

Committee on Ageing Issues

Report on the Ageing Population

MCYS 22-01A-01

3 February 2006

Prime Minister

Report on the Ageing Population, Five-Year Masterplan

1. The Committee on Ageing Issues (CAI) was set up in December 2004 to prepare for an ageing society.
2. Significant progress has been made in the past five years, following the recommendations by the Report of the Inter-Ministerial Committee (IMC) on the Ageing Population in 1999, and the Eldercare Masterplan 2001-2005 by the Ministry of Community Development, Youth and Sports in 2001. The CAI builds on the work of previous committees on preparing for an ageing population. The CAI, together with various government agencies, has completed its work for the inaugural year. We are submitting our Report for your consideration.
3. The CAI recognises that the demographic transformation presents as many opportunities as there are challenges for Singapore. We need to change the erroneous view that an ageing society means increased dependency. We believe that Singapore will be able to harness the economic and social possibilities, and at the same time, be prepared to tackle the challenges arising from the ageing population. The CAI also affirms that the family must continue to be the first line of support for our seniors.
4. The Report takes a long term view and puts forth our vision of the ageing experience in 2030. However, we recognise that the next five years present a window of opportunity to put in place the recommendations before the baby boomers reach 65 years old in 2012. Being prepared will ensure

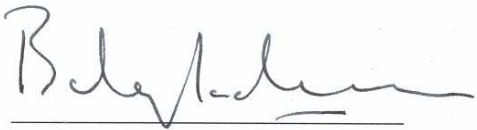
that Singaporeans, especially our seniors, will be ready to reap the benefits of this social transformation.

5. The recommendations of this Report are based on the following four thrusts.

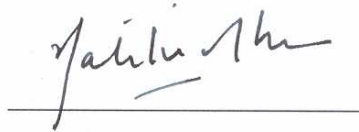
- a. *Housing for Seniors. Singapore will be an elder-friendly place, one that allows and encourages older persons to live as part of the family and community. There will be a comprehensive range of housing options to meet the needs of seniors, complemented by good support care services. Singapore should be the best home of all ages.*
- b. *Accessibility for Seniors. Singapore will be an inclusive elder-friendly place, one that allows older persons to integrate with the wider community and lead active lives. Starting from the home, flats and buildings will be elder-friendly. Coming out of their homes, the built environment and transport system will be barrier-free. They will afford seniors a safe and unhindered travel passage; via accessible lifts, walkways and transport pick-up points, complemented by a user-friendly transportation system to their destinations.*
- c. *Caring for Seniors. Older Singaporeans in need of care have access to a seamless continuum of healthcare and eldercare services addressing a diversity of needs, ensuring the dignity and quality of life of seniors are maintained. Healthcare and eldercare services in Singapore are efficient, cost-effective and easily accessible to seniors living in the community.*
- d. *Opportunities for Seniors. Older Singaporeans will lead healthy and active lifestyles. They will have fulfilling relationships within their families, across generations. They will also have many friends, and are involved in community groups and activities. Singaporeans, both young and old, will have positive attitudes towards ageing and seniors.*

6. In addition, the CAI notes that the issue of Employability of Seniors has been addressed in the Report by the Tripartite Committee on Employability of Older Workers.

7. We are grateful to the individuals and organisations who have contributed towards this Report. We believe the recommendations in the Report will help make Singapore a society for all ages, in which elderly Singaporeans would have a significant role to play.



DR BALAJI SADASIVAN
Co-Chairman
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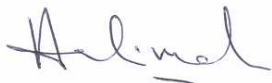
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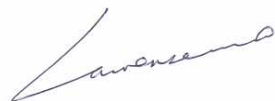
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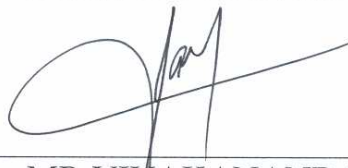
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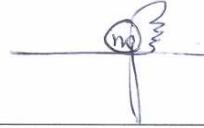
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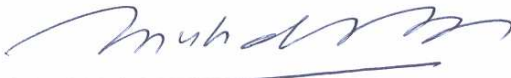
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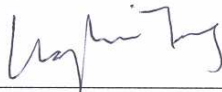
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*Prime Minister
Singapore*

7 February 2006

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Dr Mohamad Maliki Osman
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Co-Chairman, Committee on Ageing Issues

Report on the Ageing Population, Five-Year Masterplan

1. Thank you for your letter of 3 Feb 2006 submitting the Report on the Ageing Population, Five-Year Masterplan.
2. Populations in many developed countries are ageing, and Singapore is no exception. We ought to prepare early for the challenges of an ageing people to ensure the well-being of our seniors and their families who provide the first line of support. At the same time, we must be ready to seize the economic opportunities that will emerge from this demographic shift. As your Committee has pointed out, growing old can be a positive experience both at the individual and societal levels.
3. The Government agrees with the thrusts of the Report in the four key areas of housing, accessibility, healthcare and eldercare services, and opportunities during old age. We should develop an elderly-friendly environment with infrastructure and programmes to help individuals adapt to ageing and prepare families to care for their older members. We have a window of a few years before the first batch of baby boomers become seniors. From now to 2012, much work has to be done. The relevant ministries will study the detailed

recommendations, to see how they can be implemented in a cost-effective and economically sustainable manner.

4. Finally, let me place on record the thanks of the Government to you and the members of the Committee for your contributions. The Government cannot deal with the multi-faceted challenges of an ageing population alone. I am glad that the CAI Report had been a collaborative effort involving the people, private and public sectors. Together, we can make Singapore a home for all of us to enjoy productive and fulfilling lives in our golden years.

Yours *sincerely*

Lee Hsien Loong

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Executive Summary

1. Between now and 2030, Singapore will witness an **unprecedented profound age shift**. The number of residents aged 65 years or older will multiply threefold from current 300,000 to 900,000 in 2030. By then, one out of every five residents will be a senior.
2. The coming surge of seniors, which starts when the first batch of baby boomers¹ reach 65 years of age in 2012, will have tremendous effect on all parts of our society – individuals, families, communities, businesses and Government.
3. The baby boomers represent the leading edge of this coming age wave. This generation fuelled our economy after their birth. They were the recipients of an evolving education system, the forerunners of industrialization, combatants of structural unemployment and the main contributors of Singapore's economic expansion and progression. These seniors will be **healthier, better educated and richer**.
4. Now, this same generation will continue to fuel the market for goods and services related to age and its special needs and demands – varied products and services catering to the ageing process. As with the experiences of other ageing societies, seniors will not only become important social and political voices, but a key consumer group as well.
5. The growth of the silver industry here will benefit our economy and importantly, our seniors. Seniors can look forward to products and services in healthcare, leisure, retail and other aspects of life being redesigned to suit their needs. A developing silver industry would also have considerable economic multiplier effects.
6. The ageing revolution will also change the face of our labour market. In a society where there will be a shortage of young workers, it will become increasingly critical for employers to attract and retain mature, experienced workers to maintain a competitive advantage in an evolving economy.

¹ Baby boomers are defined as those born between 1947 and 1964.

7. The coming demographic shift has to be reckoned with. While there are positive aspects to the economy, individuals and their families will face challenges in coping with ageing. The next five years present a window of opportunity to put in place policies and programmes to **seize the opportunities and address the challenges** of an ageing population.

8. The **focus on ageing issues is not new**. Since the 1980s, various high-level committees have been formed to address the challenges of an ageing population. In 2004, the Committee on Ageing Issues (CAI) was set up to build on the work done by previous committees. Recognising that ageing issues are multifaceted and dynamic in nature, the CAI has representation from the people, private, and public sectors.

9. The vision of the CAI is to achieve ‘**Successful Ageing for Singapore**’, i.e. to ensure that all levels of society – the individual, the family, the community and the nation – are well-prepared for the challenges and opportunities of an ageing Singapore. We want to **empower individuals** to age with dignity and security, as integral members of society, in a vibrant and socially cohesive nation. The **family, as the first line of support**, should look after the physical and emotional needs of their senior members. These needs are best met by one’s family. To support the family, there will be a range of comprehensive services in the community to support them in their caring responsibilities.

EMPOWERING SENIORS – KEY RECOMMENDATIONS

10. Individuals have to assume **personal responsibility** and start preparing for old age early. Complementing personal responsibility, CAI recommends that **Government put in place necessary policies and programmes to empower Singaporeans** to lead meaningful lives in their golden years.

11. The CAI believes that policies should lead to four positive outcomes that will help the seniors. To achieve these outcomes, the CAI has eight key recommendations. These are:

OUTCOME ONE – Elder-friendly housing

Recommendation 1 – *Provide different housing options.*

Recommendation 2 – *Help seniors to monetise their housing assets.*

12. We have been successful in making Singapore a nation of home owners. Going ahead, we need to provide a wider range of options to cater to a more diverse baby boomer cohort with higher expectations. These housing options need to be fitted with age-sensitive features to enable seniors to remain independent.

- **Vary the length of land leases. Shorter land leases will facilitate the development of retirement housing by the private sector.** These offer dedicated lifestyle facilities to meet the needs of seniors who have greater expectations for higher quality housing. Varying housing size and types will give the elderly more choices.
- **Work with market players to offer reverse mortgage schemes for elderly HDB flat lessees at commercial terms** as the majority of HDB households with the youngest lessee aged 65 years and above have fully discharged their HDB mortgage loans. This measure would provide another option (apart from subletting) for seniors to derive some income from their homes to meet expenditure in old age, whilst retaining a roof over their heads.

