Challenges and Opportunities in Family Support for Older Persons in ASEAN+3

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Case Study: Eldercare Services in Singapore

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1. Challenges and Opportunities in Family Support for Older Persons in ASEAN+3

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1.1 Executive Summary

Population aging and the wellbeing of older persons are major emerging challenges for families, communities, and governments in much of Asia. Traditionally, support and care for the elderly are met within the family. The state and communities typically provide limited care services for the older population. Currently, most Asian countries are facing demographic and socioeconomic changes that pose significant challenges for the roles that family members, especially adult children, play in providing support for the elderly. Looking ahead, governments will increasingly grapple with what is appropriate and sustainable role of the state in helping families address old-age support. It is thus important to have continual empirical assessments of the situation of older persons in the context of family.

The key objectives of this report are twofold. First, we aim to describe demographic transitions in ASEAN+3 and how these transitions have posed challenges in family care for older persons in the region. The second objective is to examine how family in selected ASEAN+3 countries cares for older persons in various aspects (such as material and social support as well as personal care) and what challenges and opportunities are facing the family. Empirical evidence in selected ASEAN+3 countries (including Singapore, South Korea, Myanmar, China, and Japan) demonstrates that family support for older persons is multi—faceted presenting both challenges and opportunities for us to consider. Alarming views concerning very negative implications of population aging for the traditional family support system and the wellbeing of older people may not be fully warranted. This report provides a nuanced portrayal of demographic transitions and the situation regarding key domains of old-age support. It concludes with policy recommendations regarding health and long-term care, old-age income security, and the roles of government, local authorities, and civil society.
1.2 Introduction

Population aging and the wellbeing of older persons are major emerging challenges for families, communities, and governments in much of Asia where public pension, universal healthcare system, and other old-age safety nets remain largely underdeveloped (World Bank, 2016). Traditionally, support and care for the elderly are met within the family. Adult children are important providers of material support and other forms of assistance to their older-age parents (Aboderin, 2005; Hermalin, 2002). Women in the family – particularly wives, daughters, and daughters-in-law—take on a disproportionate share of caregiving for older-aged family members, especially when it comes to providing routine personal care for those with long-term care needs (Croll, 2006; Devasahayam, 2014). The state and communities typically provide limited care services for the older population. Currently, most Asian countries are facing demographic and socioeconomic changes that pose significant challenges for the roles that family members, especially adult children, play in providing support for the elderly (Bengtson & Loewenstein, 2003; Kunkel et al., 2014).

On one hand, wealthy Asian nations such as Japan, South Korea, and Singapore are better equipped and have demonstrated concerted efforts in addressing consequences of rapid population aging such as economic security and long-term care in older ages. The governments in these countries nevertheless put emphasis on families as the frontline of support for older persons, despite the increased roles of the state, civil societies, and communities. Given the increased demands in women’s formal labor force participation to address the contraction of the working-age population, the governments have also recognized the familial needs to outsource caregiving for older persons to non-family members who are almost always women from less-developed neighboring Asian countries (Østbye et al., 2013). On the other hand, a few exceptions notwithstanding (e.g., Thailand), most developing countries in Asia have paid relatively little attention to aging issues. Looking ahead, governments will increasingly grapple with what is appropriate and sustainable role of the state and community in helping families address old-age support (Putney & Bengtson, 2003). It is thus important to have continual empirical assessments of the situation of older persons in the context of family.

The key objectives of this report are twofold. First, we aim to describe demographic transitions in ASEAN+3 and how these transitions have posed challenges in family care for older persons in the region. The second objective is to examine how family in selected

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1 ASEAN+3 refers to the ten nations in the Association of Southeast Asian Nations which consist of Thailand, Vietnam, Indonesia, Singapore, the Philippines, Malaysia, Myanmar, Cambodia, Laos, and Brunei, in addition to three neighboring countries including China, South Korea, and Japan.
ASEAN+3 countries cares for older persons in various aspects (such as material and social support as well as personal care) and what challenges and opportunities are facing the family. The report is organized into the following sections: 1) demographics of aging; 2) availability of children and old-age living arrangements; 3) situation of family care for older persons in selected ASEAN+3 countries; 4) discussion and conclusion; 5) policy recommendations.

1.3 Demographics of Aging in ASEAN+3

Population aging is well underway in ASEAN+3. The current trend is nevertheless more acute in some countries than others. According to Figure 1, Japan is presently the most aged society with population aged 60 and older accounting for 33% of its total population. This is followed by South Korea (19%), Singapore (18%), Thailand (16%), and China (15%). Meanwhile, the rest of ASEAN countries currently have 10% or less of its total population aged 60 and above.

![Figure 1. Percentages population aged 60 and older in ASEAN+3, 2015 and 2050.](image)


Substantial population aging is however projected throughout the region between 2015 and 2050. In 2050, Japan will remain the most aged society in the region and in the world, with 43% of its population being 60 and older. South Korea, Singapore, Thailand, and China are expected to catch up with Japan in the next 3.5 decades. In these four countries, population 60 and older is expected to reach approximately two fifths of the total population. Additionally, nearly 30% of Vietnam’s total population and nearly a quarter Malaysia’s will be older persons. Almost one fifth of the populations in Myanmar, Indonesia, and Cambodia are expected to be 60 years and above. It is only the Philippines and Laos that the age structure remains relatively young.
The between-country differences in population aging are largely attributed to the timing and extent of fertility decline during recent decades, which is the predominant driving force of population ageing in most cases. For example, according to Figure 2, both Thailand and the Philippines had total fertility rates of over six children per woman in the early 1960s yet by 2010—15, fertility had fallen to only 1.5 in Thailand but was more than twice this level in the Philippines, thus accounting for the substantially more advanced population ageing in the former than the latter.


<table>
<thead>
<tr>
<th>Country</th>
<th>% 60+ in total population 2050</th>
<th>% increase in the absolute numbers of 60+ 2015-2050</th>
</tr>
</thead>
<tbody>
<tr>
<td>Singapore</td>
<td>40%</td>
<td>Cambodia 377%</td>
</tr>
<tr>
<td>Thailand</td>
<td>37%</td>
<td>Laos 367%</td>
</tr>
<tr>
<td>Vietnam</td>
<td>28%</td>
<td>Malaysia 345%</td>
</tr>
<tr>
<td>Malaysia</td>
<td>24%</td>
<td>Vietnam 327%</td>
</tr>
<tr>
<td>Myanmar</td>
<td>19%</td>
<td>Indonesia 292%</td>
</tr>
<tr>
<td>Indonesia</td>
<td>19%</td>
<td>Philippines 284%</td>
</tr>
<tr>
<td>Cambodia</td>
<td>18%</td>
<td>Singapore 270%</td>
</tr>
<tr>
<td>Laos</td>
<td>15%</td>
<td>Myanmar 250%</td>
</tr>
<tr>
<td>Philippines</td>
<td>14%</td>
<td>Thailand 216%</td>
</tr>
</tbody>
</table>

Much attention has been paid to countries where proportions of population aged 60 and older have grown rapidly in recent years and are expected to grow even faster in the coming decades. There is a tendency to assume that ageing issues are not important for countries with relatively low percentages of older persons. This ignores the fact that even if population ageing is not increasing dramatically, in most cases the numbers of older persons will be (Knodel & Teerawichitchainan, 2015). Laos provides a striking example of this.

