aged 65-69 still hired. *My Paper*. Retrieved from http://newslink.asiaone.com/user/OrderArticleRequest.action?order=&month=03&year=2016&-date=07&docLanguage=en&documentId=nica_MY_2016_37672060

²² **Ministry of Manpower.** (2017). Table: Gross Monthly Income From Work 2016. Retrieved from <http://stats.mom.gov.sg/Pages/Gross-Monthly-Income-Tables2016.aspx>

²³ **Khalik, S. & Aw, C.W.** (2016, Mar 7). Over 400 people aged 65-69 still hired. *My Paper*. Retrieved from http://newslink.asiaone.com/user/OrderArticleRequest.action?order=&month=03&year=2016&-date=07&docLanguage=en&documentId=nica_MY_2016_37672060

²⁴ **Ministry of Manpower & Singapore Workforce Development Agency.** (2016). FACTSHEET ON ENHANCED WORKPRO (EFFECTIVE 1 JULY 2016). Retrieved from <http://www.mom.gov.sg/~media/mom/documents/employment-practices/workpro/factsheet-on-enhanced-workpro.pdf?la=en>

²⁵ **The Council for Third Age, C3A.** (2014). Grandma retire? Not when she's a valued employee. Retrieved from http://www.c3a.org.sg/Learning_context.do?id=16796

²⁶ **People's Association Senior Academy.** (2016). Golden Work. Retrieved from <https://www.facebook.com/groups/PASeniorAcademy/search/?query=golden%20work>

Why should you care?

The signs and symptoms of dementia are often not obvious, and the rise of dementia in Singapore has led to calls for more awareness about the condition. The community needs to rally together and foster more collaborative partnerships to better care and support seniors with dementia to age at home, and within the community.

These measures include:

Primary care professionals taking on a larger role

Experts have opined that the primary care sector - general practitioners and polyclinics - could take on a bigger role with support from nurses, social workers and therapists. For example, community hospitals and dementia clinics can promote step-down care to free up more space in hospitals and have more seniors treated. This approach has already been piloted by TTSH's Geriatric Integrated Network for Dementia (GerIND) which provides training and capability building for community-based healthcare professionals²⁷.

Helping family members and caregivers manage the burden of dementia

Healthcare professionals have also identified the need for stronger support for dementia caregivers, especially family members. The caregiver burden is particularly heavy for two types of caregivers—adults with children of their own who are concurrently caregivers for their parents, and caregivers who are themselves ageing and struggling with their own health conditions. There can also be better training for domestic workers to prepare them for caregiver roles²⁸.

There are several areas of potential intervention, including²⁹:

- (i) Capacity building for caregivers, professional healthcare practitioners and communities at large
- (ii) Early detection e.g. dementia helpline and diagnosis e.g. memory clinics in hospitals
- (iii) Health-oriented programmes and therapies aimed at delaying or slowing down dementia
- (iv) Programmes or centres focusing on quality of care for people with moderate to advanced/palliative dementia



What you need to know

Dementia in Singapore is increasingly prevalent

Often a hidden disease, dementia affected 1 in 10 Singaporeans aged 60 and above, or about 45,000 individuals, in 2013. The number is expected to double to 90,000 individuals by 2030, as Singapore's population ages³⁰. When the elderly suffering from dementia has other illnesses, known as co-morbidities, their physical condition tends to be neglected as they are less likely to get treatment or receive care. This leads to poor quality of life and earlier death compared to those without dementia³¹.

Dementia is touted as one of the biggest drains on Singapore's healthcare system

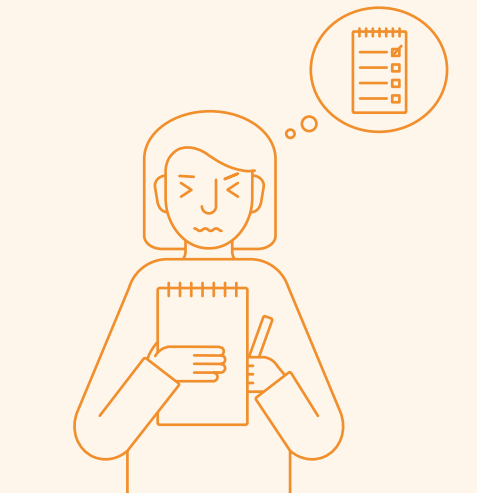
According to a 2014 IMH study, the total cost of care for dementia patients reaches around \$1.4 billion a year³². At a household level, dementia patients and their caregivers spent \$10,245 more in health and social care costs than those without the condition. For those who also suffer from depression and hypertension, the cost triples to \$27,331 per person³³. As the population ages and dementia continues to grow, the nation needs to dig deeper into its coffers to meet the exponential growth in dementia price tag.

Dementia leads to high "social cost"

Caretakers of dementia patients have been found to be three times more distressed and more likely to feel irritated, depressed or anxious than caregivers of seniors without dementia³⁵. Institute of Mental Health also found that three-quarters of the money spent on dementia patients comprises social care, such as income lost when caregivers take time off work³⁶.

Dementia can affect adults even in their 40s

Although often associated with old age, dementia is increasingly affecting the young-old. The National Neuroscience Institute revealed that four times as many adults in their 40s and 50s were diagnosed with dementia in 2015, compared to 2011. This causes greater financial impact as these adults are often the breadwinners in their family. The median annual cost for younger adults, including the opportunity cost for losing their jobs due to the illness, was \$21,400—nearly double compared to the annual cost incurred by those over 65³⁴.



What's being done and how can you help?

Government-led initiatives

The government has committed to increasing the capacity of long-term care (LTC) services to care for dementia. Specifically, the number of places in daytime dementia care centres will increase from 1,000 to 3,000 by 2020. However, some experts have noted that there is still a lack of professional outpatient care such as rehabilitation services or care for a patient's daily needs³⁷.

Public and private partnerships

The government and private players are also stepping up efforts to help the public become aware of dementia. The **Health Promotion Board** (HPB) runs a dementia info-line, and in 2015, the **Agency for Integrated Care** (AIC) introduced its 'Knowing Dementia' Toolkit and 'Mental Health Resource Kit'³⁸. There are also stronger community efforts to foster a supportive community and built environment for dementia patients, for example through the introduction of dementia-friendly communities (DFCs). Features at these neighbourhoods include "community touch points" or community centres that act as go-to points for those who have lost their way. Volunteers at the centres will then help them return safely to their family and caregivers.

Corporate support

More corporate players are also stepping up their game. Organisations like DBS, SMRT, McDonald's, and Sheng Siong Supermarket are training frontline staff to resolve situations arising from persons with dementia. They worked with community-based dementia care initiatives, such as Forget Us Not (FUN) by **Lien Foundation** and **Khoo Teck Puat Hospital**, which provided dementia-awareness training to members of the public. To date, they have trained close to 10,000 individuals across 32 organisations³⁹.



Alzheimer Scotland, NHS Lanarkshire and North Lanarkshire Council – Building a Dementia Friendly Community

In 2012, Motherwell signed up to be Scotland's first dementia-friendly town, engaging businesses, services and shops in a pro-active attempt to raise awareness about Alzheimer's and dementia. Their initiative picked up the Convention of Scottish Local Authorities (COSLA) Excellence Award in 2013.