OUTCOME TWO – Barrier-free society

Recommendation 3 – *Make all HDB precincts barrier-free.*

Recommendation 4 – *All new public buses should be elder-friendly.*

13. We need to build a barrier-free environment to allow seniors to live independently and continue to engage actively in society. Such an enabling environment must provide seniors with unhindered access from homes to public amenities, communal and recreational facilities. Elder-friendly buses will allow seniors to move around Singapore easily. It will give them access to Mass Rapid Transit (MRT) and Light Rail Transit (LRT) stations and complement the elder-friendly MRT system.

- **Make all HDB housing estates barrier-free across the island** in a coordinated effort to make Singapore an “Accessible City” for all. This will allow seniors, especially those with mobility challenges, to move out of their homes and into the community; and participate actively in society. Lift-upgrading programs will allow seniors to leave their HDB homes. If we can make all HDB precincts barrier-free, seniors will have access to shops and services within a precinct.
- **Make all new buses low-floor, step-free and wheelchair accessible.** This will complement the CAI recommendations to improve our buildings and physical infrastructure, to achieve an environment that is truly barrier-free. Plans for a barrier-free rail network are already in place. We should be now focusing on a senior-friendly bus network. This measure will benefit not just seniors but also other groups such as young parents with children in prams and those with physical disabilities.

OUTCOME THREE – Holistic affordable healthcare and eldercare

Recommendation 5 – *Top up Medisave Accounts when Government shares budget surplus.*

Recommendation 6 – *Family Practitioner based holistic care for seniors.*

14. We need to ensure that older Singaporeans in need of care would have access to a seamless continuum of healthcare and eldercare services. These services should maintain the dignity and quality of life for seniors, and avoid institutionalisation as far as possible.

- **Top up Medisave accounts of less well-off Singaporeans when there are budget surpluses** that the Government can share with the people. This will help defray healthcare costs as Singaporeans depend on Medisave to meet healthcare needs in their old age.
- **Family physicians should play an important role in the management of healthcare needs for seniors.** Follow-up by a dedicated family physician within close proximity to the client will ensure that seniors’ multiple needs will be comprehensively and holistically taken care of.

OUTCOME FOUR – Active lifestyles and well-being

Recommendation 7 – *Promote more programmes and services for seniors.*

Recommendation 8 – *Build on strong family ties to ensure that the family continues to be the first line of support.*

15. We want to tap the vast experience and energy of our seniors, and make sure that they can continue to contribute meaningfully to their families, communities and to society. Singaporeans, both young and old, must adopt positive attitudes towards ageing and seniors.

- **Set up a \$10million GO! (Golden Opportunities!) Fund to seed more programmes and activities for seniors and by seniors**, so that they can participate actively and continue to contribute to society. This complements the Committee's recommendations to provide elder-friendly facilities in all sports centres and within housing estates, and more learning opportunities for seniors at our universities and polytechnics. All these recommendations will encourage seniors to pursue the lifestyle of their choice, be it sports, learning, or contributing through volunteering in social organizations.

- **Build on strong family ties to ensure that the family continues to be the first line of support.** The current state of family kinship is healthy². To reinforce the role of the family, we have to continually foster strong bonds between generations. Intergenerational bonding can be promoted through the provision of family recreational areas in HDB housing estates, support to service providers in the development of intergenerational programmes, and greater public awareness of intergenerational cohesion through public campaigns.

16. Financial adequacy and Employment are key issues that affect seniors. The CAI has not made recommendations on these issues as there are other committees looking into them. The Tripartite Committee has issued its report on Employability of Older Workers. The Ministry of Manpower is studying the issues involved in financial security for seniors.

² In the HDB Sample Household Survey 2003, findings showed that the majority of seniors (90%) received visits from their married children at least once a month.

CONCLUSION

17. Ageing issues are complex and multifarious. It must be tackled through an integrated and holistic approach involving Government, community agencies and the private sector. Much progress has been made in the last several years, though more remains to be done.

18. Going forth, the collective will and effort of all sectors – the public, private and people, will contribute towards achieving “Successful Ageing for Singapore”.

Committee on Ageing Issues Report on the Ageing Population

List of Recommendations

No.	Recommendation
Housing for Seniors: Elder-Friendly Housing	
#1.	The Government should consider specific measures to facilitate the development of retirement housing by the private sector, in particular, varying the length of land leases to lower land costs, to cater to seniors who desire such lifestyles.
#2.	HDB should work with market players to offer reverse mortgage schemes for elderly HDB flat lessees at commercial terms, to provide another option for seniors to derive some income from their homes to meet expenditure in old age, without having to move out of their homes.
#3.	HDB should provide for more rental housing options for seniors, by exploring the lease of its vacant flats to voluntary welfare organisations (VWOs), to cater to seniors who may prefer to rent rather than buy, or who need to downgrade from their existing flats.
#4.	The Government should consider introducing guidelines for the provision of accessibility and safety features in the homes for seniors, through a review of the Code on Barrier-Free Accessibility, to create a more elder-friendly environment.
#5.	MCYS and HDB should work with VWOs and grassroots organizations (GROs) to provide support services within the community, and provide opportunities for seniors to lead an active lifestyle.

No.	Recommendation
Accessibility for Seniors: Barrier-Free Society	
#6.	Town Councils should make all HDB precincts barrier-free as part of their estate improvement works, in a coordinated effort to make Singapore an “Accessible City” for all.
#7.	LTA should work with the PTOs to make all new public buses low-floor step-free and wheelchair-accessible to allow everyone to use the public transport system. The Government should also help to defray the additional costs involved.
#8.	LTA should expand and accelerate the upgrading and improvement of existing barrier-free measures on road facilities to enhance accessibility between destinations, hence making it easier for seniors and persons with disabilities to move about on public streets and use the public transport system.
#9.	BCA should promote universal design through courses and guidelines, to encourage architects and designers to develop a built environment that caters to all.
#10.	BCA should introduce guidelines to improve inter-connectivity between buildings, through a review of the Code on Barrier-Free Accessibility, so that everyone can travel between buildings; and between buildings and walkways with minimal obstruction.
#11.	BCA should introduce new legislative measures to ensure continued compliance to the Code on Barrier-Free Accessibility and other building requirements, to ensure that facilities and access areas remain useable to the elderly and persons with disabilities.
#12.	The Government should set up an inter-agency barrier-free accessibility coordination committee, to coordinate efforts for barrier-free accessibility, especially in the resolution of inter-connectivity issues where responsibilities for implementing accessibility provisions are not clearly established or defined.

No.	Recommendation
Caring for Seniors: Holistic Affordable Healthcare and Eldercare	
#13.	The Government should top-up Medisave accounts of less well off Singaporeans when there are budgetary surpluses to ensure that seniors have the means to afford healthcare services.
#14.	The Government should adopt a holistic, family physician (FP) - centered approach towards the management of healthcare needs for seniors, given their close proximity to seniors in the community and ability to ensure that they receive the most appropriate level of healthcare services within the community.
#15.	The Government should explore new models of primary care delivery, such as the development of one-stop primary healthcare centres, to support a network of private sector family physicians (FPs) and allow them to shift the focus of chronic disease management from episodic care to continuing care in the form of disease management packages that are patient-centred and outcome driven.
#16.	The Government should promote family physicians (FPs) to provide first-line medical care for seniors in need of end-of-life care, whether within their own homes or in nursing homes, so that they can receive care in an environment that is familiar to them, and with their loved ones close by their side.
#17.	The Government should partner the private and people sector to study and develop the range of community-based nursing services and personal care services, to enhance the range of services available in the community to allow ‘ageing-in-place’.
#18.	The Government should set up a Caregiver Centre to support families in care-giving through provision of information resources and programmes.

No.	Recommendation
#19.	MOH and MCYS should enhance the role of Community Case Management Service (CCMS) through closer integration with the hospital system and the community, to ensure that caregivers are guided closely and linked to proper follow-up care in the community.
#20.	The Government should encourage all hospitals to collaborate with partner agencies such as Integrated Care Services (ICS) to put in place effective discharge planning systems, so as to facilitate the smooth transition and follow-up of clients from hospitals to community-based support services.
#21.	MOH and MCYS should jointly review the appropriateness of the Resident Assessment Form (RAF) classification system in defining the clientele type for nursing homes and sheltered homes, to ensure continuity and right level of care is provided. The Government should also study the longer term approach towards better integration of nursing homes and sheltered homes, in line with promoting a continuum of care.
#22.	The Government should set up a new intermediate residential care facility, to address the current service gap in intermediate residential care for seniors.
#23.	MOH and MCYS should work together to allow integrated models of day care and day rehabilitation centres to evolve based on market-driven needs, to provide more client-centric and efficient services.
#24.	The Government should streamline and reduce data requirements across service providers, so as to reduce the administrative work of agencies, freeing them to focus their energies on providing excellent services.

No.	Recommendation
#25.	MOH should review its policies to encourage private sector participation and innovation in the intermediate and long-term care (ILTC) sector and to conduct regular fora with the private sector to chart the course for the industry.
#26.	The Government should develop a holistic manpower development plan for the healthcare and eldercare sector, to ensure the supply of well-trained professionals is in tandem with the increased demand of an ageing population.
#27.	The Government should work with stakeholders to put in place a comprehensive service quality framework for the eldercare sector, to ensure consistent and progressive standards of care nationally.
#28.	MOH should review the Medisave policy to allow Medisave withdrawals for the treatment of some common chronic diseases, particularly those commonly affecting the seniors.
#29.	MOH should review the ElderShield scheme, with the aim to improve the coverage for elderly Singaporeans who require long term care.