Despite the lower current level of population ageing (7%) and the much more modest anticipated increase in the Philippines (14%) compared to Thailand, the absolute number of the older population in the Philippines is anticipated to nearly triple between now and 2050 while in Thailand it will only slightly more than double (Table 1). Despite maintaining a relatively young age structure, the absolute number of older persons in the Philippines will pose an acute challenge for the country’s

![Figure 3. Life expectancy and healthy life expectancy at age 60 in ASEAN+3.](image)


Medical technologies allow older persons to survive to more advanced ages. The added years however involve extending not only periods of good health but also periods of frailty, chronic illnesses, and disability when routine personal care is required. Figure 3 shows life expectancy at age 60 and healthy life expectancy at age 60. The differences indicate estimated unhealthy years. For instance, a person aged 60 in Japan can expect to live for more than 25 additional years. Nevertheless, approximately 5 out of the 25 years will be in an unhealthy state where health and personal care support are likely to be required. Across the region, the duration of projected unhealthy years range between 4 and 7 years (the lowest in Indonesia and highest in Cambodia).
1.4 Availability of Children and Old-Age Living Arrangements

Currently, demographic changes faced by all ASEAN+3 countries began to pose significant challenges for the roles that family members play in providing support for the elderly. The past history of fertility decline sharply affects the family sizes of current and future cohorts of older persons. Thailand provides an illustrative example. According to the 2014 Survey of Older Persons in Thailand, mean number of living children among persons aged 50–54 is only 2, compared to more than four children among persons aged 80 and older. In addition, the percentages of persons that have no children at all are increasing. In 2014, over 10% of persons in their 50s are childless, compared to less than 5% among those aged 80s and older. Modest urban–rural differences in family size and childlessness are noteworthy, given that fertility decline began somewhat later among the rural population. Nevertheless, low fertility and higher levels of childlessness are almost certain to continue into the future for both urban and rural older populations.

Availability of adult children to coreside with aging parents is likely affected by smaller family size and increasing childlessness. An analysis of aging surveys in Thailand, for instance, reveals a steadily declining trend in coresidence with adult children during the last 25 years, with the percentages of older Thais who live in the same household with a child falling from 77% in 1986 to only 55% in 2014. Further analysis indicates higher levels of urban coresidence than rural coresidence; however, declines are evident among both urban and rural older persons. Also of interest are the rising proportions of older Thais who live independently of others, either alone or with only one’s spouse. By 2014, over one fourth of Thais aged over 60 live independently, up from 11% in 1986. Despite downward trends in coresidence, many older Thais tend to live in close proximity to a child. According to the 2014 Survey of Older Persons in Thailand, almost two thirds of older persons reside either with or next to a child. Living adjacent to a child (but not coresident) may meet many of the same needs as coresidence (Knodel & Saengtienchai, 1999).

Upward trends in domestic and international migration particularly among working-age populations across the ASEAN+3 region lead many to hypothesize that there is greater geographic dispersion of adult children and thus lowering their availability to coreside with or to live in close proximity to older-aged parents. However, evidence to support this concern remains somewhat limited.

According to the Thai data, only a relatively modest proportion of them is geographically separated by substantial distances from all of their children. Under one percent (0.4%) of older persons’ nearest child is outside Thailand and for only 13% is their nearest child in a different Thai province. While these percentages are low, they represent an increase from the 2011 SOPT (0.3% and 11% respectively).

One important influence on living arrangements of future generations of older persons will be their progressively smaller family sizes. The Thai data, for instance, reveals an important association between the number of adult children of older persons and coresidence. Among persons aged 60 and older that have adult children, the percentage coresiding with a child is higher for those with four or more adult children but does not vary much among those that have fewer adult children. A much clearer association is apparent between the number of adult children and the percentage of older-aged parents that neither coreside with nor live adjacent to an adult child. Although 38% of older Thai persons that have one or two adult children are in such a situation, this is the case for just under a third of those with three children and less than a quarter with four or more children.
Given coresidence with adult children is considered an important vehicle for intergenerational support, the small family sizes of older persons, coupled with dispersion of adult children through migration can be problematic. Nevertheless, different aspects of family support for older persons may not be equally challenged by the demographic transitions. Material and social support for older persons may not necessarily require physical proximity of family members due to emerging technologies (e.g., remittances via wire transfers, phone or internet calls). Nevertheless, personal care for older persons who are too frail to self-care usually requires constant physical presence of caregivers. In most Asian settings, it is culturally preferred and often anticipated that members of the family, particularly female members, would carry out personal care for aging spouse or elderly parents. Recent research indicates that filial piety remains a moral obligation in Asia, even though change in the normative context may occur in the future (Aborderin, 2004; Knodel et al., 2013).

Within the last decade and a half there have been remarkably increasing endeavors at international, national, and local levels in the ASEAN+3 region to collect information specifically related to older persons through reasonably representative surveys of older-age population (Teerawichitchainan & Knodel, 2015). Countries in Asia are characterized by a combination of similarities and differences that make them compelling for a comparative analysis of older populations. For instance, while they share some common cultural underpinnings of filial support for aging parents and are similar in key demographic aspects, they differ substantially in levels of economic development, political and welfare systems. Benefiting from the increased availability of survey data on aging, comparative analyses of the situation of family care for older persons in Asia can extend theoretical perspectives in sociology of family and gender, social demography, and social gerontology (Aboderin, 2004; Hantrais, 2009; Kohn, 1987). Importantly, cross-national empirical findings can inform policy formulation to improve the wellbeing of Asian elderly as well as allow for an assessment of effectiveness of current aging policies (Zimmer & Martin, 2007).

1.5 Situation of Family Support for Older Persons in Selected ASEAN+3 Countries

1.5.1 The case of Singapore

Singapore is the most aged society in Southeast Asia and ranked the 3rd in the ASEAN+3 region. Recent analyses of the longitudinal data from the Panel on Health and Ageing of Singaporean Elderly (PHASE) conducted in 2009–2011 show that older adults in Singapore continue to coreside with their spouse, children, or both (Gubhaju, Ostbye, & Chan, 2017). Almost two-thirds live with their spouse and child or spouse only and one-quarter live with their child only. A small yet growing proportion live with others (5%) or live alone (6%). The proportion of older adults who live alone has increased from 2% in 1988 and is expected to more than double by 2030. Very little change in living arrangements is observed over the two years (2009–2011).