There are about 4,400 dementia patients in North Lanarkshire, and as a community, Motherwell had already been making progressive attempts in implementing health and social care initiatives in their town.

Impact:

As part of their awareness drive, the initiative reached out to over 800 people, with awareness sessions held with fire stations, pharmacies, pubs, libraries and other public services or stores. Complementing the community-care approach was the establishment of the NHS Lanarkshire Dementia Café, which provides monthly events for dementia patients and their families to share experiences and receive support. Specialist support in the form of doctors, nurses, advocacy workers and occupational therapists are also routinely at the Café to offer help.

Alzheimer Scotland has also produced an online tool-kit to help build dementia-friendly communities, including tips for shops and businesses, tips on retrofitting the built environment and audit tools.

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²⁷ Tan Tock Seng Hospital. (2015). TTSH and NHGP Provide Better Dementia Care in the Community. Retrieved from <https://www.ttsh.com.sg/page.aspx?id=9264>

²⁸ Dementia Partnerships. (2016). Dementia and comorbidities: Ensuring parity of care. Retrieved from <http://dementiapartnerships.com/resource/dementia-and-comorbidities-ensuring-parity-of-care/>

²⁹ Community Foundation of Singapore Dementia Landscape

³⁰ Institute of Mental Health. (IMH). (2014). The study is helmed by researchers from Changi General Hospital, the Ministry of Health and King's College London. It analysed the social care costs - such as care provided by family members and maids - and healthcare costs of 2,565 people, the majority of them aged 60 to 74. About one in 10 of them had dementia - consistent with the national average. See also Dementia in the Asia Pacific Region: Statistical Appendix (2006).

³¹ Dementia Partnerships. (2016). Dementia and comorbidities: Ensuring parity of care. Retrieved from <http://dementiapartnerships.com/resource/dementia-and-comorbidities-ensuring-parity-of-care/>

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³³ Boh, S. (2016, May 2). Dementia costs Singapore \$1.4 billion a year. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/health/dementia-costs-singapore-14b-a-year>

³⁴ Lai, L. (2016, Feb 6). 'Alarming rise' in younger dementia patients. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/health/alarming-rise-in-younger-dementia-patients>

³⁵ Chan, L.E. (2015, Apr 3). Caregivers of elderly with dementia more distressed: Study. *Channel NewsAsia*. Retrieved from <http://www.channelnewsasia.com/news/singapore/caregivers-of-elderly-with-dementia-more-distressed-study-8260032>

³⁶ Ibid.

³⁷ Dementia Partnerships. (2016). Dementia and comorbidities: Ensuring parity of care. Retrieved from <http://dementiapartnerships.com/resource/dementia-and-comorbidities-ensuring-parity-of-care/>

³⁸ Ministry of Health. (2016). Launching more Dementia-Friendly Communities in Singapore. Retrieved from https://www.moh.gov.sg/content/moh_web/home/pressRoom/pressRoomItemRelease/2016/launching-more-dementia-friendly-communities-in-singapore.html

³⁹ Lim, L. (2016, Jul 26). More businesses putting staff on dementia-awareness training. *Channel NewsAsia*. Retrieved from <http://www.channelnewsasia.com/news/singapore/more-businesses-putting/2987638.html>

Why should you care?

A significant proportion of the elderly in Singapore suffer from depression

Physical and mental ill health, financial and relationship issues, and loneliness seem to be common issues that surface in calls from the elderly to the Samaritans of Singapore (SOS) helpline. Some elderly feel socially disconnected from their loved ones and the world at large. Others who battle illness lose the confidence to cope with their physical deterioration and are painfully aware of their demanding care needs on their family. Yet others simply lose their sense of purpose in life⁴⁰.

Change takes its toll on the elderly

Transition into a new life stage could also require difficult adjustments that lead to depression⁴¹. New retirees adjusting to a new phase of life, seniors experiencing empty nest syndrome, or those who have lost their friends and loved ones of many years, experience significant emotional changes that lead to depression.

Physical health has a part to play

Beyond changes in the emotional landscape, physical ill-health also contributes to loneliness and has been found to increase risk factors in late-life suicide. Those with physical illness (such as cancer, stroke, chronic lung disease or diabetes), or the inability to function in daily life, or with limited eyesight and mobility issues⁴² are more likely to feel lonely. Depression may also occur when a physically disabled elderly person is dependent on others.

Gaps still exist in how we care for the elderly

Unlike dementia, depression can be prevented and treated more effectively—if the signs are picked up early enough. Only too often tell-tale signs like sadness and self-defeating talk are ignored by family members and are seen as a natural part of growing old⁴³. Raising awareness of signs of elderly depression and suicide risk is an important preventive measure.

Caring for the elderly is a shared responsibility

The burden of responsibility cannot solely lie with primary care physicians and family members. The public needs to be educated to recognize signs of elderly depression and suicide risk and how to encourage those exhibiting symptoms to go for treatment⁴⁴. The 'hidden' cost of depression and suicide is its impact on family members. Often, those left behind have to cope not only with grief, but also guilt and unanswered questions⁴⁵.

Supporting elderly with depression well requires special skills and training

There is a need for more and better-equipped caregivers given the 'labour-intensive' nature of depression interventions. Unlike causes and issues that are more 'uplifting', depression and suicide are weighty issues that tend to drain caregivers. The lack of volunteers is a key gap in addressing the needs, especially those to man hotlines in the evenings where the call-in rate is at its peak. More support could also go to befriending schemes that reach out to elderly who prefer to stay alone at home and not be involved in community activities or day-care centres⁴⁶.

What you need to know

The quality of life for the elderly has increased

Elderly in Singapore are enjoying better quality of life today compared to a decade ago. Longer life expectancy, improved nutrition, more advanced healthcare and medical technology have led to better health and delayed onset of physical deterioration. Yet in 2014, 126 elderly above 60 years old committed suicide, a horrifying 60% jump from the number of cases in 2000⁴⁷.

Despite this, the elderly suffer from emotional distress

Despite a better quality of life in old age, many elderly report being lonely, sad or depressed. Even those living at home with their families are not exempt from the negative emotions, with one in five elderly persons in Singapore aged 75 and above and living at home exhibiting signs of depression⁴⁸.

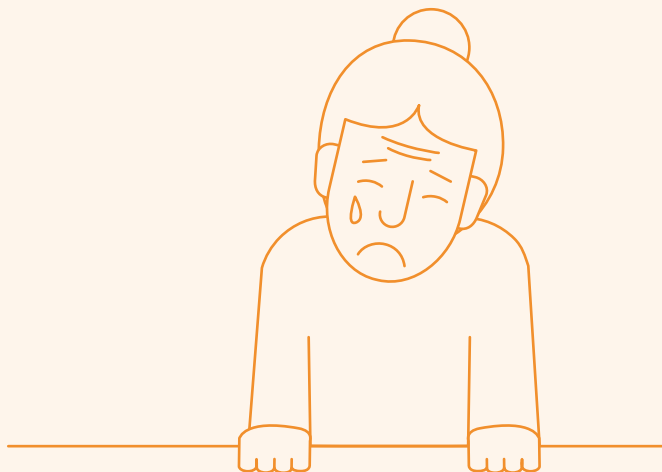
What's being done and how can you help?