No.	Recommendation
Opportunities for Seniors: Active Lifestyles and Well-being	
#30.	The Government should commit \$10 million over five years to set up the ‘Golden Opportunities! Fund’ (GO! Fund) to seed more programmes and activities for seniors and by seniors.
#31.	The Government build on strong family ties to ensure that the family continues to be the first line of support.
#32.	The Government should systematically inform older persons of activities. For instance, the Government could publish an active lifestyle magazine to be made readily available to older persons.
#33.	The Government should ensure that all public spaces in housing estates such as parks and sporting venues have facilities that cater to the whole family, including seniors, so as to make it convenient for seniors to engage in sports.
#34.	The Health Promotion Board (HPB) should implement more programmes to inform seniors of the importance and benefits of healthy living, to increase public awareness of health issues.
#35.	The Government should provide for more public spaces within housing estates and neighbourhood parks for seniors to interact and socialize, such as ensuring that every recreational area in estates is suitable for the whole family, including seniors.

No.	Recommendation
#36.	The National Volunteer and Philanthropy Centre (NVPC) should work with partners to develop and promote more volunteering opportunities for seniors, to better harness their experiences and skills for the community.
#37.	Universities and polytechnics should provide more learning opportunities for seniors, to allow seniors the opportunity to learn and pursue their interest areas.
#38.	The National Library Board (NLB) should provide more large print books and audio-visual materials that appeal to seniors.
#39.	SSC and People's Association (PA) should introduce family passes to encourage multi-generational use of sports facilities.

Chapter 1

Demographic Realities: Opportunities and Challenges

1. Between now and 2030, we will witness a most profound age shift in our history. In 2005, one in 12 residents was 65 years or older. In 2030, one in five residents will be 65 years or older.
2. The baby boomers¹ represent the leading edge of this coming age wave. This generation fuelled our economy after their birth. They were the recipients of an evolving education system, the forerunners of industrialization, combatants of structural unemployment and the main contributors of Singapore's economic expansion and progression.
3. Now, this same generation will continue to fuel the market for goods and services related to age and its special needs and demands – varied products and services catering to the ageing process. As with the experiences of other ageing societies, seniors will not only become important social and political voices, but a key consumer group as well.
4. Today's business strategies and advertising dollars are largely aimed at the young². But the seniors population is increasingly affluent and will wield spending power surpassing those of past ageing cohorts. Across the developed world – the United States, Japan, Korea, Australia and Europe – the “silver industry”, which has products and services catered for older persons, is already a burgeoning one. In South Korea, it is estimated that the size of the silver industry will spiral from S\$29 billion in 2000 to S\$69 billion by 2010³.
5. This silver industry will spawn interesting products and services. It varies from new housing options such as retirement housing with lifestyles suited for seniors to new education services such as Third Age Education

¹ Baby boomers are defined as those born between 1947 and 1964.

² According to gerontologist Ken Dychtwald, president of the Age Wave think tank in San Francisco, ‘Americans aged 50 and above control \$7 trillion (70%) of all US wealth, bring in \$2 trillion in annual income and account for 50% of all discretionary spending. Yet, they are the target of only about 5% of advertising dollars.’ – The Houston Chronicle, 15 February 2004.

³ The Korea Herald, 15 January 2003 and based on 1SGD = 595.464KRW.

which fulfils self-actualisation aspirations of seniors⁴. For instance, the NUS Extension (Centre for Lifelong Learning) which offers courses for seniors in Chinese history, culture, literature and poetry.

6. The growth of the silver industry here will benefit our economy and more importantly, our seniors. Seniors can look forward to products and services in healthcare, leisure, retail and other aspects of life being redesigned to suit their needs. A developing silver industry would also have considerable economic multiplier effects.

7. The ageing revolution will also change the face of our labour market. In a society where there will be a shortage of young workers, it will become increasingly critical for employers to attract and retain mature, experienced workers to maintain a competitive advantage in an evolving economy.

8. The coming demographic shift is to be reckoned with. The change in our age structure will have a profound effect on all parts of our society – individual, families, communities, businesses and Government.

THE AGEING POPULATION

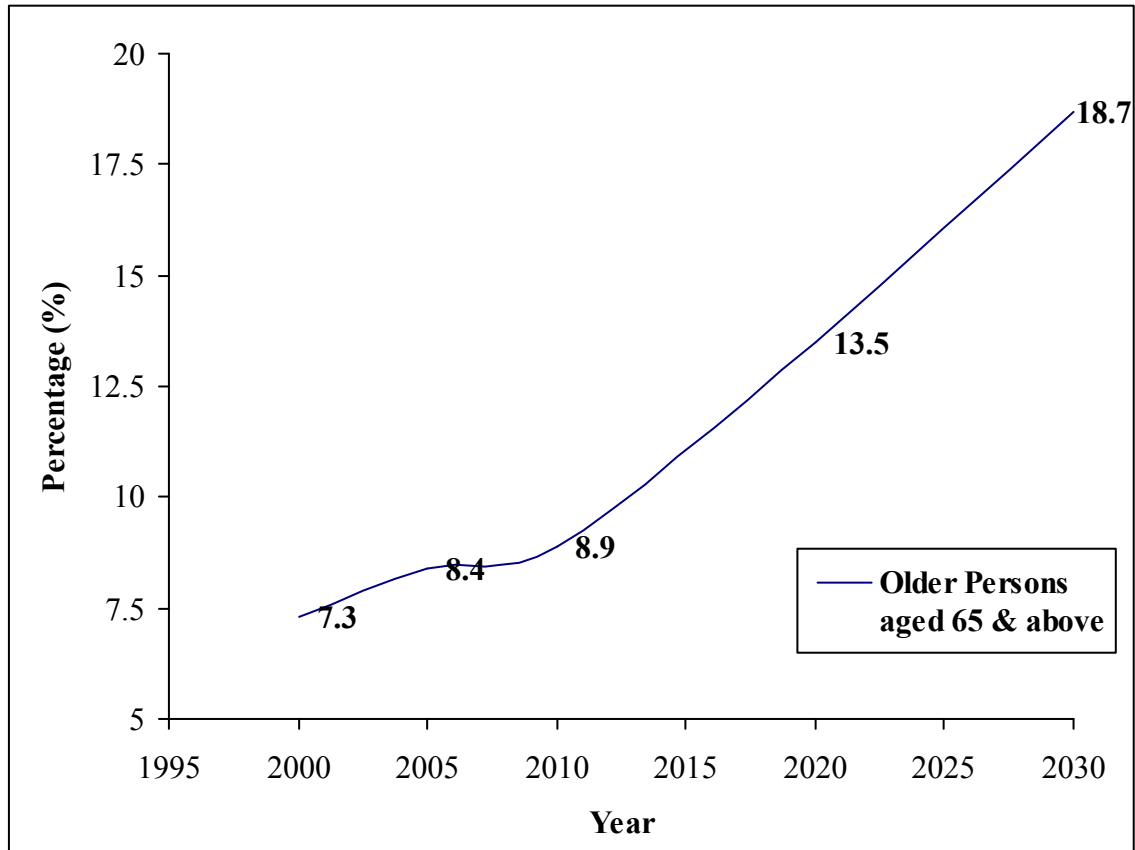
9. An ageing population brings both challenges and opportunities. Singapore's population is still relatively young today but this will change significantly over the next 6 – 24 years. The number of seniors will increase from 8.4% in 2005 to 18.7% in 2030. In absolute terms, seniors will increase from about 296,900 in June 2005 to 873,300 in 2030⁵.

10. The first batch of baby boomers will hit 65 by 2012. The next five years present a window of opportunity to put in place policies and programmes to meet emerging needs of an ageing population after 2012.

⁴ Unless otherwise stated, seniors refer to persons aged 65 and over in this report.

⁵ Singapore Department of Statistics (DOS).

Chart 1.1: Proportion of Resident Population⁶ Aged 65 & Over From 2000 – 2030



Source: Singapore Department of Statistics (DOS), 2005

⁶ Comprises Singapore Citizens and Permanent Residents.

PROFILE OF THE BABY BOOMERS

11. A majority of this group will be healthier, better educated and richer.

12. **Healthier.** In terms of mobility, about 87% of seniors are ambulant and physically independent. They will also be living longer. Our seniors will want to remain active while ageing and our policies and programmes must thus consciously factor this in.

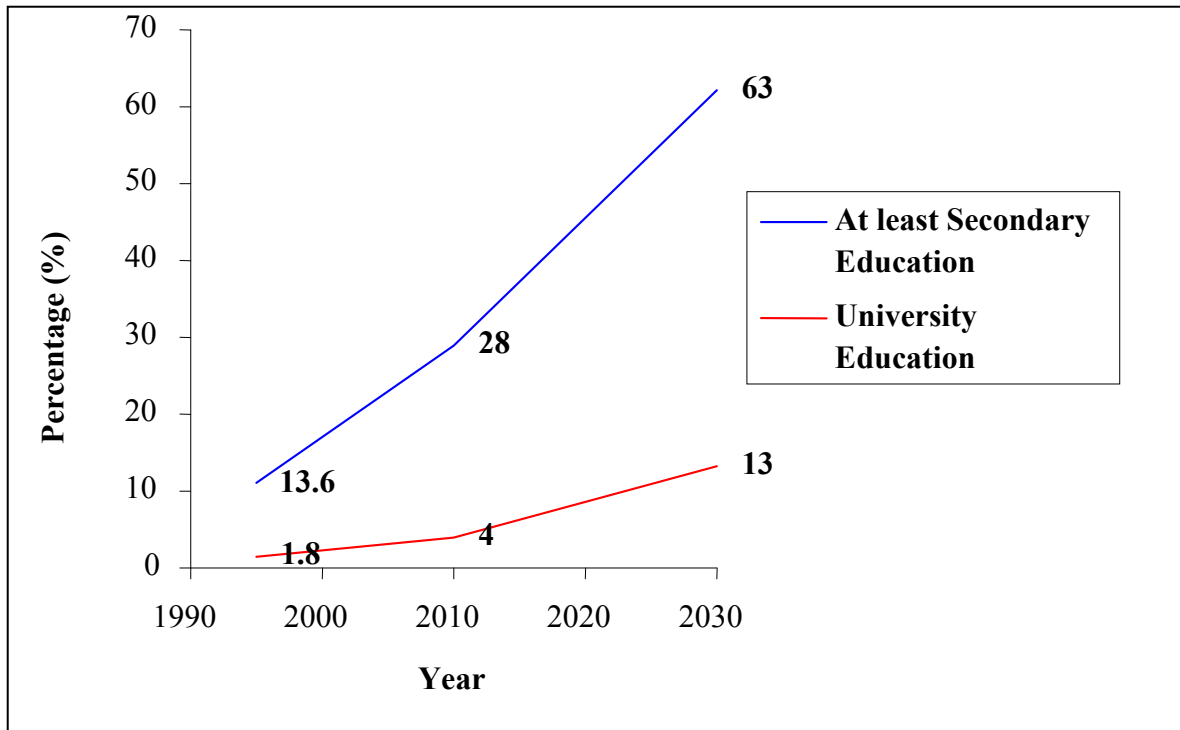
Table 1.1: Ambulant Status of Seniors

Are you able to move around physically without any help?	65 years old and above (%)	65 to 74 years old (%)	75 years old & above (%)
Ambulant and physically independent	87	93	78
Ambulant and physically independent but require walking aid	8	5	13
Require some physical assistance to move around and need some assistive device	3	1	6
Not bedridden but require total physical assistance for movement	0.7	0.4	1
Bedridden	1	0.5	2