How do older Singaporeans in different living arrangements fare on a broad range of social, economic, and health indicators? Results show that older Singaporeans living alone are not particularly disadvantaged compared to older adults living with their spouse and child or spouse only in their social and economic wellbeing. It is in fact older adults who live with their children that are disadvantaged in many aspects of social, economic, and mental wellbeing. Government policy in Singapore has always maintained that the family should be the first line of support for older adults and generally assumes that coresidence ensures social, economic, and emotional wellbeing. Thus, it is crucial that older Singaporeans living with families (along with older adults living with others and living alone) are engaged in broader social activities to ensure their wellbeing at old age.
1.5.2 The case of South Korea
With the rapid aging of the population, the prevalence of dementia is increasing in South Korea. The current prevalence of dementia among persons aged 65 and above is 9.6% in 2014. The number of older adults with dementia is expected to quadruple in 2050. Dementia has detrimental consequences for the wellbeing of not only the affected individuals but also their spouses. However, most intervention programs in Korea have focused on either the dementia patients or their caregivers.

The Couples Life Story Approach (CLSA) was first developed in the U.S. to help the couples engage with each other and improve their quality of life as they cope with dementia. In CLSA, interventionalists facilitate a structured life review with the couples and create a Life Story Book using their pictures. The research team from Seoul National University adapted this intervention reflecting the cultural contexts of Korea and conducted life reviews of 56 South Korean couples (Ha, 2017). An evaluation of the program using various psychosocial measures was conducted. Researchers found positive feedback from couples, suggesting that the CLSA is acceptable and beneficial to older Korean couples. Reminiscing was helpful in enhancing couples’ sense of lifetime achievement. Using photos played an important role in enriching the couples’ narratives as well as focusing on positive aspects of their life. Both caregivers and care recipients perceived communication tips during the CLSA as useful. Nevertheless, there were few significant changes in quantitative outcome measures. Percentages of depression cases among people with dementia decreased at marginal significance. Subgroup analyses indicated young older couples could have benefits from the intervention. Issues related loss, grief, and revival of negative memories need to be addressed.

This study suggests that community-based interventions for early-stage dementia are important. South Korea has national and regional centers on dementia care; yet, their focus has been on identifying dementia patients and increasing awareness of dementia and dementia care. There is an urgent need to understand unique difficulties of people who are living with dementia in the community setting, and develop services and programs to address their needs. Additionally, there is a need to develop a rich evidence base for practice.

1.5.3 The case of Myanmar
Frailty and poor health among elderly in Myanmar have been among the worst in Southeast Asia with life expectancy of women at age 65 only 13.6 years compared to Thailand where it’s 18.4 years and in Vietnam where it’s 20.3 years. Although improving in recent years, health services during decades of earlier military rule were among the most underfunded and poorly developed in Southeast Asia (Teerawichitchainan & Knodel, forthcoming). Thus not surprisingly according to the 2012 Myanmar Aging Survey, only 33% of older people reported good health compared to 45% in neighboring Thailand. Physical difficulties among persons 60 and older are quite prevalent. For example, 51% of persons 60 and older in Myanmar reported functional limitations in 2012 compared to only 35% in Thailand in 2014. Family members are the main providers of personal care for older persons too frail or ill to care adequately for themselves. Results of the 2012 Myanmar Aging Survey make clear that the percentage of older persons receiving personal assistance increases steadily with the number of physical difficulties they are experiencing. For example 42% of older persons that report no physical difficulty compared to 60% of those with 1 or 2 difficulties and 94% of those with 10 or more difficulties.
Older Person’s Self-help Groups (OPSHGs) are actively promoted by the Department of Social Welfare and HelpAge International in Myanmar (Knodel & Teerawichitchainan, 2017). OPSHGs are relevant to community-based care for older persons. It supports OPSHGs at the village level with key objectives to meet economic and health needs of older persons. Community-based care for the elderly is to be delivered by trained volunteers recruited from OPSHGs. These programs are not yet effective nationwide. At present, the OPSHG program remains in the pilot stage, covering less than 1% of the population aged 60 and older. Investing in a LTC system that puts the emphasis on family home-based care as well as community-based care are key recommendations put forth by the World Bank and governments in other more-advanced economies in Asia (World Bank 2016).

In the context of Myanmar, it is thus important that the practice of traditional (family) and community-based care needs are reinforced as these are effective existing structures and should be strengthened and not replaced.

1.5.4 The case of China

Son biased investments are common in many Asian countries including China where sons are customarily responsible for providing old age support to parents. Do son biased investments pay off in terms of old-age support? Do parents receive higher marginal returns to investment from son than from daughters? The analyses from the China Health and Retirement Longitudinal Study indicate that Chinese parents indeed invested nearly twice more in sons than in daughters in terms of college education spending and marriage gifts value (Ho, 2017). However, parents received relatively higher marginal returns to investment from daughters than from sons in terms of living proximity, monetary and in-kind transfers, and help with instrumental activities of daily living.

Family fixed effects models as well as an instrumental variable strategy are employed to control for the potential endogeneity of parental investments in children. The results indicate that daughters may be reciprocating parental monetary investments in their education and marriage by increasing old age support. The findings suggest that daughters may be a viable source of support to parents and that encouraging parental investments in them may lead to an increase in family provided old age support. Empirical evidence implies the importance of encouraging Chinese parents’ investments in daughters. In light of China’s shift from one-child to two-child policy, Chinese parents may be more inclined to have daughters.

1.5.5 The case of Japan

The strategy called Asian familialism, which relies heavily on family and relatives for old-age support, is a myth even for the past. Evidence from historical demography of pre-modern Japan shows that given high mortality rates it was not uncommon for families to resort to adopted sons and sons-in-laws to fill the care gap of family support for older persons (Ochiai, 2009). Furthermore, solitary living was not uncommon among the economically disadvantaged groups of older Japanese in pre-modern time.

Demographic transitions involving declining mortality rates improved the demographic condition for forming the ideal multi-generational household structure where older persons were taken care of by their adult children. Nevertheless, this was only possible for the transitional cohorts in Japan with
a large population size. More recent cohorts experienced a rapid decline in both mortality and fertility rates (i.e., no population growth) and an increasingly nucleated family structure. They were forced to face the re-structuring of care networks that moved beyond immediate family members and relatives.