Depression and suicide support

Addressing depression is critical to prevent elderly suicide, and generally improve the quality of life of the elderly. There is a range of helplines dedicated for suicide prevention and depression, such as those run by **SOS**, the **Singapore Association for Mental Health (SAMH)** and the **Institute of Mental Health (IMH)** Mobile Crisis Service.

Welfare groups support better quality of life

Welfare groups such as **Lion Befrienders**, **Fei Yue** and **Thye Hwa Kwan Moral Charities** also run regular programmes for the elderly, both those who frequent Senior Activity Centres and those living in rental flats. Some of these are ethnicity-based to better cater to the cultural, linguistic and religious aspects of the elderly's life. Volunteer befrienders spend time with the elderly, engage in light activities, or accompany them to medical appointments.



Honeywell Ibasho House

In 2013, Honeywell Ibasho House was opened to enrich the lives of the elderly who had been affected by the 2011 earthquake and tsunami in Japan. The Ibasho House, located in Massaki-Cho in Iwate Prefecture, challenges regular perceptions of aging by making the elderly active contributors rather than people who passively receive care.

The construction of the House was a multi-stakeholder initiative - funds were provided by Honeywell Hometown Solutions, Honeywell's corporate social responsibility organisation and the Honeywell Humanitarian Relief Fund; the concept was developed by Ibasho, a Washington, D.C. based non-profit organisation; other partners included international relief agency Operation USA, Social Welfare Corporation Tenjinkai and Itohgumi Ltd, a local construction company. Local residents provided the reclaimed wood framing for the building.

Impact:

The elderly are responsible for the running of the house and are encouraged to contribute, regardless of disabilities or other impairments. The House is also designed to involve the rest of the community, which has also helped to reduce isolation by drawing the elderly to a community location. The House works to promote the value of integrating elders into their communities and demonstrate the value of these multigenerational approaches to traditional, developing and modern societies. For example, the Ibasho House successfully planned an English book reading event where children, their parents and grandparents were able to learn English from native English speakers.

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⁴¹ Lai, L. & Goy, P. (2015, Dec 20). Those who feel lonely 'more prone'. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/those-who-feel-lonely-more-prone>

⁴² Chan, A., Raman, P., Ma, S., & Malhotra, R. (2015). Loneliness and all-cause mortality in community-dwelling elderly Singaporeans. *Demographic Research*, 32, 1361-1382. doi:10.4054/dem-res.2015.32.49. Retrieved from <https://www.demographicresearch.org/volumes/vol32/49/32-49.pdf>

⁴³ Lai, L. & Goy, P. (2015, Dec 20). Those who feel lonely 'more prone'. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/those-who-feel-lonely-more-prone>

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Why should you care?

Mother Theresa once said that “the most terrible poverty is loneliness and the feeling of being unloved.”

The elderly face challenges to social well-being due to several factors:

Many existing social support programmes do not reach all in need

Programmes that focus solely on older adults living alone in 1 or 2 room HDB blocks or rental flats, run the risk of ignoring the root cause of the problem—social isolation and loneliness. A large group that often falls through the cracks of existing programmes is lonely older adults living with children or those who live in private properties because their loneliness can be ‘invisible’, hidden in plain sight⁴⁹.

Some seniors are not willing or able to participate in programmes

While welfare groups may run regular programmes and activities for the elderly living in rental flats, some seniors choose to exclude or isolate themselves⁵⁰. In addition, some elderly who are physically disabled are unable to participate in the more physical community activities organized by welfare groups and senior activity centres. More targeted support for these different groups is necessary.



Social programmes have their limits

There is a limit to boosting an elderly’s level of social interaction in a bid to stave off loneliness and improve mental wellness. After a certain point, further strengthening an elderly’s social network does not make any significant difference. Instead of creating more shared space or increasing the frequency of befriending activities, a more effective intervention may be to create opportunities for people to build longer-term, meaningful relationships.

Gaps in current infrastructure and cultural attitudes

There are operational and cultural limits to government and private players’ efforts in building healthcare infrastructure. Firstly, experts have pointed out that a key gap lies in service coordination across healthcare, community care and psychological care for seniors⁵¹. Better coordination would allow seniors to age comfortably in their community and reduce dependency on nursing homes. Secondly, and perhaps a deeper concern, is culture.

Cultural taboos regarding death and dying remain prevalent, manifesting themselves in a not-in-my-backyard syndrome of public petitioning against geriatric facilities such as daycare centres or nursing homes. Lastly, there is a need to anticipate needs of future generations of elderly who are better educated, more financially secure and have higher expectations.

What you need to know

Loneliness is often linked to two inter-related concepts—social isolation and living alone, both of which have also been studied extensively as risk factors to mortality.

In 2015, more than 1 in 2 (51%) older Singaporeans aged 60 and older reported being lonely⁵². Loneliness is generally understood, in the academic sense, as the “subjective experience of distress over not having enough social relationships or not enough contact with people”⁵³. It has been associated with poor health, cognitive decline, depression, higher risk of suicide and substance abuse. It can also be fatal, and in the local context has been found to be associated with higher mortality risk amongst the elderly⁵⁴.

Social isolation

A helpful concept to explain this apparent contradiction is social isolation. In contrast with the subjective and emotional nature of loneliness, social isolation is generally understood as the objective state of the lack of a social network. It is almost always discussed in light of an absence of social interaction and meaningful relationships, and can occur even when one is surrounded by friends and family⁵⁵.

While it is rare for seniors to experience total absence of relationships, their social network tends to decrease noticeably in old age due to changes in living arrangements, reduced social networks, and lower economic resources⁵⁶. Often seniors with deteriorating health isolate themselves from their loved ones to disguise their loss of autonomy and to avoid becoming a burden.

Living alone

There were 41,200 elderly in Singapore living alone in 2015, accounting for 18.6% of households headed by those aged 65 and older. The number is projected to rise to 83,000 by 2030⁵⁷. This growing trend is of concern as those who live alone are two times likelier to feel lonely and have depressive symptoms.

Elderly who live alone also have a 70 percent higher risk of dying prematurely compared to their peers who live with others.

The mortality risk is further raised by factors such as type of housing and gender. For example, those living alone in one- to three-room flats are at a higher risk of dying compared to those who live in bigger housing types; the death rate among men who lived alone was 2.8 times higher than their peers who lived with others, while for women, the rate was 1.2 times higher for those who lived alone⁵⁸.

However, it is a misconception that living alone causes loneliness, or that it equates to social isolation and poor quality of life. With a good healthcare system and social support from children living close by, elderly can enjoy quality life even when living independently. In fact, a 2016 study by Duke-NUS Medical School found that one in five Singaporeans aged 85 and above who are in excellent health live alone⁵⁹. At the same time, an elderly person can also feel lonely if ignored or isolated when he or she is living with family members. In fact, a study by National University Health System found that nearly 21% of those above 80 years old feel sad and lonely, but noted that 9 in 10 of them did not live alone⁶⁰.

What's being done and how can you help?

Government-level policies

There is a concerted effort in Singapore to promote connectedness and ageing in place in a bid to combat social isolation. Singapore's housing policies encourage inter-generational bonding through physical proximity. The Married Child Priority Scheme by HDB for example, encourages married children to live in the same estate or neighbouring estates to their parents to increase the frequency of interaction between the seniors and their children. There is also an increasing focus on developing an inter-generational urban environment, for example by co-locating childcare and eldercare in multigenerational public spaces that promote bonding across generations⁶¹.