Source: NSSC 2005

13. **Better educated.** The proportion of seniors aged 65 – 74 with at least a secondary education is projected to increase from 13.9% in 2005 to 28% by 2010 and to 63% by 2030. The proportion of seniors with a university education will increase from about 2.3% in 2005 to 4% by 2010 and 13% by 2030⁷.

Chart 1.2: Education Profile of Resident Population⁸ Aged 65 – 74 years, 2000 – 2030 (% of Resident Population Aged 65 – 74 years)



Source: National Survey of Senior Citizens (NSSC) 2005 and DOS

⁷ Data for 2010 and 2030 are from DOS.

⁸ Comprises Singapore Residents and Permanent Residents.

14. **Richer.** Each successive cohort of older people will be increasingly affluent and wield greater economic power⁹. As consumers, they represent a potentially large and untapped market sector.

Table 1.2: Average Monthly Income from Work at Equivalent Life Stage

Cohort	Equivalent age group (years)	Total
<i>In 1999 dollars</i>		
Late baby boomers ¹⁰	35 – 44 in 1999	3,310
Early baby boomers ¹¹	36 – 43 in 1990	2,140
Pre-war / war-time cohort ¹²	34 – 45 in 1980	1,280

Source: The baby boomers in Singapore, DOS 2000

15. These statistics show that the future seniors will be qualitatively different and will have different needs and aspirations. The majority will be healthy and ambulant, and will engage in social and economic initiatives. They represent a major ability pool who can make significant contributions to their families, communities, society and to the economy.

CHANGES TO THE HOUSEHOLD PROFILE

16. Changes are also expected to the household profile. The increased prevalence of smaller, nuclear families and the trend of more individuals not getting married will result in an increase in the number of wholly-elderly households.

⁹ From the Department of Statistics (DOS) study on ‘The Baby Boomers in Singapore’, June 2000, it was highlighted that succeeding generations were doing better financially than the preceding ones at equivalent age and occupational groups with a rising real income over time.

¹⁰ Persons born between 1955 and 1964.

¹¹ Persons born between 1947 and 1954.

¹² Persons born between 1935 and 1946.

17. *More wholly-seniors households.* There is a decrease in the average household size, although more seniors are staying in close proximity to their married children in 2003 as compared to 1998¹³. Seniors who were living alone or with their spouse almost doubled, from 9.7% in 1995 to 19.9% in 2005. This, together with the findings that 90%¹⁴ of married residents aged 55 years and above received at least monthly visits from married children not staying with them, attests to the desired phenomenon of “intimacy at a distance”.

Table 1.3: Living Arrangements of Senior Citizens

Living arrangement	2005 Survey			1995 Survey		
	Age group					
	Total (%)	55 to 64 (%)	65 & above (%)	Total (%)	55 to 64 (%)	65 & above (%)
Total	100.0	100.0	100.0	100.0	100.0	100.0
Living alone	5.6	4.2	7.3	3.1	2.7	3.4
With spouse only	11.0	9.5	12.6	5.2	4.2	6.3
With spouse & children but w/o grandchildren	38.7	53.5	22.6	37.1	51.0	21.6
With spouse, children & grandchildren	10.1	9.6	10.7	12.1	11.8	12.4
Without spouse but w / children & / or grandchildren	27.6	16.7	39.6	37.0	25.1	50.4
Other living arrangements	6.9	6.5	7.3	5.6	5.3	5.9

Source: National Survey on Senior Citizen (NSSC) 2005

¹³ HDB Sample Household Survey (SHS) 03.

¹⁴ HDB SHS 03.

18. ***More singles.*** Marriage rates have been declining, from 52.6 per 1,000 unmarried resident males and 60.9 per 1,000 unmarried resident females in 1990 to 43.1 and 42.1 respectively in 2004¹⁵. Correspondingly, proportionately more resident males and females had remained single. Some 14 – 16% of resident males and females at age 40 – 44 remained single in 2004. This was higher than the 11% in 1994.

19. With increasing numbers of seniors living alone, we need to start now to build an environment with sufficient and easily-accessible facilities and services for seniors.

EMPOWERING SENIORS TO CONTRIBUTE

20. The arrival of the baby boomers brings opportunities as well as the inevitable challenges. By making informed responses, we can seize the opportunities and prepare for the challenges of an ageing population, and enable seniors to lead enriching and fulfilling lives.

21. ***Housing for Seniors.*** We have been successful in making Singapore a nation of home owners. Going ahead, we need to provide a wider range of options to cater to a more diverse baby boomer cohort with higher expectations. These housing options need to be fitted with age-sensitive features to enable seniors to remain independent.

22. ***Accessibility for Seniors.*** We need to build a barrier-free environment to facilitate seniors' independence and continued engagement in society. In addition, an enabling environment can support the family in its care of their less ambulant older members at home and in the community.

23. ***Caring for Seniors.*** We need healthcare and eldercare services that are easy to use, convenient and close to seniors. Access to integrated and quality healthcare and eldercare services will ensure that institutionalisation will be avoided as far as possible.

¹⁵ DOS.

24. *Opportunities for Seniors.* With a large group possessing vast experience and energy, it will be a waste not to tap their strengths and abilities so that they can continue to contribute meaningfully to their families, communities and to society. Singaporeans, both young and old, must adopt positive attitudes towards ageing and seniors.

CONCLUSION

25. Our growing pool of seniors will have varied expectations and needs. They will have to be offered greater variety and choice. However, this also means we will increasingly have a critical mass of senior citizens to make many services and programmes more cost effective to implement. In consequence, a silver industry will be developed to offer new products and services with senior-friendly features.

26. The challenges of an ageing population cut across all sectors of society. We will require the support and cooperation of all sectors – the public, private and people sectors – in order to achieve “Successful Ageing for Singapore”.

Chapter 2

Focus on Ageing Issues

1. The issues of an ageing population are multifaceted and dynamic. Addressing the far-reaching and multi-disciplinary issues requires cooperation and coordination among various agencies. Thus far, the Government has adopted an inter-ministry approach in tackling ageing issues¹.

2. The most recent report that was published is the 1999 Report of the Inter-Ministerial Committee on the Ageing Population (IMC) which covered recommendations in six key areas – Financial Security, Employment and Employability, Housing and Land Use Policies, Health Care, Social Integration of the Elderly and, Cohesion and Conflict in an Ageing Society. Arising from the report, the Eldercare Masterplan (FY2001 – FY2005) was charted to develop a comprehensive network of community-based services.

3. The Committee on Ageing Issues (CAI) set up in December 2004 was tasked to build on the work done by previous committees. The CAI is an inter-agency forum that discusses and puts up proposals related to ageing issues. The CAI is co-chaired by Senior Minister of State for Information, Communication and the Arts, and Health, Dr Balaji Sadasivan, and Parliamentary Secretary for Community Development, Youth and Sports, and National Development, Dr Mohamad Maliki Osman, with representation from the Government, people, private, media and academic sectors. (The composition of the CAI is at [Appendix A](#) and its Terms of Reference is at [Appendix B](#).)

¹ Past inter-ministry platforms include Howe Yoon Chong's "Committee on the Problems of the Aged", 1982-1984; "Advisory Council on the Aged" chaired by Minister Jayakumar, 1988-1989; "National Advisory Council on the Family and the Aged" chaired by former Minister for Community Development, Mr Abdullah Tarmugi, 1989-1997; the "Inter-Ministerial Committee on Health Care for the Elderly" chaired by former Minister for Health, Mr Yeo Cheow Tong, 1997-1999 and the Inter-Ministerial Committee on the Ageing Population chaired by Minister Mah Bow Tan, 1999-2003 and Minister Lim Hng Kiang, 2003-2004.

DESIRED OUTCOMES

4. The CAI seeks to achieve the vision of "Successful Ageing for Singapore", such that all levels of society are well-prepared for the challenges and opportunities of an ageing Singapore. The CAI has the following desired outcomes:

- i) At the individual level, we want our seniors to be **healthy, active and secure**. They should age with respect and dignity, and lead independent and fulfilling lives as integral members of their families and communities;
- ii) At the family level, we want to see **strong, extended and caring families**. Family relationships of interdependence should complement the seniors' independence;
- iii) At the community level, we want a **strong network of community services**, opportunities for engagement and integrated communities. We want to foster a deep sense of community ownership and a high degree of participation in securing the well-being of the senior and the family; and
- iv) At the national level, we want to develop a **high level of national preparedness** for the ageing population, a competitive and vibrant economy as well as social cohesion and rootedness.