In the case of elderly care in Japan, the introduction of the long-term care insurance (LTCI) and the involvement of men in family care took place. The analysis of time use data from Japan showed that the introduction of LTCI has reduced the burden on female family members who took the lion’s share of caring for elderly relatives with intensive care needs. However, because of rapid population ageing, the overall burden of care on families has steadily increased, and men and relatives living elsewhere are now also involved in elderly care provision.

The theoretical framework called “care diamonds” is particularly useful when comparing changing patterns of elderly care in ASEAN+3 countries, as it pays attention to the balance between four sectors (the state, market, family and kin, and communities). To conclude, familialism will not be sustained in the process of population aging. Early and decisive policy regarding socialization and marketization of care work is needed across ASEAN+3 countries. The Japanese experience proves that instead of crowding out family support, the long-term care insurance works well to relieve family caregivers.

1.6 Discussions and Conclusions

Empirical evidence in selected ASEAN+3 countries demonstrates that family support for older persons is multi-faceted presenting both challenges and opportunities for us to consider. Alarming views concerning very negative implications of population aging for the traditional family support system and the wellbeing of older people may not be fully warranted. This report provides a nuanced portrayal of demographic transitions and the situation regarding key domains of old-age support.

While coresidence has been declining and the share of older persons that live independently is on the rise, a majority of elderly in the region continue to live in a close proximity to adult children even if not coresiding with them. Children remain one of the most important source of material support for older persons. As for social support, the vast majority of older persons maintain at least occasional visits and contacts (particularly phone calls) with their non-coresident children. Maintaining intergenerational social relationships during the last decade is clearly facilitated by improved infrastructure, transportation systems, and telecommunication technology. Complete desertion of older parents by their children is quite rare in several settings.

As for personal care support, serious needs for personal assistance tend to be concentrated at advanced ages and for only a limited time within the old-age span. Family, particularly daughters and wives, remain the most important source for personal care assistance. Non-family sources such as paid caregivers are relatively uncommon in developing Asia (except for Singapore). Elderly with substantial numbers of physical difficulties are likely to have someone provide personal care. Unmet need for care tends to be among elderly with fewer physical difficulties. At least for the current cohorts of older persons, children remain devoted to their parents. In recent years, several
governments in the region have considerably expanded or (have plans to expand) social pension and health insurance schemes to assist older people and their families and to give additional security for elderly poor. Such government benefits do not appear to have crowded out the assistance that adult children traditionally provide to their parents.

Nevertheless, such devotion faces challenges as family sizes decrease and larger proportions of younger adults migrate away from their hometown for work. At the same time, government schemes to assist older persons sometimes struggle to keep pace with rapid socioeconomic changes and continuing population aging within a context of constraints in resources and political will. In particular, ongoing demographic change will continue to escalate the two key challenges of sufficient income security and care support. The traditional family-based umbrella of protection is already strained for many older people, often as a result of the poverty of the family as a whole, reduced family size, and dispersal of family members. Thus, many older people remain highly vulnerable despite the region’s economic development. Increasing inequality also contributes to their vulnerability.

The gaps in social protection may widen as demographic changes continue into the future.

Looking ahead, there are numerous important issues that need to be addressed. The following questions highlight some of them.

• Will having fewer or no children permit future elderly to accumulate greater wealth for their own support in old age?
• Will fewer but better educated adult children (with increased income) compensate for smaller numbers in relation to financial support to elderly parents? Evidence from the 2014 survey shows adult children contribute substantially more than ever.
• Small but growing proportions of older persons report other major sources of income such as savings, investments, rent, and pension. Will increasing retirement and welfare benefits of future elderly crowd out or instead simply supplement material support from adult children?
• Will improving health of older persons enable them to work and support themselves longer?
• How can families, communities, and the State deal with decreased probability that no adult children are nearby when long-term personal care is needed?

In conclusion there are also numerous considerations that will likely moderate the challenges posed by population aging as the following ones illustrate.

• The decline in family size will take longest to affect the oldest age group for whom personal care is most needed, providing time to plan.
• Future elderly will have better education and health and hence better able to live independently.
• Continuous economic, social, political, and technological change will alter the environment and hence the living conditions of future elderly and their families.
• Parents and their adult children will exercise their human agency to adapt to changing circumstances in ways that minimize negative impacts and maximize potential benefits.
• Children will likely strive to meet their filial obligations to parents and continue to be influenced by strong cultural traditions.

In brief, any assessment of the future situation of older persons in Thailand is likely to have some margin of error. Continual monitoring of the changing situation of older persons in the context of demographic and societal change is important if policy and programs are to be evidence based.

1.7 Policy Recommendations

The Sustainable Development Goals (SDGs), with the commitment to leave no one behind, were adopted by United Nations Member States including ASEAN+3 countries in September 2015. They include goals relevant to the wellbeing of older people. For example, Goal 1: End poverty in all its forms everywhere, and the associated Target 1.3: Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable. In responding to population aging issues, several governments have been translating some of the SDGs into practice. Below are policy recommendations related to various aspects of family support for older persons.

1.7.1 Health and Long-Term Care
• To increase government resources for age related care
• To fully develop long-term care insurance system
• To set up quality control system for non-familial old-age care
• To promote step down care system (i.e., community hospitals, nursing homes, home care, and other forms of healthcare for the elderly who require long-term care).
• To provide support for family caregivers
• To develop home- and community-based care programs for older persons in need of long-term care
• To introduce new technologies in home- and community-based long-term care.

1.7.2 Income Security
• To rigorously promote savings for old age especially among workers in the informal sector
• To establish pension systems or to integrate current fragmented pension systems
• To facilitate income-generating activities among older workers in the rural agricultural sector
• To support older workers in the formal sector

1.7.3 Roles of Government, Local Authorities, and Civil Society
• To develop a comprehensive national and cross-country database on health and wellbeing status of older persons
• To improve availability of safe and accessible housing and facilities
• To expand IT capability, access and technology use among older persons
• To promote and enhance the roles of local governments in developing plans, local laws and ordinances, regulations and monitoring and evaluation systems to ensure that ageing issues are sufficiently addressed
• To invest in and strengthen local elder clubs
• To improve the management of the Elderly Fund
• To develop and promote social enterprises related to elderly care

References


ANNEX: Public Forum Agenda

Public Forum
Challenges and Opportunities in Family Care for Older Persons in ASEAN+3

Organized by
School of Social Sciences, Singapore Management University

Supported by
The Shirin Fozdar Programme

Date and Venue: Monday 17 April 2017
14:00-17:00 p.m.
SOE/SOSS Seminar Room 5.1, Level 5
School of Social Sciences, Singapore Management University

Population aging and the wellbeing of older persons are major emerging challenges for families, communities, and governments in much of Asia. Traditionally, support and care for the elderly are met within the family. The state and communities typically provide limited care services for the older population. Currently, most Asian countries are facing demographic and socioeconomic changes that pose significant challenges for the roles that family members, especially adult children, play in providing support for the elderly. Looking ahead, governments will increasingly grapple with what is appropriate and sustainable role of the state in helping families address old-age support. It is thus important to have continual empirical assessments of the situation of older persons in the context of family. In this public forum, interdisciplinary social scientists will share empirical findings from selected ASEAN+3 countries (China, South Korea, and Japan) on how family provides various types of support for their older-aged members and what challenges and opportunities are facing the family. The forum will include discussions on policy implications of these empirical findings.