Community-level support

At the community level, the **Senior Activity Centres** and **Senior Day Care Centres** actively provide community-based services such as befriending, home visits and regular centre based activities. Some, including **Methodist Welfare Services** even have facilities such as a community gym for seniors. These activities bring seniors together to recreate the kampong spirit and develop a new community to improve social and emotional well-being.

In another example, **Montfort Care** has initiated Goodlife! Makan, a community kitchen in Marine Parade for senior citizens who live alone to prepare their meals and share it with other senior citizens in the community⁶². This common space promotes interaction and companionship for senior citizens which prevents social isolation. In addition to food, the community kitchen also provides learning opportunities.

Cross-sector schemes

The government, NPOs and private players are also piloting schemes to integrate the elderly into mainstream society by introducing new eldercare system and alternative living arrangements that are more community-based. In 2014, a cluster operator model to eldercare was introduced to streamline the delivery of help to elderly living alone. A single cluster operator oversees the entire range of community services in their respective zones. For example, **NTUC Health** is the appointed cluster operator for Jurong West and Bukit Merah, taking care of almost 700 seniors⁶³.



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- ⁴⁹ **DesignSingapore Council.** (2015). Design for Ageing Gracefully. Retrieved from https://www.designsingapore.org/for_enterprises/Design_Research/DesignforAgeingGracefully.aspx
- ⁵⁰ **Interview with Goodlife!** by SMU students
- ⁵¹ **DesignSingapore Council.** (2015). Design for Ageing Gracefully. Retrieved from https://www.designsingapore.org/for_enterprises/Design_Research/DesignforAgeingGracefully.aspx
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- ⁵⁷ **Singapore Department of Statistics.** (2016). Population Trends (2016). Retrieved from http://www.singstat.gov.sg/docs/default-source/default-document-library/publications/publications_and_papers/population_and_population_structure/population2016.pdf. "Living Alone" is a DOS category that refers to one-person households. This includes ever-married persons who are living alone as their children have grown up and moved out from the parental home.
- ⁵⁸ **Ng, T.P, Jin, A., Feng, L. et al.** (2015). Mortality of older persons living alone: Singapore Longitudinal Ageing Studies. *BMC Geriatrics* 2015, 15:126. doi:10.1186/s12877-015-0128-7. Retrieved from <https://link.springer.com/article/10.1186/s12877-015-0128-7>
- ⁵⁹ **Tai, J.** (2016, Dec 8). Old, Living alone and surprisingly healthy. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/health/old-living-alone-and-surprisingly-healthy>
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- ⁶³ **Tai, J.** (2015, Aug 17). Old and home alone in Singapore. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/old-and-home-alone-in-singapore>

Why should you care?

Adequately addressing and financing increasing healthcare needs as the population ages are growing concerns.

Financing is a worry for some elderly to whom current schemes are inaccessible

The schemes that help the elderly meet their healthcare needs can be inaccessible to several in the age group. Some slip through the cracks and fail to qualify because of estranged relationships, others find the complex layers of information indecipherable⁶⁴ and some have high medical expenses in spite of the available schemes. The Pioneer Generation Package for example, strictly applies to those aged 65 and above in 2014, and who obtained citizenship on or before 31 December 1986⁶⁵. The elderly who narrowly miss the age mark are neglected by this assistance package and miss out on these healthcare benefits.

Though the preferred choice, aging at home has its own risks and challenges

Ageing at home is usually the preferred choice due to its familiarity and the autonomy assured; the challenge is usually in getting the elderly to remain or to be active, physically and mentally. Early detection and management of illnesses in this context is also a challenge. Equipping caregivers and community volunteers with the ability to take on greater roles in early detection and mitigation of illnesses will help to realise the dream of aging in the community while helping to reduce the pressure on the healthcare system as a whole.

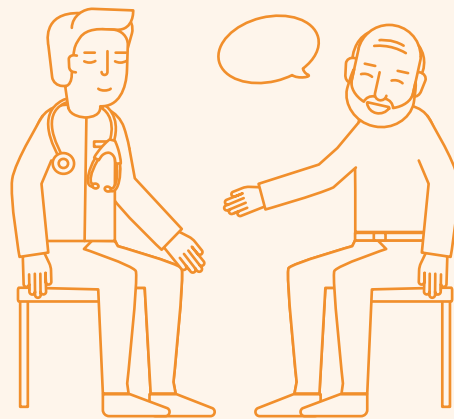
What you need to know

With Singapore facing an ageing population, associated illnesses and healthcare needs are expected to lead to an increase in healthcare expenses of over S\$66 billion by 2030, a tenfold increase from 2016⁶⁶. The healthcare system in Singapore is stretched on many fronts – manpower shortage⁶⁷, bed shortage in hospitals⁶⁸ and long term care institutions like nursing homes⁶⁹ and even stresses amongst caregivers⁷⁰. This is exacerbated by the small average family size which results in increasing caregiver burden as well as more elderly living alone. This in turn intensifies the burden on the healthcare system and amplifies the difficulty of ageing in place⁷¹.

The healthcare system in Singapore comprises an ecosystem of players. General hospitals provide acute care for patients; recovering patients are then referred to community hospitals for step-down care. Nursing homes provide a level of care for those with long term healthcare needs; and various forms of home and community-based care make up the patchwork of community care providers. The Agency of Integrated Care (AIC) coordinates the mix of government, private and non-profit operators in the system. This is an embodiment of the 'Many Helping Hands' approach espoused by government reflecting a philosophy that emphasises individual responsibility in care.

Healthcare for the elderly can be understood according to the physical and mental conditions of the elderly. Broadly speaking, various interventions seek to prolong the active and pre-frail stages of the elderly so that their physical and mental abilities are preserved while trying to compact the frail, very-frail and end-of-life stages so that suffering is minimised.

The key challenges for the healthcare system pertain to the strain of the system in meeting the demands of an ageing population. Financing healthcare for an increasing number of elders who consume greater amounts of healthcare is one major concern; increasing capacity in terms of manpower and bed capacity is another. The third concern is managing illnesses and needs at the community and at the primary healthcare level e.g. general practitioners, so as to reduce the demands on hospitals and nursing homes.



What's being done and how can you help?

Financing aid

A host of measures have been introduced to alleviate the issue of financing. Medishield Life, a basic insurance plan that covers all Singaporeans and PRs and Medisave, a scheme that helps Singaporeans save for medical expenses are two of the schemes that have been put in place to help all Singaporeans pay for medical expenses. In addition, various other schemes are in place to assist low income groups and to specifically assist the elderly.

Medifund and Community Health Assist Scheme (CHAS) are aimed at those with lower income who are unable to pay for their medical expenses with Medishield and Medisave. ElderShield is a disability insurance scheme targeted at the elderly⁷². These government-initiated schemes can be paid for with money from the Central Provident Fund (CPF), a social security scheme for Singaporeans and PRs. Most recently, the Pioneer Generation package has also been introduced to provide a selected section of the elderly with support for healthcare needs.