GUIDING PRINCIPLES

5. The principles established by the IMC in its 1999 report were as follows:

- i) **Contributions from Senior Citizens.** Seniors should be valued as contributing and participating members of society, and should be enabled to remain physically, mentally and socially active for as long as possible. Our national policies must cater to seniors who are well and healthy, not just those who are frail and ill.
- ii) **Care-Giving Primarily from Families.** We believe that the family is the primary care-giving unit and the bedrock of support for seniors. The family must be supported and strengthened in its ability to care for its older members to ensure that institutionalisation remains a measure of last resort.
- iii) **Collective Responsibility from All Sectors.** We should uphold the “Many Helping Hands” approach of involving the community, the family and seniors themselves in ensuring the holistic well-being of seniors. The starting point, however, must be individual responsibility to plan and prepare for old age. The family is the first line of care. The community is the second line of support to enable families in their care-giving role. The role of the State is to provide a framework that enables the individual, the family and the community to play their part.

6. The CAI reaffirms the three guiding principles instituted by the IMC. In fact, the last several years have confirmed the relevance and robustness of these three principles. Seniors are increasingly fit and capable; they are active contributors to society, and not simply passive members seeking support.

7. The continued importance and role of the family for care-giving remains clear. However, given the trend of smaller families and the increasing number of singles, the CAI notes that the role of the family as the first line of care will be increasingly challenged. We will need to find ways to strengthen and help families to fulfil their roles.

8. Given the growing number of seniors from 8.1% in 2005 to 18.7% in 2030, the principle of collective responsibility ensures that measures developed to address the ageing population would be sustainable in the long run.

9. In addition, the CAI also recognises that efforts to support an ageing population can help other groups as well. For example, a barrier-free environment caters not only to the needs of seniors; it also benefits families with young children in prams, and persons with disability. The gains from an accessible environment are thus magnified. Therefore, where appropriate, the recommendations in this report incorporate the needs of other groups.

STRATEGIC FRAMEWORK

10. This report has been organised under four strategic directions to harness the opportunities and address the challenges posed by the ageing population. A life course perspective is adopted to take into account life trajectories and role transitions of people as they age. The strategic directions are:

- i) Housing for Seniors: Elder-friendly housing;
- ii) Accessibility for Seniors: Barrier-free society;
- iii) Caring for Seniors: Holistic affordable healthcare and eldercare;
and
- iv) Opportunities for Seniors: Active lifestyles and well-being.

11. ***Housing for Seniors: Elder-friendly housing.*** Community-based living is preferred over institutionalization as a familiar surrounding amongst loved ones and different age groups provide emotional and mental support to seniors. As a one-size fits all solution will become increasingly unattractive and unfeasible, there has to be a greater variety of housing options to cater to a more diverse cohort. More importantly, the residences must be fitted with senior-friendly features to enhance ease of mobility and quality of life.

12. Another dimension to achieve a high quality of life is that home ownership should not compromise one's financial security in old age, resulting in an 'asset-rich, cash-poor' phenomenon. Individuals should be able to monetise their assets and at the same time, retain a roof over their heads.

13. ***Accessibility for Seniors: Barrier-free society.*** Barrier-free accessibility is important to seniors because it provides safe and unhindered access from their homes to public amenities and communal facilities, and allows them to participate in community and private activities just like any other person. We need to step up our efforts towards barrier-free accessibility in buildings, transportation and interfaces so that the built environment will be able to meet the mobility needs of an ageing population.

14. ***Caring for Seniors: Holistic affordable healthcare and eldercare.*** Complementing community-based living and barrier-free accessibility is a robust and integrated healthcare and eldercare system. There is a need for collaboration between relevant agencies to ensure all eldercare policies remain client centric. Services and programmes should be rationalized and streamlined wherever feasible so that the transition between step-down healthcare facilities and community-based eldercare facilities is smooth.

15. Services offered are only as good as the people delivering them. Therefore, it is necessary to develop a holistic manpower development strategy to attract, retain and build capability of staff in the healthcare and eldercare sectors.

16. ***Opportunities for Seniors: Active lifestyles and well-being.*** Seniors' needs are not generic. To cater to the more diverse group of baby boomers, we need to offer sufficient choices in leisure activities, engagement and volunteer opportunities, as well as learning options. These serve to tap the energy and experience of our seniors. We should also help seniors to keep healthy and start their preparation for old age early so that they can fully participate in their family and society in their latter years.

17. An additional strategic issue is that of ***Employability of Older Workers***. Singapore's burgeoning ageing population, especially with the coming of the baby boomers who possess a wealth of knowledge and experience, is a valuable resource to society. Besides, seniors today and of the future want to feel valued and be able to continue to contribute to their family, community and society. Many have expressed the desire to work² beyond the official retirement age and to stay active for as long as possible. They should thus be facilitated to contribute meaningfully to society.

² NSSC 2005.

18. Employment and employability of seniors are complex issues. Recognising the urgency of the matter, the Tripartite Committee on the Employability of Older Workers has been formed in March 2005 to study the subject. The Tripartite Committee has presented their recommendations in January 2006. Therefore, this topic will not be addressed in this report.

Chapter 3

Housing for Seniors: Elder-Friendly Housing

Vision

Singapore will be an elder-friendly place, one that allows and encourages older persons to live as part of the family and community. There will be a comprehensive range of housing options to meet the needs of seniors, complemented by good support care services. Singapore should be the best home for Singaporeans of all ages.

Introduction

1. A key concern of seniors will be the quality of life in their old age. As one of the basic needs of seniors, housing is important not only because an elderly person needs a secure and comfortable home but also because housing provides a social surrounding for seniors to interact with others in the community.

2. The Inter-Ministerial Committee on Ageing Population (IMC) had previously identified “ageing-in-place” as a key recommendation for housing and land use policies for seniors. “Ageing-in-place” refers to growing old in the home, community and environment that one is familiar with, with minimal change or disruption to one’s lives and activities. This is to promote social integration where the needs of seniors can be met within the community, rather than to segregate them as a distinct and separate group of the population. The concept is also consistent with the expressed desire of most Singaporeans¹.

Efforts Over the Last Five Years

3. The Government has implemented various measures over the last five years to make homes more elder-friendly and to provide more housing choices for seniors.

¹ HDB Sample Household Survey 1998 and 2003, Urban Redevelopment Authority (URA) Lifestyle Survey 2002.

4. Under the Main Upgrading Project (MUP), the Housing Development Board (HDB) upgrades sold flats with elder-friendly features such as grab-bars in the bathroom / toilet and non-slip floor tiles. At the precinct level, barrier-free features like ramps leading to blocks and to outdoor recreational facilities are provided to facilitate mobility of seniors. Similarly, HDB rental flats are upgraded under the Lift Improvement and Facilities Enhancement (LIFE) and the Rental Flat Upgrading Projects to provide a better living environment for elderly rental tenants.

5. To provide a customised housing option for seniors, HDB built Studio Apartments (SA) which are integrated within existing public housing estates. These units are sold in a ready-to-move-in condition and come with elder-friendly fittings and features such as lever taps, non-slip tiles, support hand bars, emergency pull-cords and heat detectors that activate alarms. In addition, spaces are allocated for social and community facilities which are provided by voluntary welfare organizations (VWOs) and commercial enterprises.

6. To enhance the attractiveness of SAs, HDB has also recently relaxed the rules under the SA scheme. Since August 2005, the Medisave top-up requirement and the 20% premium imposed on SA purchasers who enjoyed two housing subsidies were removed. SA buyers were also allowed to use Central Provident Fund (CPF) monies to purchase SAs provided they set aside the full cash component of their Minimum Sum. The SAs would be pledged for the amount of CPF used, up to a maximum pledge allowed under the Minimum Sum Scheme. The revised rules also allowed non-property owners to buy SAs without including their children as co-owners or occupiers.

7. To facilitate seniors to age-in-place and live with or near children, HDB has also various schemes such as the CPF Housing Grant Scheme and the Married Child Priority Scheme (The details of these schemes are in Appendix C).

CAI's Focus

8. The CAI agrees with the IMC's strategic thrust of "Ageing-in-Place" as a key driver for social integration and has identified three strategies to achieve the desired outcome:

- i) Provide a range of housing options;
- ii) Provide housing options with features suitable for seniors; and
- iii) Facilitate monetisation of housing assets.

Provide a range of housing options

9. Given the diverse group of seniors and the different preferred living arrangements amongst seniors, as well as the dynamic needs and changes in family structure and health status, it is necessary to provide a comprehensive and affordable range of housing options for seniors.

10. Depending on their preferences and financial means, seniors can either buy a SA or buy or rent a HDB flat. HDB is also exploring the feasibility of building 2-room HDB flats for those who want to purchase smaller homes. For those who prefer private housing, there are executive condominiums and private residences. See Appendix D for a description of the existing housing options. The CAI has identified further areas where improvements can be made.

Provide more rental housing options for seniors

11. More rental housing options should be provided for seniors who may prefer to rent rather than buy, as they do not want to commit a lump sum for housing upfront. This will also provide more alternative options for seniors who need to downgrade from their existing flats to meet their post-retirement needs.

12. **The CAI recommends that HDB explore leasing its vacant flats to voluntary welfare organisations (VWOs) for letting out to seniors.** Besides using the flats as residential units, some of the units could be converted into offices / communal facilities as part of the support services to be provided exclusively for the occupants at such VWO-run seniors housing.