13:30-14:00  Registration
Case Study: Eldercare Services in Singapore (Research by Shirin Fozdar Programme)

2. Introduction

2.1 Demographic Statistics

Singapore, like many other developed countries in the world, is facing the challenge of a rapidly aging population, caused by the combination of rising life expectancies and declining fertility rates. By “elderly”, one refers to any individual in the population that is aged 65 years and older. Rapid ageing is taking place in Singapore, visible by the rise in elderly proportion from 3.4% in 1970 to 13.1% in 2015, and is expected to reach 18.9% by 2030, as illustrated in the table below.

<table>
<thead>
<tr>
<th>Number and Proportion of Elderly Population in Singapore</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of elderly, aged 65+ (in thousands)</td>
</tr>
<tr>
<td>1999</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>235</td>
</tr>
<tr>
<td>Proportion of elderly, aged 65 +*</td>
</tr>
<tr>
<td>7.3</td>
</tr>
<tr>
<td>Median age (Yrs.)</td>
</tr>
<tr>
<td>33.4</td>
</tr>
<tr>
<td>Dependency Ratio (D.R.)</td>
</tr>
<tr>
<td>42.0</td>
</tr>
<tr>
<td>D.R. (young) 0-14 years</td>
</tr>
<tr>
<td>31.7</td>
</tr>
<tr>
<td>D.R. (old) 65+ years</td>
</tr>
<tr>
<td>10.4</td>
</tr>
</tbody>
</table>


* As percentage of total population
The old-age support ratio (persons aged 20 to 64 years per elderly aged 65 years and older) dropped from 13.5 individuals in 1970 to 4.9 individuals in 2015. This means that there are now less young adults to provide care for elderly. On the other hand, life expectancy has increased dramatically, from 65.8 years in 1970 to 82.4 years in 2013.

2.2 Ongoing Issues

2.2.1 Healthcare Needs

One of the biggest concerns from an ageing population is the labor constraint in the healthcare sector. According to Health Minister Gan Kim Yong, Singapore’s ageing population will require 30,000 more healthcare workers by 2020. The occasional occurrence of bed crunch problems are also encountered amongst local hospitals, citing problems in availability of sufficient medical resources to increased elderly admissions.

In addition, elderly healthcare costs are projected to increase more than tenfold over the next 15 years to more than S$66 billion annually, causing each Singaporean senior to require an average of S$51,000 annually for healthcare needs – the highest figure in Asia Pacific region. To capture the bigger picture of the financial situation of Singapore’s healthcare costs, one can look at the country’s medical inflation rate of 15% last year. This figure illustrates the nation’s medical spending growth last year, which was five times higher than the country’s general inflation rate. Reasons include inefficiencies in medical institutions’ operations, high administrative costs, increasing advancements of medical technology and an ageing population.

2.2.2 Elderly Diagnoses

The elderly population has exclusive health needs, where they have a higher prevalence of chronic diseases like diabetes, heart diseases, stroke, and cognitive impairment illnesses such as dementia. These illnesses can affect how the elderly carry out activities of daily living (ADL), such as dressing, eating or going to the toilet. By 2030, about 82,968 senior individuals will require help with their ADL, which is a 2.5-fold increase from the 2010 level of 31,738 elderly folks.

Some statistics on local elderly chronic illnesses:

- Prevalence of obesity will quadruple from 4.3% in 1990 to 15.9% in 2050,
- Prevalence of type 2 diabetes among Singaporeans adults aged 18 to 69 will double from 7.3% in 1990 to 15% in 2050

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11 Phan et al. (2014)
Prevalence of dementia in Singapore will rise from 0.65% in 2030 to 1.75% in 2030, translating to 92,000 elderly persons living with dementia\textsuperscript{12}

2.2.3 Societal Issues – Suicide and Employment
Aside from supply side healthcare needs provisions, there is also a rise in internal societal problems within the elderly community. Concerns include physical and mental ill health, financial and relationship issues as well as loneliness have resulted in distress amongst elderly citizens. More seniors are taking their own lives in Singapore, from 79 seniors committing suicide in 2000 to 95 individuals in 2010\textsuperscript{13}. Currently, there is only the suicide prevention agency, Samaritans of Singapore, which directly deals with elderly who call in anonymously when they express concerns over the phone.

In 2014, life expectancy was 80.5 years for men and 84.9 years for women, and this creates concern amongst the elderly whether they will have enough for retirement. Currently, most employed Singaporeans over age 60 years’ work as cleaners, laborers, machine operators and service and sales workers\textsuperscript{14}.

3. Government Efforts
The present paradigm of eldercare in Singapore focuses on integrating communal support between the government, family and community. Currently, there are numerous national plans involved towards helping the elderly population:

- In 2012, the Singapore Healthcare 2020 Masterplan was introduced as a strategic plan to guide the government in building a more inclusive healthcare system. This masterplan serves as a bigger umbrella for the Ministry of Health (MOH) to execute their three strategic objectives of enhancing accessibility, quality and affordability to meet future healthcare challenges\textsuperscript{15}.
- In 2015, the Ministerial Committee on Ageing unveiled a S$3 billion Action Plan for Successful Ageing\textsuperscript{16} with the aim of helping Singaporeans age successfully. This plan:
  - Originated the now established National Silver Academy for seniors to maintain active learning till old age
  - Launched a National Seniors’ Health Programme to promote fitness campaigns and encourage fitness ownership
  - Originated the launch of the ‘Passion Silver’ card for every Singaporean aged 60 and above
  - Resulted in elderly friendly public infrastructure investments such as fitness corners, senior-friendly traffic and transport equipment as well as more Senior Activity Centers.

\textsuperscript{12} Access Economics Pty Limited (2006)
Another area of focus for the MOH is the integration of a Regional Health System. The aim is to create a structured care pathway to streamline processes and support faster transition to rehabilitation. One example is the faster transition to rehabilitation for patients of Eastern Health Alliance RHS, where they can be quickly transferred to Saint Andrew Hospital next door after surgery and shorter acute hospital stays\(^\text{15}\).