Increased investment into the healthcare sector

There is also a lot of investment concurrently going into making sure that the healthcare system can cope with the increasing demands on capacity, given the needs of the elderly population. Two community hospitals opened in 2015; Alexandra Hospital is reopening in 2017 and Sengkang hospital is due to open in 2018. New nursing homes have opened and are planned and new eldercare centres are being added in Yishun, Ci Yuan and Kaki Bukit⁷³. Much of the manpower shortage in the health system is being alleviated by foreign workers⁷⁴ while the Singapore Medical Council has increased the number of medical schools it recognises to increase the supply of potential doctors⁷⁵.

Community care

Lastly, community care and ageing in homes are being addressed in a variety of methods with multiple partners⁷⁶. Efforts are in place to keep seniors healthy and to allow them to age at home. For instance, community health screenings are conducted to ensure that illnesses and conditions are detected and managed early lest the illnesses degenerate. Agencies like the **People's Association, Council for Third Age** and VWOs like **RSVP** and **Tsao Foundation** also have programmes that encourage the elderly to be active and healthy to ward off other illnesses. Other innovative ideas being attempted include Tan Tock Seng Hospital's 'virtual hospital' programme that allows patients to stay at home when recovering while being monitored by a medical team and primary healthcare providers⁷⁷. Meanwhile, an assortment of programmes such as **Meals on Wheels** help elderly age in place.

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⁷⁶ **Ministry of Health.** (2015). Ageing in Place in Singapore. Retrieved from <http://www.gs.org.sg/sg50conference/pdf/s4-1.pdf>

⁷⁷ **Tan Tock Seng Hospital.** (2014). The Virtual Hospital - TTSH and Community Partners Keep Patients Safe Outside. Retrieved from <https://www.ttsh.com.sg/page.aspx?id=10017>

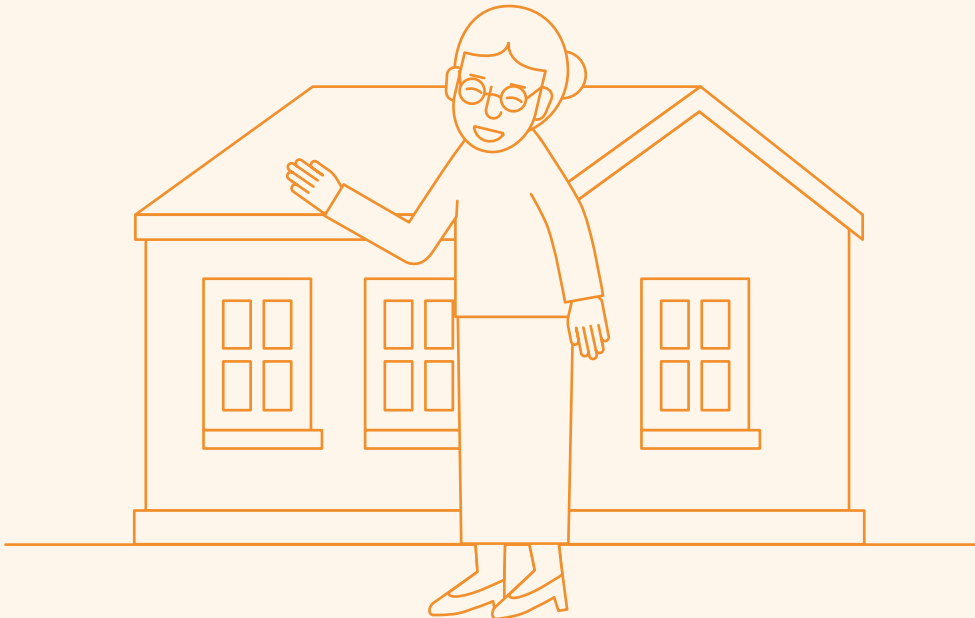
Why should you care?

The mental well-being of the elderly living in Nursing Homes, where the elderly, in a functional, task-focused environment, are stripped of their dignity and self-worth is a rising concern.

Capacity is still playing catch up to the increasing demand for nursing home beds & spaces

New models are being attempted and some have potential to be scaled up. For instance, Dr Belinda Wee, co-founder of St Bernadette Lifestyle Village believes that the assisted living model could be used to help elderly age in their homes – usually the preferred choice for the elderly as well⁸.

While the discourse around dignity has been expanding, the basic model of a Nursing Home remains the six to eight-person room, bed and personal cabinet and functional schedules. Ultimately, as the Nursing Home is a semi-permanent place where the elderly will spend their last years in, a higher standard of comfort and emotional well-being is needed for the elderly.



What you need to know

Nursing Homes are part of an ecosystem that also includes Hospitals and Community Hospitals. The health sector overall is regulated by the Ministry of Health (MOH) while resources and services for the elderly are coordinated by the Agency of Integrated Care (AIC)⁷⁹.

About 12,000 of Singapore's elderly are living in roughly 70 Nursing Homes⁸⁰ in Singapore

Elderly residents are estimated to spend an average of five years in Nursing Homes with 15 percent living in Nursing Homes for over 10 years. While the overall bed capacity of Nursing Homes is expected to increase by 30 percent by 2020⁸¹, it is unlikely to keep up with population growth. This sets the stage for one of the biggest issues around Nursing Homes – the sector's struggle to catch up with demand.

The capacity strain on Nursing Homes manifests in a myriad of ways

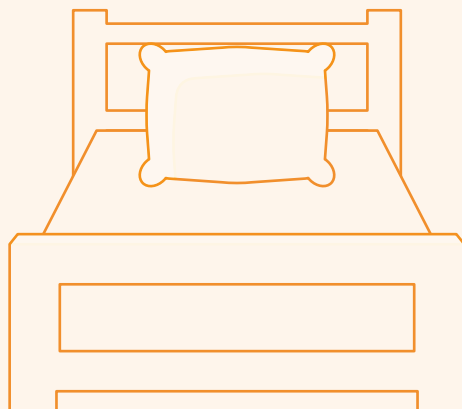
Bed shortage is one of the more immediately obvious areas, with only about 2% of Singaporean elderly living in a Nursing Home compared to 6-8% in Northern Europe and Australia. Demand is also rising, exacerbated by smaller family sizes, increased pressures on family caregivers and an increasing number of elderly living alone. Manpower shortage is also acute within the industry with the job unpopular among Singaporeans. Up to 85% of the manpower needs are met by foreign workers. In fact, of the 10,000 healthcare workers the government estimates are needed in the eldercare sector in the next 3 years, 6,000 are expected to be recruited from overseas⁸².

There is a longstanding stigma around Nursing Homes

Thought of as an option of last resort, "guilt and shame" are perceived by those who put parents and loved ones in Nursing Homes. Often, this is because Nursing Homes exemplify stereotypes of being lonesome, alien places or as the title of a report alludes, they are "Safe but Soulless".

The dispassionate functionality of Nursing Homes extends to its schedules, food and beds

Residents are grouped in rooms of 6 to 8 and sometimes up to 14, with their own bed and cabinet but little opportunity to personalise their space. Nursing Homes also have strictly regimented schedules with fixed times for showers (one a day), meals and other programmes such as physiotherapy so that shorthanded staff can avail care for all residents. This leaves little opportunity for resident's autonomy and sense of self.



What's being done and how can you help?