Encourage private developers to develop retirement housing

13. The IMC deliberated the issue of retirement villages as a form of retirement housing and concluded that private developers should lead in the development of such housing options for the more well-off seniors. Currently, the only dedicated housing option available for seniors is HDB studio apartments. This might not be sufficient to meet the needs of our future seniors who are likely to be better-educated and have higher expectations about the quality of their housing and lifestyle. We expect this group of better-educated seniors to demand a wider variety of housing options, including higher-end retirement housing which offers dedicated lifestyle facilities.

14. An Urban Redevelopment Authority (URA) survey carried out in 2002 indicated that the idea of living in retirement villages appears to be gaining greater acceptance. More than 20% of the elderly households surveyed are open to the idea of living in retirement villages. The percentage is higher for the more highly educated and younger households who will be the elderly of the future. Having such retirement villages as a housing option in Singapore would therefore offer another choice for seniors. It would also help to encourage seniors to remain in Singapore and age-in-place.

15. Hence, some form of private retirement housing could therefore be developed in the longer term in support of the “ageing-in-place” concept. Overseas examples of retirement housing such as those found in Hong Kong and Japan have many elder-friendly facilities and services, e.g. communal lounge, laundry services, meal services and social programmes, which encourage seniors to mingle, remain active and lead meaningful lives.

16. Developers have often cited the high land cost as the key obstacle to the development of private retirement housing in Singapore. Shortening land leases will help to reduce the high costs involved. Hence, the **CAI recommends that the Government consider specific measures to facilitate the development of retirement housing by the private sector, in particular, varying the length of land leases to lower land costs.**

Provide housing options with features suitable for seniors

17. The range of housing options should ideally have features that accommodate the needs of seniors. HDB has helped to develop a more elder-friendly environment through the following programmes:

(a) Project LIFE

Under Project LIFE (previously known as Project to Improve the Living Conditions of the Elderly), selected one-room rental blocks with relatively high concentration of older persons in low-income households are upgraded with new fixtures and fittings. For example, lifts modified to stop on every floor (where technically feasible), non-slip floor tiles and a support hand bar in the toilet, lever taps and an alert alarm system. The installation of such elder-friendly features enhances the mobility of the older residents and enables them to live independently while being assured of help if needed. These improvement works are fully funded by the Government.

Complementing HDB's efforts in the hardware aspects of the environment, the Ministry of Community Development, Youth and Sports (MCYS) caters to the software aspects in terms of community support and services. This ensures that the quality living of seniors is addressed holistically.

(b) Upgrading Programmes

Another approach adopted by HDB to enable older residents to "age-in-place" is through its upgrading programmes (i.e. Main Upgrading Programme, Interim Upgrading Programme and Lift Upgrading Programme) which make the physical environment of older estates more elder-friendly and accessible. Further, under the Selective Enbloc Redevelopment Scheme (SERS), senior residents can upgrade to new and better flats without being uprooted from their existing neighbourhoods. They are collectively rehoused as a community in a nearby new housing estate. This ensures the kinship and neighbourhood ties (a source of socio-emotional support) built over the years remain intact.

18. Besides efforts by HDB, the CAI sees a need for other Government agencies to address the issue of providing complementary features to housing options for seniors.

Review the Code on Barrier-Free Accessibility to incorporate elder-friendly features and facilities in homes

19. **The CAI recommends that the Government consider introducing guidelines for the provision of accessibility and safety features in the homes for seniors, through a review of the Code on Barrier-Free Accessibility,** to create a more elder-friendly environment that accommodates the needs of seniors. For example, there could be a provision to ensure that at least one bathroom / toilet in the home is large enough to be retrofitted to incorporate elder-friendly features and facilities when the need arises.

Complement housing options with support services

20. Equally important, housing for seniors should be complemented by good support care services. **The CAI recommends that MCYS and HDB work with VWOs and grassroots organizations (GROs) to provide support services within the community.** The siting of such social support services within the community, e.g. Senior Activity Centres, Neighbourhood Links and Senior Citizen Clubs, will provide additional opportunities for seniors to lead an active lifestyle.

Facilitating monetisation of housing assets

21. Our CPF system has been successful in making Singapore a nation of homeowners. Latest figures show that 88% (or about 40,000) of HDB households with the youngest lessee aged 65 years and above have fully discharged their HDB mortgage loans. A significant number of these seniors are ‘asset-rich, cash-poor’.

22. To help senior HDB flat owners to monetise their flats, existing Government policies allow them to downgrade to smaller flats and studio apartments, or sublet a spare room or their whole flat. The Subletting of Whole Flat Scheme allows flat owners to sublet their whole flat. This will encourage older persons to move in with their married children and monetise their HDB flats, both to meet their needs in their golden years and alleviate the “asset-rich, cash-poor” phenomenon.

23. On the other hand, the scheme also enables the emergence of a sufficiently large HDB rental market to fill the gap between HDB subsidized rental housing for the very low-income at one end, and home ownership at the other. This will offer persons who are not ready or able to commit to home ownership an alternative that does not oblige them to look to HDB for housing assistance.

24. Reverse mortgage schemes would provide another option for seniors to derive some income from their homes to meet expenditure in old age, without having to move out of their homes. Currently, NTUC Income is the only provider of reverse mortgages in Singapore with a scheme that is restricted to private properties. **The CAI recommends that HDB work with market players to offer reverse mortgage schemes for elderly HDB flat lessees at commercial terms.**

Chapter 4

Accessibility for Seniors: Barrier-Free Society

Vision

Singapore will be an inclusive elder-friendly place, one that allows older persons to integrate with the wider community and lead active lives. Starting from the home, flats and buildings will be elder-friendly. Coming out of their homes, the built environment and transport system will be barrier-free. They will afford seniors a safe and unhindered travel passage; via accessible lifts, walkways and transport pick-up points, complemented by a user-friendly transportation system to their destinations.

Introduction

1. Accessibility is a key enabler for people to have more opportunities, be it with regard to social, cultural or economic participation. An accessible environment allows our seniors to maintain essential links to friends, family and the wider community. It facilitates seniors in maintaining their independence. In its report, The Inter-Ministerial Committee on the Ageing Population (IMC) made recommendations to develop an elder-friendly built environment.
2. Moreover, an accessible environment is an important complement to “Ageing-in-Place”, which was mentioned in the previous chapter. For the “Ageing-in-Place” concept to be successful, the physical environment must be made elder-friendly to provide safe and unhindered access from homes to public amenities, communal and recreational facilities as well as the public transport system. The physical environment has to be conducive to the well-being of seniors and should enable them to participate in activities as an integral part of the community just like any other person.
3. Given the increasing trend of seniors living alone, making Singapore elder-friendly becomes even more pertinent. The number of wholly seniors households rose from 10,400 in 1990 to 25,700 in 2000. Elder-friendly physical infrastructure in the community, including transport and public access infrastructure, will help seniors living alone to access essential support services and programmes as they age within their homes and communities.

Efforts Over the Last Five Years

4. The Government has implemented various measures over the last five years to make homes, the physical environment and the transport system more elder-friendly and barrier-free.

Accessibility of the Built Environment

5. The implementation of the Code on Barrier-Free Accessibility in Buildings in 1990 was a critical milestone in making our built environment user-friendly to people with difficulties in movement, which include seniors. The Code ensures that all new buildings built from 1990 onwards conform to a minimum set of standards on barrier-free provisions. It also applies to existing buildings that undergo major refurbishment.

6. In the last review in 2002, the Code was expanded to include more mandatory barrier-free features to be provided in the common area of new buildings. In addition, four design guidelines on (a) facilities for seniors, (b) family-friendly facilities, (c) facilities for the visually handicapped and (d) facilities for children with disability were incorporated as appendices to the Code. Although non-mandatory in nature, these design guidelines provided reference on feasible solutions, and were helpful for architects and building owners in designing special buildings for specific needs.

7. Efforts were also made to raise awareness among developers and architects on the needs and benefits of designing for accessibility. In a private initiative to promote public awareness of the special needs of persons with disabilities, the Singapore Institute of Architects (SIA) and Handicaps Welfare Association (HWA) jointly spearheaded the biennial “Barrier-Free Accessibility Award” in 1998. The latest SIA-HWA Award was given out in November 2005.

8. The Government also introduced the Lift Upgrading Programme (LUP) in 2001 to provide lifts at every level of high-rise HDB blocks where feasible. The LUP has benefited seniors in particular, by providing them with improved mobility and barrier-free accessibility. The LUP was extended to cover four-storey low-rise blocks in December 2004 and would be stepped up and completed over the next 10 years in view of our ageing population.

Transport Accessibility

9. Since 2000, Land Transport Authority (LTA) has been retrofitting existing Mass Rapid Transit stations to enhance accessibility to seniors and persons with disability. The retrofitting exercise, costing \$81.5 million, will be completed by mid-2006. All future lines will comply with barrier-free requirements. In addition, Public Transport Operators (PTOs) have been bringing in low-floor buses over the past few years. To date, there are about 91 low-floor step-free buses in Singapore.

CAI's Focus

10. The CAI feels that we should mount a full and coordinated effort to make Singapore an "Accessible City". This goal is definitely within reach. Conceptually, we need to start from the individual and expand his "reach" outwards – starting from his home, lift access to every floor; next, barrier-free accessibility within precincts; beyond that, barrier-free connectors between precincts to develop accessible housing estates; user-friendly public transport system to facilitate access all over the island; and finally, plans to make all buildings accessible eventually. Such an effort will ultimately benefit seniors, persons with disability and other user groups with mobility problems.

Strategic Thrusts to Improve Accessibility

11. The provision of barrier-free accessibility (BFA) features should be provided in an integrated fashion so that the user will not be impeded in moving across different domains, such as buildings-to-buildings and roads-to-buildings. In particular, the CAI sees the importance of taking a holistic approach to address the issue. A four-prong strategy of the approach is proposed:

- i) Mitigate existing challenges;
- ii) Tackle future challenges upstream;
- iii) Maintain elder-friendly infrastructure; and
- iv) Raise awareness and capability of the industry and stakeholders.