Another important challenge the MOH faces is the War on Diabetes. Research has shown that diabetes can lead to higher risks of falling in elderly people. In April 2016, the National Diabetes Prevention and Care Taskforce was created to spearhead efforts to address the increasing prevalence of diabetes in Singapore\(^\text{17}\).

Recently in December 2016, Singapore’s first Active Ageing Hub called The Kwong Wai Shu Community Care Centre was launched in the Kallang Whampoa constituency. It offers day care and rehabilitation services, a garden for dementia patients, and common thematic areas such as a hair salon, karaoke and an activity space with a seaside theme\(^\text{18}\).

### 3.1 Target Groups of Government Policies

Given the differential in aging patterns and family circumstances, not all elderly requires continual healthcare. A few vulnerable categories arise:

- Aged couples living alone
- Elderly suffering from senile dementia
- Elderly prone to chronic illnesses such as arthritis, asthma; and single
- Poor elderly who are living alone (the number of old people aged 65 and above living alone have tripled from 14,500 in 2000 to 42,100 in 2014\(^\text{19}\))

These categories would need constant supervision and socio-emotional and instrumental support. At the same time, in older housing estates, the aging process has become more apparent and there are increasing numbers of senior citizens living in these regions. These regions require more urgent attention to begin the planning of more community based programs such as day care, meals programs, home-help service and domiciliary nursing care and crisis-response services.

### 3.2 Ministries and Organizations Involved

Below lists some of the main ministerial bodies and social organizations that are currently involved with meeting the needs of the elderly population:

- **Health Promotion Board (HPB)**

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Ministry of Health (MOH): Health Hub is an initiative by MOH and HPB, it is a one stop portal and mobile app for Singaporeans to access a wide range of health information and e-services.

Ministry of Social and Family Development (MSF): primarily assist the needy and their families through Community Care Endowment Fund (ComCare) and the ‘Helping Hands’ approach, also offers numerous schemes to help the senior population such as Caregivers Training Grant, Home-Based Care Services etc.

Ministry of Culture, Community and Youth (MCCY): People’s Association and Sport Singapore are subsidiaries of these ministry, which offers a lot of fitness programs and support for senior citizens.

National Council of Social Service: plays a coordinating role among non-government welfare organizations and helps to represent their views to the government.

National Silver Academy: promotes and offers lifelong learning courses for elderly.

Council for 3rd Age (C3A): an agency that promotes ageing in Singapore through public education, outreach and partnerships.

Centre for Seniors (CFS): A non-profit, voluntary welfare organization (VWO) dedicated to helping the elderly population.

Agency for Integrated Care: explained further below.

4. System of Community-based Long Term Elderly Care

![Figure 1: Continual Care Services and Programmes in Singapore](image)

Figure 1 above shows a descriptive summary of the range of long-term services, which are currently being provided in Singapore, mainly by voluntary welfare organizations (VWOs). The private sector primarily offers services in the delivery of nursing home care.

4.1 Residential

The table below summarizes the statistics of Residential Intermediate and Long Term Care Facilities according to the Ministry of Health:

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4.1.1 Nursing Homes
As part of the government’s effort to increase capacity for aged care services, nursing homes also form a national priority to tackle the ageing problem. The number of nursing home beds have increased from 9,400 in 2011 to 12,800 beds last year, and this is expected to grow up to 17,000 by 2020, where a new nursing home was recently opened in March 2017 in Bishan\textsuperscript{22}. Admittance into nursing homes are for elderly who face problems in carrying out ADL and have no caregivers to look after them at home. They must also be semi-ambulant (limited mobility), wheel-chair bound or bed bound\textsuperscript{23}.

4.1.2 Hospices
Inpatient hospice care is not as simple as providing nursing care for the elderly, they provide both patients and their families’ holistic care and support such as pain management, physiological and psychological therapies\textsuperscript{24}. The holistic nature of hospice care entails cooperation from the patient’s doctor, nurses, social workers, counsellors etc. Some institutions providing in-patient hospice care include Dover Park Hospice. Assisi Hospice and HCA Hospice Care.

4.1.3 Community Hospitals
Community hospitals were introduced by the government for intermediate healthcare for sick and aged patients who do not require the care of general hospitals\textsuperscript{25}. Cited as an important part of the country's Healthcare 2020 Masterplan, the government has been steadily expanding the number of hospitals since 2010. In 2015, the Ng Teng Fong General Hospital, Jurong Community Hospital and Yishun Community Hospital was opened. More hospitals will open in the years ahead, with Sengkang General and Community Hospital in 2018, Outram Community Hospital in 2020 and Woodlands General and Community Hospital in 2022\textsuperscript{26}. Click \textit{here} for a full list of community hospitals in Singapore.

4.1.4 Sheltered Homes
Shelters and community homes are for elderly people who are ambulant, but do not have family or existing caregivers to care for them\textsuperscript{27}. The average costs ranges from S$400 to S$700 a month

\begin{table}[h]
\centering
\begin{tabular}{|l|c|c|c|}
\hline
 & 2014 & 2015 & 2016 \\
\hline
Nursing Homes & 66 & 72 & 69 \\
Inpatient Hospice Care & 4 & 4 & 4 \\
Community Hospitals & 5 & 7 & 8 \\
\hline
\end{tabular}
\end{table}

\textsuperscript{23} Ministry of Health (2016) \textit{Nursing Homes}. Retrieved from https://www.moh.gov.sg/content/moh_web/home/our_healthcare_system/Healthcare_Services/Intermediate_And_Long-Term_Care_Services/Nursing_Homes.html
\textsuperscript{24} Singapore Hospice Council (2017) \textit{Hospice & Palliative Care}. Retrieved from http://singaporehospice.org.sg/hospice-palliative-care/
\textsuperscript{25} Ministry of Health (2017) \textit{Hospital Services}. Retrieved from https://www.moh.gov.sg/content/moh_web/home/our_healthcare_system/Healthcare_Services/Hospitals.html
to stay in a shelter or community home\textsuperscript{26}. Currently, there are 16 sheltered homes in Singapore, click \url{here} for the full list of health facilities in Singapore targeted towards elderly assistance.

4.2 Semi-institutional

4.2.1 Day Care Centers & Rehabilitation Centers
Research has shown that day care centers help to relieve the stress of family caregivers, in the form of respite care and ensure the safety of the elderly especially if family members are absent. Day Care and Rehabilitation Centers are located across the island and are operated by a variety of government and non-government organizations. They play a crucial role in the smooth transition of the elderly from acute care to home care. Family caregivers are given informal training at these centers. There are also centers operated by secular and religious organizations such as Wan Qing Lode and Adventist Church. Click \url{here} to view a comprehensive list of current facilities in Singapore.

4.2.2 Social Centers
They are neighborhood hubs characterized by informality and greater self-management by the senior citizens. These centers are mostly located within Family Service centers, and require minimal funds and manpower.