Nursing Home operators (both private and non-profits), with the government and a combination of academics and think-tanks are just some of the players addressing some of the existing issues.

Improving existing Nursing Homes

MOH is adding capacity by adding beds and hiring more staff. It has spent about \$360 million on subsidies and funding for patients and Nursing Homes and also matches monies raised by VWO Nursing Homes on a dollar for dollar basis through the Community Silver Fund. MOH has also established Vanguard Health to operate government-run Nursing Homes with the first opening in 2016 in a move to increase capacity and drive innovation in the industry.

New models for Nursing Homes

Non-profits such as **AWWA** and **St Bernadette Lifestyle Village** have attempted new models. AWWA Senior Community Home is situated in Ang Mo Kio as part of a HDB rental block with a nursing team providing round-the-clock care. AWWA Senior Community Home has rooms of three, with residents living close to the community even as they are in a home. St Bernadette Lifestyle Village, an eight-bed facility in Bukit Timah, empowers residents to take more control over aspects of their life (such as being able to cook in the kitchen, a traditionally out-of-bounds area in Nursing Homes) by providing assisted living services^{83,84}. Most recently, the Jade Circle Project, which aimed to provide single or twin rooms to residents in a home-like environment, was halted after MOH raised concerns⁸⁵ that the model would lead to increased costs of Nursing Home services⁸⁶ overall.

More awareness of issues

With greater attention on the Nursing Home industry, a broader conversation around the issues and the state of Nursing Homes are starting to develop. In addition to "Safe but Soulless", the report commissioned by the **Lien Foundation** and the **Khoo Chwee Neo Foundation**, TV host Anita Kapoor also made a documentary where she spent two weeks in a Nursing Home as a resident documenting daily life in the Nursing Home⁸⁷. A discourse around the way the elderly are treated in Nursing Homes is rapidly developing and awareness is increasing.



The Humanitas – Rent-free Housing for Students

The Humanitas home in the Netherlands has a quixotic mix of residents – college students and the elderly. Since Humanitas opened its doors to students in 2012, it has found that the college students help make the place warmer and more humane while befriending and helping to care for their elderly neighbours. It is not just the elderly who benefit however, the students pick up on the wisdom of the elderly and get to live in the facility for free. Importantly, fears of generation gaps have proven to be unfounded. The most common topic for intergenerational bonding at the Humanitas? Sex.

Impact:

As part of the volunteer agreement in Humanitas, the students spend time teaching residents new skills, like email, social media, Skyping, and even graffiti art. Some students have also gone as far as to form close personal friendships. According to the International Association of Homes and Services for the Ageing this program has been replicated in more than 20 cities throughout Spain.

Sources: Reed, C. (2015, Apr 5). Dutch nursing home offers rent-free housing to students. *PBS*. Retrieved from <http://www.pbs.org/newshour/rundown/dutch-retirement-home-offers-rent-free-housing-students-one-condition/>

Jansen, T. R. (2015, Oct 2). The Nursing Home That's Also a Dorm. *CityLab*. Retrieved from <http://www.citylab.com/housing/2015/10/the-nursing-home-thats-also-a-dorm/408424/>

Lewis, A. (2016, May 2). 'Everyone talks about sex – a lot': Holland's take on aged care. *SBS*. Retrieved from <http://www.sbs.com.au/news/dataline/article/2016/05/02/everyone-talks-about-sex-lot-hollands-take-aged-care>

Lewis, A. & Palmer, M. (2016, May 3). My 93-year-old Flatmate. *SBS*. Retrieved from <http://www.sbs.com.au/news/dataline/story/my-93-year-old-flatmate>

⁷⁸ Toh, E. M. (2016, Oct 18). S'poreans looking to assisted living for old age: Survey. *Today Online*. Retrieved from <http://www.todayonline.com/singapore/assisted-living-facilities-retirement-villages-growing-popular-among-sporeans-survey>

⁷⁹ Agency for Integrated Care. (2015). 2015 Yearbook Together We Care. Retrieved from <https://www.aic.sg/sites/aicassets/AssetGallery/About%20Us/2015%20Yearbook.pdf>

⁸⁰ Lien Foundation. (2016). Safe but soulless: Nursing homes need a new narrative. Retrieved from http://www.lienfoundation.org/sites/default/files/SafebutSoulless_0.pdf

⁸¹ Ministry of Health. (2016). MOH taking steps to expand nursing home capacity. Retrieved from https://www.moh.gov.sg/content/moh_web/home/pressRoom/Media_Forums/2016/moh-taking-steps-to-expand-nursing-homecapacity.html

⁸² Toh, Y.C. (2016, Nov 6). 10,000 more healthcare workers needed in next 3 years. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/health/10000-more-healthcare-workers-needed-in-next-3-years>

⁸³ Tai, J. (2015, Nov 8). First retirement village opens in Singapore in December. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/first-retirement-village-opens-in-singapore-in-december>

⁸⁴ Channel 5. (2016). Talking Point 2016 – EP 24 Inside Nursing Homes. Retrieved from <http://video.toggle.sg/en/video/series/talking-point-2016/ep24/458260>

⁸⁵ Tai, J. (2015, Dec 21). Plans for \$15 million nursing home with different care model shelved. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/plans-for-15-million-nursing-home-with-different-care-model-shelved>

⁸⁶ Channel NewsAsia. (2016, Oct 23). Having only single, double-bedded rooms at nursing homes will raise development, operating costs: MOH. Retrieved from <http://www.channelnewsasia.com/news/singapore/having-only-single-double-bedded-rooms-at-nursing-homes-will/3227546.html>

⁸⁷ Nursing Homes Singapore. (2017, Jan 18). Anita's Nursing Home Stay. Retrieved from <https://www.youtube.com/watch?v=PRemfpdaQU>

Why should you care?

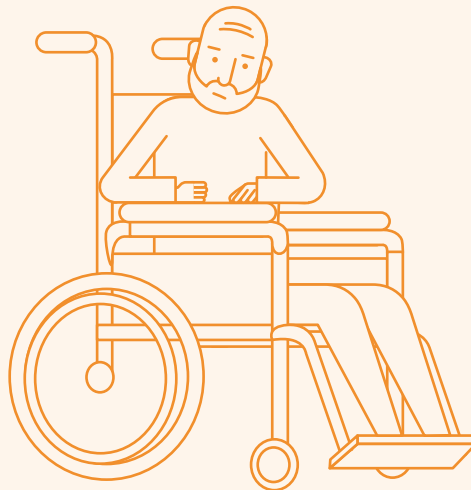
The main gaps in end-of-life care revolve around capacity, financing and community engagement.

Demand for palliative care is increasing

With increasing number of deaths and increasing awareness, the demand for palliative care is increasing and capacity is still catching up with demand. A greater push is needed for doctors and healthcare workers to be equipped with palliative care skills. More nonprofits are also looking to increase services and add capacity. Part of this capacity push could also be addressed by having volunteers to supplement and support healthcare workers. Meanwhile, the VWOs that provide services to patients, sometimes at very low cost, are partly financed by donations.