Mitigate existing challenges

Implement improvement works for BFA features in HDB precincts

12. Most of the older HDB precincts have achieved improved barrier-free accessibility through upgrading programmes or redevelopment. However, there are some precincts built before the 1990s which are still lacking in barrier-free provision. As these precincts are generally not that old, they may have to wait several years before they will undergo upgrading. Yet given our ageing population, it would make sense to retrofit such precincts early.

13. The CAI has considered a joint pilot study by HDB and the Jurong Town Council to improve barrier-free accessibility in a precinct in Bukit Batok East. The study showed that it is relatively cost-effective to retrofit existing precincts to provide barrier-free access within and beyond the precinct¹.

14. Depending on the outcome of the pilot project, it would be beneficial to extend this to precincts in other Town Councils. Thus, the **CAI recommends that Town Councils should make all HDB precincts barrier-free as part of their estate improvement works, in a coordinated effort to make Singapore an “Accessible City” for all.**

Upgrading of road facilities

15. As improvements are being made to the accessibility of buildings, it is just as important to ensure that the connecting roads and walkways are accessible. Hence, in tandem with the earlier initiative to implement BFA features at the precincts level, the **CAI recommends that LTA should expand and accelerate the upgrading and improvement of existing barrier-free measures on road facilities to enhance accessibility between destinations.** This will make it easier for seniors and persons with disabilities to move about on public streets and to use the public transport system. Priority should be given to HDB estates that will be undergoing upgrading and development programmes (to dovetail and coordinate with other agencies) as well as other high-traffic areas. The works could include enhancements such as:

- removing obstacles where feasible on pedestrian walkways to allow barrier-free access for the wheelchair bound;

¹ The extent and corresponding cost of retrofitting will vary among precincts.

- thickening of road crossing lines to aid the visually impaired;
- installing traffic signal posts with vibrating push button capability as an audio alert for the visually impaired;
- using reflective sheetings of higher reflectivity (at shorter viewing distance) for traffic signs, street name signs and temporary traffic control signs. This will meet the needs of older motorists;
- providing ramps connecting bus interchanges and buildings / train stations;
- providing kerb-cut ramps to be flushed with road surface that allows a smooth level transition with decision tactile to guide the visually impaired; and
- providing decision tactiles at bus stops, taxi stands, and the top and bottom landings of pedestrian overhead bridges, underpasses and boarding points at bus interchanges.

Provide for wheelchair-accessible buses

16. The transport system is a critical component complementing the built environment. With the efforts to enhance accessibility within the built environment, we must similarly step up our efforts to make our public transport system more elder-friendly. The rail system is currently being upgraded with more accessibility features, and hence the missing link will be an accessible and elder-friendly bus network.

17. The CAI notes that the PTOs are already bringing in low-floor step-free buses, with some 91 of these buses already in operation. The elimination of steps at the bus entrance and exit has provided a more direct and easier access for passenger embarkation (especially seniors) from the road kerb. Many countries, e.g. U.K., U.S. and Australia have also adopted such measures to improve the accessibility of their local public transport.

18. With the provision of more low-floor step-free buses, it is possible to enhance such buses with additional accessibility features in a cost effective manner. In many countries, low-floor step-free buses are fitted with features such as access ramps to provide passengers with a more holistic accessibility experience. In addition, it is possible to adopt cost effective measures such as fleet replacement to gradually overhaul the mainstream transport system to cater to the above improvements. The beneficiaries will not be limited to seniors and persons with disabilities alone, but will include other user groups such as families with young children in prams and strollers.

19. Hence, the CAI recommends LTA work with the PTOs to make all new public buses low-floor step-free and wheelchair-accessible. As there would be additional costs required to make these buses wheelchair-accessible, the CAI also recommends that the Government consider helping the PTOs defray the additional costs involved. This would further enable the less mobile elderly population as well as the population with mobility challenges to enjoy greater accessibility to the public transport system.

Feature Highlight: Low-floor step-free buses



A low-floor step-free bus has a lower gap between the bus floor and road kerb.

In addition, the low-floor step-free bus does not have the typical 1 – 2 extra internal steps in current buses on which one has to climb up to board the bus.

The low-floor feature extends throughout the entire bus and exits, too, are step-free to facilitate easy alighting.



Tackle future challenges upstream

Promote universal design to benefit all users

20. Currently, the Code on Barrier-Free Accessibility in Buildings caters primarily to the needs of wheelchair-bound users. Going forward, the CAI recommends that all buildings should be designed such that they cater to all persons, be they visitors or occupants, or persons with disability, seniors or children. Such an approach is termed “universal design”, i.e. the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. While achieving benefits to more users, there is also considerable cost savings if requirements are incorporated in an inclusive design at the upstream. It is therefore important for architects / designers to adopt universal design.

21. Hence, the **CAI recommends that the Building and Construction Authority (BCA) should promote universal design through courses and guidelines**, so as to encourage architects and designers to develop a built environment that caters to all. For example, BCA could work with industry partners to publish a good practice guide on the design of accessibility features based on universal design principles. BCA could also work with tertiary institutions to incorporate universal design courses in architectural and engineering programmes.

Feature Highlight: Universal design



An illustration of universal design is the provision of both ramp and steps for access by everyone – not just by those with special difficulties, but for all users in all situations.

Enhance inter-connectivity between buildings

22. The Code on Barrier-Free Accessibility in Buildings currently applies only to the approach to a building and the common spaces within a building. The CAI notes that it does not apply to the interconnection between adjacent buildings and infrastructures especially if they are not part of the same development. Barriers that exist at such interfaces can pose challenges, e.g. persons in wheelchairs may need to travel between buildings by entering and exiting via the main approaches. **The CAI recommends that BCA introduce guidelines to improve inter-connectivity between buildings, through a review of the Code on Barrier-Free Accessibility,** so that everyone can travel between buildings; and between buildings and walkways with minimal obstruction.

Maintain elder-friendly infrastructure

23. Under the current provision of the Building Control Act and Regulations, the BFA requirements will apply whenever building works are carried out. However, after a new building is completed and the Certificate of Statutory Completion is issued, if the building owner or management misused these facilities or cause these facilities to be un-useable, e.g. blocking pathway for wheelchair access, etc., BCA is currently unable to take action against the party or parties concerned.

24. To address such issues, **the CAI urges BCA to introduce new legislative measures to ensure continued compliance to the Code on Barrier-Free Accessibility and other building requirements,** so as to prevent tampering and abuse by the building owners and users. This will help to ensure that elder-friendly infrastructure remains useable.

Feature Highlight: Ensuring continued compliance to Code on Barrier-Free Accessibility



The picture on the left illustrates an example of how accessible features are rendered un-useable. The driveway is meant as a passageway for wheelchair users. However, to avoid other car drivers from using the passageway as well, chains have been erected across the bollards. This impedes wheelchair users from using the passageway.

Raise awareness and capacity of the industry and stakeholders

25. Beyond building-to-building inter-connectivity, there are areas, typically at interfaces between new developments and existing spaces / buildings, where the responsibilities for implementing accessibility provisions are not clearly established or defined. The lack of coordination between persons / organizations in managing the interfaces has contributed to problems on barrier-free accessibility at the inter-connections.

26. To encourage closer coordination and integration of public-private-people efforts in resolving such inter-connectivity issues, the **CAI recommends that the Government set up an inter-agency barrier-free accessibility coordination committee² to coordinate efforts for barrier-free accessibility** and remove impediments towards the development of barrier-free accessible features.

² This inter-agency workgroup will be similar in concept to the Zero-In-Process (ZIP) committee, which helps to resolve difficult and systemic problems facing the public. These problems typically are cases that involve more than one public agency, or that fall into grey areas between existing regulations and agency boundaries.

Feature Highlight: Inter-connectivity issues



A typical example of an inter-connectivity issue is the difference in levels. There is no continuous ramp constructed to link between the precinct space and the pedestrian walkway along the main road. It is difficult for a wheelchair user to reach the main road.

27. Besides raising the capability of the industry and stakeholders, there is a need to increase their awareness of accessibility issues. It is not enough for designers and developers to follow the letter of accessibility legislation. It is important that they understand the intention behind these rules, imbibe the rationale and work towards the creation of an inclusive environment. As accessibility extends beyond the built environment, professionals, user groups and the public also need to understand and accept the benefits of an inclusive transport system. To achieve this, the regulators, building and transport professionals and user groups must play their part and work in close collaboration with one another. Hopefully, this will lead to more ground-up initiatives and a holistic approach in tackling the challenges. These combined efforts of the public-private-people sectors will help to bring us another step forward in making Singapore a more gracious and inclusive society.

Chapter 5

Caring for Seniors: Holistic and Affordable Healthcare and Eldercare

Vision

Older Singaporeans in need of care have access to a seamless continuum of healthcare and eldercare services, ensuring that the dignity and quality of life of seniors are maintained. This is achieved by:

- A vibrant private sector providing a diverse and seamless spectrum of services catering to the different needs and means of the seniors of the future;*
- A dynamic people sector, providing a spectrum of health and eldercare services within the community and catering to needy Singaporeans; and*
- Efficient and cost-effective Government-subsidised healthcare and eldercare services that are easily accessible to seniors living in the community.*

Introduction

1. The demographic trends point to a future of challenges and opportunities for Singapore. First, seniors with age-related chronic diseases and functional disabilities are expected to grow with the ageing of the population. In year 2005, an estimated 8,000¹ seniors had a high level of dependency in basic activities of daily living². Second, the majority of post-war baby boomers, being better educated and more financially secure, will have higher expectations and demands on the type and quality of care. Third, a larger number of the future cohort of seniors will likely fall in the category of “old-old³”, single and “living alone” seniors, as well as seniors with small families.