4.2.3 Day Activity Centers
Volunteers, including robust elderly, provide the main backbone of the program. Day activity centers (DACs) are different from the above services in that they meet the needs of low-income elderly, who live alone in government flats. The National Survey of Senior Citizens showed that about 8.3% of non-institutionalized elderly aged 55 and above lived alone or with spouse only. Among these, approximately 10,000 belong to the low-income category - a visible group needing community support and companionship.

The DACs are linked to a joint project between the Ministry of Community Development (now restructured to MSF) and the Housing Development Board (HDB). Under the government upgrading scheme for HDB flats, the low income, one-room rental flats have been upgraded at no cost to the tenants. Installation of elderly-friendly facilities such as non-slip tiles in the bathroom, handle bars and pedestal toilets, and an alarm system which alerts neighbors and the DAC nearby of an emergency, comprise the main features of this Congregate Housing project which has been expanded to more than 13 blocks. One example of a DAC is TOUCH Senior Activity Centers.

The DAC represents to these poor and lonely elderlies a refuge for social interaction and a shoulder to depend on in times of crisis. In sum, the day care and rehabilitation centers offer comprehensive services for the senior citizens living with their family members while the DACs offer social and emergency services for the poor elderly living alone.

4.3 Non-institutional

4.3.1 Doorstep Services
In the realm of home-care services, or door-step programs, there is a wide range of services for vulnerable/frail older people. These include home help such as meal delivery, household
chores, escort to polyclinics and hospitals; home nursing and home medical care; and lastly, befriending services.

### 4.3.2 Befriending/ Counselling

There are community-based services that are located in the VWO, as opposed to the door-step concept. These include hotline (telephone) counselling, casework and counselling (face-to-face), care support groups and weekly lunches prepared by volunteers. There are two key organizations, namely the Singapore Action Group of Elders (SAGE) and the Tsao Foundation that specialize in the delivery of gerontological (related to old age, ageing and old people) and geriatric services:

- **SAGE** not only provides direct services such as hotline and counselling, but also has a Centre for the Study of Ageing Research, which is of paramount importance in charting the changing profiles and needs of successive cohorts of elderly in a fast-changing society such as Singapore. Given that Singapore is a multi-racial society, not only changing profiles but also ethnic permutations need to be tracked for the systematic planning of services, both health and social.

- The **Tsao Foundation**, in contrast, focuses on the delivery of medical services to low-income elderly. It also runs an acupuncture clinic. Voluntary bodies provide free Chinese medical treatment e.g., the Realm of Tranquility renders free medical treatment at its mobile clinic, which is staffed by volunteer doctors.

### 4.3.3 Socio-Recreational

Lastly, socio-recreational community-based programs form an integral part of the repertoire of elderly services. Out of the elderly population, there remains a proportion of robust and physically fit individuals who are usually active and have the desire to remain as productive members of society. The Retired and Senior Volunteer Program (RSVP) provides an avenue for professional and educated retired senior citizens. For the major proportion of the elderly, Senior Citizens' Clubs (SCCs), which are scattered throughout the island and totaled 384 in 1998, have been established by the People's Association. Programmes organized by the SCCs include tours to Malaysia, dancing, singing, exercise classes such as tai chi and qigong. These clubs are located by and large in the community centers, which are multi-purpose secular centers catering to the general Singaporean population, regardless of age, ethnicity or religion.

### 4.4 General Expenses between Home and Center-based Care

Home care services that provide personal care such as personal hygiene, assistance with medication and simple maintenance exercises range from $22 - $33 per hour. Medical visits start at $140 per session. Eligible clients can enjoy up to 80% in government subsidies. For daycare services that are offered within a centre and are attended by the elderly during the day, prices range from $250 - $600 a month before subsidies.  

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5. **Agency for Integrated Care**

5.1 **Overview**

5.1.1 **About**

- Began in 1992 as the Care Liaison Services (CLS) under Ministry of Health (MOH) to coordinate and facilitate the placement of elderly sick to nursing homes and chronic sick units.
- In 2001, CLS became the Integrated Care Services (ICS) and expanded to take on a greater role in discharge planning and facilitate the transition of patients from hospitals to the community.
- ICS was then renamed the Agency for Integrated Care (AIC) in 2008, and a year later, AIC was established as an independent corporate entity under MOH Holdings, and assumed the role of National Care Integrator.
- Aims to create a vibrant care community enabling people to live well and age gracefully.
- Work closely with Community Care partners in supporting them in service development and manpower capability building to raise the quality of care and bringing care support closer to those in need.
5.1.2 Board Members

- Dr Jennifer Lee, Chairman, AIC Board
- Mdm Chua Foo Yong, Board Member
- Chua Chin Kiat, Board Member
- Dr Ang Seng Bin, Head & Consultant Family Physician, Family Medicine Service & Menopause Unit, KK Women's and Children's Hospital
- Gregory Vijayendran, Partner, Rajah & Tann LLP
- Ms Maznah Masop, Senior Assistant Director, Development Office, Nanyang Technological University
- Ms Tan Hwee Bin, Executive Director, Wing Tai Holdings Limited
- A/Prof Chin Jing Jih, Chairman, Division of Integrative and Community Care, Tan Tock Seng Hospital
- Mr Daniel Soh, Board Member
- Ms Theresa Goh, Managing Partner, ThreeSixty Partnership
- Ms Teoh Zsin Woon, Deputy Secretary (Development), Ministry of Health
- Mr William Liu, Chairman and Managing Partner, Stream Global Pte Ltd *(Joined 1 September 2016)*

5.2 Overview of Programmes
5.3 Funding Support for Organizations

5.3.1 Healthcare Productivity Fund – Intermediate and Long-Term Care (HPF-ILTC)
Community Care service providers can tap into the Healthcare Productivity Fund - Intermediate and Long-Term Care (HPF-ILTC) to support their productivity efforts through:

<table>
<thead>
<tr>
<th>Use of technology</th>
<th>Process reviews</th>
<th>Training and skills upgrading</th>
<th>Aggregating demand for goods and services</th>
</tr>
</thead>
<tbody>
<tr>
<td>HPF-ILTC's funding support is available through the following:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Health Improvement &amp; Productivity Scheme (CHIPS)</td>
<td>Business Process Redesign (BPR) / Job Redesign (JR)</td>
<td>Manpower development</td>
<td>Shared Procurement Services</td>
</tr>
</tbody>
</table>

The HPF-ILTC is an initiative under the Healthcare Productivity Roadmap, endorsed by the National Productivity and Continuing Education Council (NPCEC).