Families need to have conversations about end-of-life care for the well-being of seniors

The issue around community engagement is also crucial. Having discussions around death could be transformative in terms of improving the quality of death. Families having discussions on Advanced Care Planning could reduce pain and suffering for patients towards the end of their life and for families to feel less emotionally conflicted about making decisions for their loved ones. With greater discussion, the taboos around death can also be reduced and awareness could increase, paving the way for more to access palliative care for more comfort at the last stages of their life. This would hopefully lead to changes that would affect the capacity and financing structure for palliative care.



What you need to know

Most people wish to die at home

In fact, a massive 77 percent said they would like to in 2014. In stark juxtaposition, only 27 percent of deaths actually take place at home with 61 percent of deaths happening in hospitals⁸⁸. This is just one aspect around the challenge of dying well. Other aspects manifest in various ways - the top fear amongst the dying is high medical costs, with hospice care, usually regarded by medical professionals to be cheaper and give patients better outcomes, widely perceived in Singapore to be expensive.

Singapore will see increasing demand for palliative care services

While there is room for improvement, it should be noted that Singapore does not fare too badly, coming in 12th in the world in a global Quality of Death Index produced by the Economist Intelligence Unit⁸⁹. But with an increasingly elderly population, there will be progressive demand for palliative care services and greater importance to helping people die well. The strain on the system has also been exacerbated by the number of deaths, at all ages, in Singapore⁹⁰.

Palliative care is becoming common in Singapore

Singapore General Hospital, Tan Tock Seng Hospital, National University Health, Khoo Teck Puat Hospital, KK Women's and Children's Hospital are some of the hospitals in Singapore that provide palliative care services. Non-profit operators such as HCA Hospice and Assisi Hospice provide inpatient, home or day care hospice services⁹¹. Hospice services in Singapore are coordinated by the Singapore Hospice Council (SHC).

In spite of improved services, capacity remains a problem

Singapore still only has 2.7 hospice beds per 100,000 people compared to top-of-class 6.7 and 5.1 in Australia and the UK respectively. The number of healthcare workers in the palliative care system is also comparatively low. There are only 57 palliative care specialists in Singapore as of 2017⁹². Another area where we are lacking is in the knowledge and expertise of basic palliative care across all healthcare workers.

Government schemes help fund a portion of palliative care

Patients can pay for palliative care with government schemes such as Medisave and Medifund. Government subsidies are also available for patients from low income households on a means testing basis. Most insurance schemes (and to an extent Medisave⁹³ as well) are skewed towards acute care rather than palliative care. With most palliative care service providers being VWOs, the system is also reliant on donations – a less sustainable form of financing.

There are numerous misconceptions and limited knowledge about palliative care

Perhaps the most singular issue to palliative care that is more salient than in other aspect of healthcare is the lack of engagement and conversation around the issue. Death is understandably a taboo topic, with many stakeholders such as family members and even doctors shying away from such conversations. This has manifested in low awareness about palliative care services and misconceptions. For instance, the Lien Foundation's Death Attitudes Survey found that only half of Singaporeans are aware of palliative care services. Much of the issue is also cultural and inherently difficult – the patient's interest can come into conflict with the family's interest or desires⁹⁴.

What's being done and how can you help?

Government-level initiatives

The Ministry of Health's (MOH) development of a National Strategy for Palliative Care in 2012 has led to development in improving the quality of death in many areas. The National Guidelines for Palliative Care and Interpretation Guide was also introduced by SHC to serve as the minimum standard for service providers. The limits for withdrawal for palliative care services were also increased in 2015 to help patients pay for palliative care services – the limit for Medisave used for palliative care has been raised from \$160 to \$200 a day⁹⁵.

Hospice-level initiatives

With respect to capacity, the number of hospice beds is projected to rise to 170 from 147 and home care is expected to increase to 6,000 from 5,150⁹⁶. More palliative care specialists and nurses are being recruited and trained. Palliative training and career pathways are also being developed to raise the number of healthcare workers in the area. In spite of these improvements, the capacity in the system is still playing catch-up to demand particularly with increasing awareness of palliative care services and an aging population. About 10,000 people are expected to need palliative care in 2020, up from 5,000 in 2013⁹⁷.

Community-led engagement

Several groups have taken the initiative in starting conversations on death. The **Agency for Integrated Care (AIC)** has started working with VWOs to start conversations about Advanced Care Planning - a series of conversations about an individual's preferences towards the end-of-life care.⁹⁸ The Lien Foundation's Death Attitudes Survey and Quality of Death Index, **Lien Foundation** and **Ang Chin Moh Foundation's** "Die Die Must Say" Getai series and **HCA Hospice** and **Necessary Stage's** "Don't Know Don't Care" play, which was taken into schools, are some of the efforts around creating dialogues about death. Nonetheless while awareness is increasing, these conversations are not yet mainstream.



The Death Café Movement

The Death Café movement was born in the UK in September 2011 as part of a project about death. It is a discussion group where people, often strangers, come together to talk about aspects of death and in doing so, uncover and discuss the things that matter in their lives. It employs a social franchise model which allows anyone who signs up to the original guide and principles to use the name, post events to the website and speak to the press as an affiliate of Death Café. It is an entirely volunteer-driven movement.

Impact:

There have been over 4,000 Death Café in 47 countries around the world since its establishment. The movement has helped to create a comfortable setting and to kick start conversations about death and consequently, on topics like palliative care and advanced care planning.

Sources: Tucker, E. (2014, Mar 22). What on earth is a death cafe? *The Guardian*. Retrieved from <https://www.theguardian.com/lifeandstyle/2014/mar/22/death-cafe-talk-about-dying>

Death Café. (2017). What is Death Cafe? Retrieved from <http://deathcafe.com/what/>The Economist Intelligence Unit (2015). The 2015 Quality of Death Index

⁸⁸ Lien Foundation. (2014). Death Attitudes Survey. Retrieved from http://lienfoundation.org/sites/default/files/Death%20survey%20Presser%20Final%20-%20Combined_0.pdf

⁸⁹ Lien Foundation. (2015). Singapore ranks 12th in the global 2015 Quality of Death Index. Retrieved from <http://www.lienfoundation.org/sites/default/files/SG%20QOD%202015%20Lien%20Fdn%20Press%20Release%20Final.pdf>

⁹⁰ Department of Statistics Singapore. (2017). Number of Births and Deaths. Retrieved from <http://www.singstat.gov.sg/statistics/visualising-data/charts/number-of-births-and-deaths>

⁹¹ Lien Centre for Palliative Care & Duke-NUS Graduate Medical School. (2011). Report on the National Strategy for Palliative Care. Retrieved from <https://www.nccs.com.sg/education/professionaleducation/Documents/GP%20Workshop/Report%20on%20National%20Strategy%20for%20Palliative%20Care.pdf>

⁹² <https://prs.moh.gov.sg/prs/internet/profSearch/main.action?hpe=SMC>

⁹³ Central Provident Fund Board. (2017). Medisave. Retrieved from <https://www.cpf.gov.sg/Members/Schemes/schemes/healthcare/medisave>

⁹⁴ Lien Foundation. (2011). What Doctors Say About Care of the Dying. Retrieved from http://www.lienfoundation.org/sites/default/files/What_Doctors_Say_About_Care_of_the_Dying_0.pdf

⁹⁵ Khalik, S. (2014, Jun 28). Palliative care sector to get boost to cope with ageing population. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/palliative-care-sector-to-get-boost-to-cope-with-ageing-population>

⁹⁶ Ly, T.H. (2016, Jun 3). What it would take so that more can spend their last days in dignity. *Channel NewsAsia*. Retrieved from <http://www.channelnewsasia.com/news/singapore/what-it-would-take-so/2841962.html>

⁹⁷ Tai, J. (2015, Oct 15). Offer coverage for end-of-life care: Experts. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/health/offer-coverage-for-end-of-life-care-experts>

⁹⁸ Ministry of Health. (2014). Speech by Mr Gan Kim Yong, Minister for Health, at Singapore Palliative Care Conference at Singapore Polytechnic Convention Centre, 28 June 2014. Retrieved from https://www.moh.gov.sg/content/moh_web/home/pressRoom/speeches_d/2014/speech-by-mr-gan-kim-yong--minister-for-health--atsingapore-pal.html

Why should you care?

Conversations with people working across the elderly space and in a variety of fields consistently revealed ageism as one of the underlying issues faced by seniors. Perceptions about the elderly are a mixture of truth and myth. The elderly are often seen as less productive and less innovative employees for example, leading to subtle unstated discrimination faced by mid-career workers often as early as in their 50s. Such broad stereotypes are what make up an attitude that discriminates the elderly.

Ageism is not an obvious issue

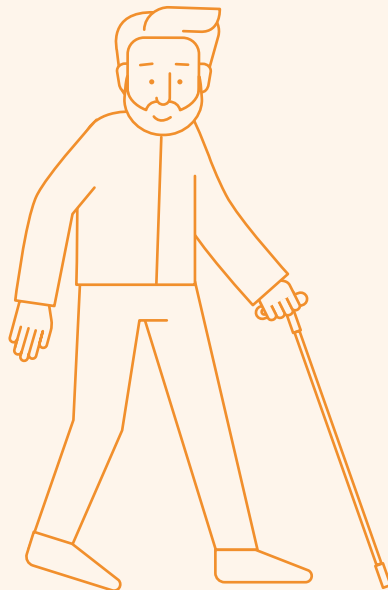
Ageism as an issue is by no means obvious, but being able to point to it and to address it as an issue would help in tackling other issues. It results in real consequences where the quality of care for elders may be adversely affected and limit the policy options and scope⁹⁹.

Statutory compliance does not equate a deeper change in mindset

The bigger goal of re-employment is to support people development and change stereotypical perceptions. Efforts to prevent discrimination must not be confused with a complete disregard of age, as implied by concepts like “ageless” or “age-blind” workplace or society, which risks grouping seniors into a homogenous entity. Instead, interventions should be age-sensitive, celebrating the unique identity and characteristics of the silver years leading to a greater appreciation of seniors’ contributions to their community and society.

Using the right terminology is crucial

Efforts to dispel myths about ageing could start from using the right terms in public policy communication. As a society, Singapore should embrace ageing through open conversations and acknowledge that old age brings about its own set of challenges and opportunities. Experts suggest that using terms like age-friendly, age-aware and age-inclusive, can help to set an entirely different tone for thinking about ageing¹⁰⁰.



What you need to know

Ageism as an attitude is by no means confined to employment. As Professor Tommy Koh pointed out in a contribution to Population.sg, the national narrative views an aging population as a threat to Singapore¹⁰¹. The ‘not in my backyard’ (NIMBY) syndrome with resistance towards the construction of nursing homes and elder care facilities in the heartlands reflect in-part an ageist attitude¹⁰². One resident was quoted at a dialogue session saying “the old folk will be groaning right into my home”¹⁰³.

What’s being done and how can you help?

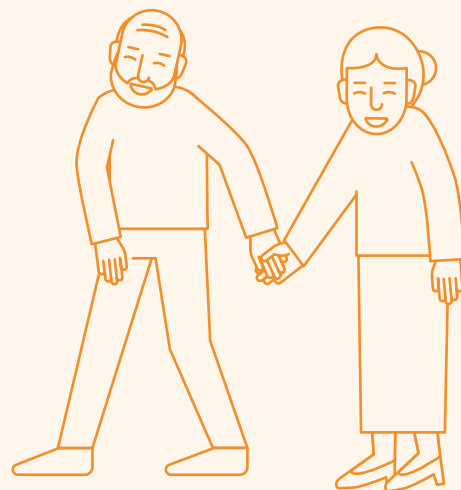
Government-led initiatives

The government is taking active steps to tackle ageism through a range of policies and programmes that encourage progressive workplaces and better management of a mature workforce. The Retirement and Re-employment Act, passed in January 2017, aimed to protect older workers from discriminatory practices based on age, while the Tripartite Alliance for Fair and Progressive Employment Practices (TAFEP) actively watches for and investigates complaints of unfair employment practices.

In tandem with this, schemes like WorkPro and Special Employment Credit Schemes offer incentives for companies to put in place better age management practices and redesign jobs to improve productivity while managing the needs of the workforce. SkillsFuture movement aims to develop skills at every age and provide older workers equal opportunity with their younger counterparts to improve their capabilities¹⁰⁴.

Community Projects

Several projects have also emerged in an effort to help the elderly be seen in a positive light. **Tsao Foundation’s** Curating Whampoa¹⁰⁵ as well as Face Up¹⁰⁶ are some of the attempts to use heritage and the stories of the elderly to show a different side of them. The hope is that the public would come to treasure the elderly as a trove of wisdom and a connection to the past. Other attempts also include People’s Action Party seniors group, a group started for the purpose of tackling ageism through advocacy¹⁰⁷.



⁹⁹ **World Health Organization (WHO)**. (2015). World Report on Ageing and Health. Retrieved from http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf

¹⁰⁰ **Arivalagan, Y.** (2016, Jan 21). When Age Matters. *Today Online*. Retrieved from https://lkyspp.nus.edu.sg/ips/wpcontent/uploads/sites/2/2013/04/pa_YA_TD_When-Age-Matters_220116.pdf

¹⁰¹ **Koh, T.** (2016, Aug 31). Aspirations of an older Singaporean. *Population.sg*. Retrieved from <https://www.population.sg/articles/aspirations-of-an-older-singaporean>

¹⁰² **Siau, M. E.** (2014, Apr 14). Residents soften NIMBY stance on eldercare centres. *Today Online*. Retrieved from <http://www.todayonline.com/singapore/residents-soften-nimby-stance-eldercare-centres?page=1>

¹⁰³ **Seow, B. Y.** (2017, Feb 19). A little less Nimby. *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/housing/a-little-less-nimby>

¹⁰⁴ **Ministry of Manpower.** (2015, Jul 8). Speech at Age Management Seminar 2015. Retrieved from <http://www.mom.gov.sg/newsroom/speeches/2015/0708-speech-at-the-age-management-seminar-2015>

¹⁰⁵ **Community for Successful Ageing.** Curating Whampoa. Retrieved from <http://tsaofoundation.org/what-we-do/comsa/curatingwhampoa/about-us>

¹⁰⁶ **Face Up.** Retrieved from <http://www.faceup.sg/>

¹⁰⁷ **Singapore 'still very much an ageist society'.** (2014, Jan 7). *The Straits Times*. Retrieved from <http://www.straitstimes.com/singapore/singapore-still-very-much-an-ageist-society>

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