5.3.2 Community Health Improvement & Productivity Scheme (CHIPS)
This grant supports partners who wish to test out new ideas to use manpower and resources more effectively. CHIPS funds up to 80% for projects new to the sector, and two-thirds the cost for other eligible projects.
5.3.3 Community Silver Trust
The Community Silver Trust (CST) is a dollar-for-dollar donation matching grant provided by the Government to enhance the services of Voluntary Welfare Organizations (VWOs) in the Intermediate and Long-term Care (ILTC)* sector. It is managed by the Ministry of Health (MOH) and administered by the Agency for Integrated Care (AIC).

5.3.4 Tote Board Community Healthcare Fund
The Tote Board Community Healthcare Fund (TBCHF) seeks to build a healthier nation, enhance the quality of life of patients, and improve the affordability and accessibility of healthcare services for the needy and disadvantaged. This fund was launched by the Singapore Totalizator Board in 2009. It is jointly administered by the Ministry of Health, AIC and the Health Promotion Board.

5.3.5 ILTC Research Grant
Research can provide the evidence for improving care and care delivery. The ILTC Research Grant provides support for innovative ideas from the ILTC community to generate new knowledge and transform care. This grant mechanism is part of AIC’s strategy to promote research in the ILTC sector and translate findings into applications or systems that can provide better care at a better value for better health and future for our population.

To jumpstart research in the sector, AIC will provide seed funding to ILTC care professionals to support viable research ideas and transform these into new knowledge. AIC will support research projects that are motivated by an important need or problem to be solved in the ILTC setting.

5.4 Leadership Development

5.4.1 INSIGHT Leadership Programme
INSIGHT Leadership programme is specially designed for senior leaders in the Community Care sector. This unique and highly customized leadership development programme focuses on the unique role of a Community Care leader, with emphasis on introspection and personal discovery.

5.4.2 IMPACT Leadership
IMPACT Leadership is a unique middle-level management leadership programme customized to the needs of emerging leaders in the Community Care sector. It is specially designed to advance their skills and confidence, so that they can work with their senior management to translate strategies into effective action and drive change.
5.5 Productivity and Quality Improvement

5.5.1 Initiating QI Projects
AIC works with our residential Community Care partners on clinical, operational and service quality initiatives. The aim is to support your organization’s efforts in promoting continuous quality improvement and foster an innovative learning culture.

5.5.1.1 Examples

<table>
<thead>
<tr>
<th>Projects</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>6S Workshop (3days)</td>
<td>Equip nursing home staff the knowledge of 6S Equip nursing home staff the skills to plan and apply the use of 6S in their nursing home</td>
</tr>
<tr>
<td>Value Stream Mapping (VSM) of nursing home referrals</td>
<td>To map out the entire process of nursing home referrals Utilize LEAN methodology to assess the process and brainstorm solutions Implement the changes and analyze the results</td>
</tr>
<tr>
<td>Sustaining Good Practices of Hand Hygiene in the Nursing Home</td>
<td>Utilize Quality Improvement (QI) methodology to improve and sustain hand hygiene compliance rates in the nursing homes</td>
</tr>
</tbody>
</table>

5.5.2 ILTC Nutrition Movement
The ILTC Nutrition Movement is an annual event organized since 2012 to improve the quality of care in the area of nutrition and food services. AIC works with Community Care partners to strengthen their capabilities through training, and the sharing of information and resources. In 2015, signed a two-year Memorandum of Understanding with the Singapore Chefs Association (SCA) to train Community Care cooks, and published the “Eat Well, Age Well, Live Well” Recipe Book. Also organize awareness events to raise the importance of good nutrition and food service in the sector.

5.5.3 NHelp
NHELP is a ready-to-use IT system that supports nursing homes in improving the efficiency of their day-to-day operations and patient care. As such, it can also support their efforts to meet the Enhanced Nursing Home Standards (ENHS). With greater productivity, staff can devote even more time to caring for their residents.

5.5.4 AIC Wellness
The AIC Wellness Programme was launched in 2014 to partner Community Care institutions to improve our clients’ wellbeing and the quality of care offered.
5.5.5 Shared Procurement and Services
Shared Procurement and Services helps Community Care institutions run by Voluntary Welfare Organizations (VWOs) to:

- Achieve cost savings by buying in bulk
- Increase productivity by streamlining processes and reducing time spent on procurement
- Promote sharing of procurement knowledge and best practices
- Obtain consistency in quality of services purchased

5.5.6 ILTC Excellence
Initiated by AIC in 2014, the ILTC Excellence Awards recognize the contributions of Community Care staff who have demonstrated exemplary service and commitment in delivering quality care to their clients.

4.5.6.1 Award Categories

<table>
<thead>
<tr>
<th>(A) Individual Awards</th>
<th>(B) Team Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service Quality – Gold Award</td>
<td>Clinical Quality Improvement Award</td>
</tr>
<tr>
<td>Service Quality – Silver Award</td>
<td>Service Quality Improvement Award</td>
</tr>
<tr>
<td>Good Suggestion Award</td>
<td>Productivity and Innovation Award</td>
</tr>
</tbody>
</table>

5.6 Professional Training

5.6.1 Balaji Sadasivan Study Award
The Balaji Sadasivan Study Award is an education and training fund for students pursuing careers as Nurses or Allied Health professionals in the Community Care sector. It is administered by the Agency for Integrated Care (AIC). Established in 2010, it seeks to attract more people to join the sector and build the professional capabilities of the Community Care Voluntary Welfare Organisations (VWOs) in order to enhance the standards and quality of care provided to clients.

5.6.2 Healthcare Productivity Fund Conference Subsidy
If you are a Healthcare Productivity Fund (HPF) – eligible organisation*, you and your staff can tap on the HPF to offset the cost of attending selected local and overseas conferences. Up to 90% of the conference fee can be subsidised, subject to terms and conditions.

5.6.3 Intermediate and Long-Term Care Upgrading Programme
The Intermediate and Long Term Care – Upgrading Programme (ILTC-UP) is a scholarship programme for Nursing staff and Allied Health Professional to pursue a Degree in Nursing or Allied Health disciplines. It aims to build the capability of staff and Community Care institutions, and enhances the attractiveness of a career in the sector.
5.6.4 Social and Health Manpower Development Programme - ILTC
The Social & Health Manpower Development Programme – Intermediate and Long-Term Care (SHMDP – ILTC) aims to develop and enhance the manpower capabilities of our Community Care partners, so as to improve the quality and range of community care services provided in Singapore. An initiative by the Ministry of Health (MOH), the award is administered by Agency for Integrated Care (AIC).

5.6.5 AIC Learning Institute
AIC Learning Institute is the Agency for Integrated Care’s (AIC) centre of excellence for building the professionalism and competence of the Community Care workforce. It is part of AIC’s continued commitment to equip the Community Care workforce with relevant skills and enhanced learning experiences.