¹ National Survey of Senior Citizens, 2005

² For the purposes of the report, a high level of dependency is defined as dependency in at least 3 out of 6 activities of daily living, which include feeding, bathing, dressing, toileting, bed / chair transfers and continence. Seniors also made up a substantial proportion (28%)² of admissions at the hospitals.

³ Old-old refers to seniors aged 85 years and over.

2. These trends collectively indicate that the demand and expectations for quality care will rise. The entire eco-system of care comprising the Government, the people sector and the private sector will have to work collectively to tackle these challenges.

Efforts over Last Five Years

3. The Inter-Ministerial Committee on the Ageing Population (IMC) in 1999 considered two key thrusts in the provision of care for seniors – developing a strong network of community-based services and ensuring long-term sustainability in provision of services.

4. A supportive care environment is instrumental towards our desired outcome of enabling care within the family and also “ageing-in-place”, where seniors can continue living in the community they are familiar with. The IMC therefore emphasised the promotion of a strong network of community-based services to support families caring for older members.

5. A significant achievement has been the implementation of the Eldercare Masterplan – a blueprint for the development of a comprehensive network of community-based services. Implementation of the Masterplan has resulted in more service providers offering a variety of residential, centre-based and home-based care services for seniors (See Table 4.1). In terms of community-based facilities provided by MCYS, the number of clients served by the network of services increased by 52%. In terms of residential-based facilities, the number of licensed beds at sheltered homes and nursing homes increased by 10% and 45% respectively.

Table 5.1: Healthcare and Eldercare Services, 1998 and 2005

		Ministry	1998	2005
Health Care Services	Nursing Homes	MOH ⁴	23 VWO Homes 24 Private Homes	28 VWO Homes 28 Private Homes
	Day Rehabilitation Centres	MOH	20 centres	25 centres
	Day Care Centres for Dementia	MOH	3 centres	6 centres
	Home Medical Services	MOH	3 VWOs	10 VWOs
	Home Nursing Services	MOH	2 VWOs	14 VWOs
Social Services	Sheltered Homes	MCYS	19 Homes	18 Homes
	Day Care Centres	MCYS	11 centres	18 centres
	Befriender Service	MCYS	1 VWO	1 VWO
	Home Help Services	MCYS	2 VWOs	8 VWOs

Source: MOH and MCYS

6. Second, with rising healthcare expenditure, particularly in an ageing population⁵, the IMC also emphasised the need to ensure long-term sustainability in service provision. To this end, several measures have been put in place. The Eldercare Fund, an endowment scheme which complements Government's budget in providing operating subsidies to step-down healthcare services, was set up in 2000. To promote personal responsibility in financing long-term care needs, a long-term care insurance scheme, Eldershield, was introduced in 2002 to provide financial cover for severe disabilities.

⁴ Ministry of Health (MOH).

⁵ The Report of the 1999 IMC made reference to a National University of Singapore study which reported that National Healthcare Expenditure was expected to increase from 3% in 1999 to 7% of Gross Domestic Product in 2030.

CAI's Focus

7. The Committee on Ageing Issues (CAI) builds on the achievements over the last five years under the two strategic thrusts of the IMC, i.e. a strong network of community-based services and ensuring long-term sustainability in provision of services. Alike the IMC, we believe that the approach to meet the demographic opportunities and challenges is to enable care within the family and also “ageing-in-place”, where seniors can continue living in the community which they are familiar with.

8. To further understand the challenges, the CAI feels that there is a need to differentiate between seniors’ medical needs and personal care needs. In terms of medical needs, the majority of seniors will have periodic illnesses and are no different from the rest of the population. However, more of the seniors will have chronic diseases and we would have to help them manage their diseases carefully.

9. Then, there are personal care needs. The majority of older Singaporeans (about 95%⁶) are able to manage their personal care and daily activities; only 5% of seniors are dependant in one or more activities of daily living and will require assistance. However, such assistance often does not constitute medical attention or clinical treatments. Many of these seniors are best cared for by their immediate family members; for others, programmes and services may need to be provided to assist them whilst living within the community.

Eco-system of care – private sector, people sector and Government

10. To achieve the desired outcome of care within the family and ‘ageing-in-place’, the entire eco-system of care, i.e. private sector, people sector and Government, will have to collaborate and work strategically. The CAI’s views on the eco-system are as follows:

⁶ National Survey of Senior Citizens, 2005.

11. Private sector. The CAI is of the view that there is increasing business potential as well as increasing scope for the private sector to play a larger role in providing services to older Singaporeans. This ‘silver’ generation of well-educated and financially secure seniors will fuel an age-specific market for healthcare and eldercare services and products, and become a key consumer group. As evidenced by the experiences of other ageing societies, the ‘silver’ market (products and services designed for older persons) is already a burgeoning industry. They will expect a varied choice of products and services, and would be well-informed to demand quality as well as alternative and innovative options.

12. People sector. The people sector has served a pivotal role in the provision of healthcare and eldercare services in the community and should continue its important role in serving the needs of seniors. They can provide a complementary range and option of services for Singaporeans who need care. With their experience, they will be well placed to continue reaching out to those in need of but are unable to afford a reasonable level of care services.

13. Government. The Government must recognise and do its part to address these changing needs. First, in terms of financing, we acknowledge that not all older Singaporeans require financial assistance. Many have planned for their retirement needs, including their healthcare and eldercare needs. For them, the Government ought to facilitate the development of the private market whilst ensuring an equitable and competitive market structure so that market pressures can force product innovation and price-competitiveness to benefit Singaporeans.

14. However, there will also be Singaporeans who are needy and require financial assistance from Government. For these Singaporeans, the Government should partner the private and people sector to ensure that subsidised services are relevant, responsive to needs and delivered in a cost-efficient manner. A strategic overall plan in helping Singaporean seniors who can’t afford care ought to be developed. Government should be judicious and deliberate so that subsidies given for this group of seniors (either directly or through assistance to VWOs) do not distort the market.

15. The Government’s role also goes beyond financing the use of services. It also has a key role to play in terms of manpower development, regulations and the setting of standards for the sector. In addition, it should facilitate planning and development of the sector.

16. Specifically, the CAI proposes the following four key thrusts in providing a continuum of healthcare and eldercare services:

- (i) Strengthen care services within the community;
- (ii) Facilitate integrated service planning and delivery;
- (iii) Enhance diversity and capability development within the sector;
and
- (iv) Ensure affordability of health and eldercare services.

Strengthen Care Services within the Community

17. In the last five years, a comprehensive slate of services has been developed aimed at supporting families in their care-giving roles (See [Appendix E](#)). While the breadth of services has grown over the last five years, there is still the need to strengthen the present framework of services, particularly to ensure continuity between acute care and community-based care, and to bolster care given by families.

Family physicians to play pivotal role in managing healthcare needs of seniors

18. Countries with ageing populations, such as the U.K., U.S. and Australia, have made “Healthy Ageing” a key goal of their health service planning. They have achieved healthy ageing of individuals and populations by promoting health, preventing illnesses, and minimising disabilities as a result of age and disease, and premature death.

19. Similarly, the demand for primary prevention, screening and maintenance of health is expected to increase as our future seniors will likely be healthier and more educated. Family Physicians (FPs) are in close proximity to seniors because they operate within the community. As such, they are best positioned to provide a holistic approach to primary prevention, maintenance of health and screening of diseases. The role of FPs as the main providers of family medicine and care for the elderly is expected to enlarge over time and their ability to care for a wide range of medical problems within the community would correspondingly need to increase.

20. **The CAI recommends that in its healthcare strategy, Government should adopt a holistic, FP-centered approach towards the management of healthcare needs for seniors.** Community-based FPs are best positioned to help ensure that seniors receive the most appropriate level of healthcare services and reduce the reliance on acute hospital services.

One-stop primary care centres for effective management of chronic diseases in community

21. The emphasis on health promotion and disease prevention would reduce the burden of chronic diseases. Nonetheless, there is still a high proportion of Singaporeans with chronic diseases such as diabetes, hypertension and high total blood cholesterol (Table 5.2). Reorganisation of the primary care delivery system will allow FPs to play a larger role in providing a continuum of care, and hence allow for optimal long-term outcomes for Singaporeans with chronic diseases.

Table 5.2: Proportion of Singapore Residents aged 65 to 74 years with Diabetes Mellitus (DM), Hypertension (HT) and High Total Blood Cholesterol (CL), 2004

	Proportion
With one or more of the following: 1)DM 2)HT 3)CL	85.5%
With DM	35.3%
With HT	66.2%
With CL	21.8%

Source: National Health Survey 2004

22. **The CAI recommends that the Government explore new models of primary care delivery, such as the development of one-stop primary healthcare centres.** The one-stop primary healthcare centre would support a network of private sector FPs and allow them to expand their role within the community. FPs could tap onto the resources available within one-stop centres and in so doing, shift the focus of chronic disease management from episodic care to continuing care in the form of disease management packages that are patient-centred and outcome driven.

FPs as the provider of end-of-life care

23. New advances in medical knowledge and technology create new choices for both patients and healthcare providers. Modern medical technology may prolong life in the final stages of a terminal illness, occasionally at the expense of the quality-of-life of the patient. When a patient enters into the final stages of a terminal illness, medical technology can never arrest the dying process. In such situations where further medical intervention would be futile, patients should have the right to receive care in an environment that is familiar to them, and with their loved ones close by their side.

24. **The CAI recommends that FPs provide first-line medical care for seniors in need of end-of-life care, whether within their own homes or in nursing homes.** Training of FPs could be enhanced to confer them an increased familiarity with end-of-life care. FPs could be organised into networks supported by the proposed one-stop primary care centres to provide the necessary care for patients within their homes. Nursing homes could also partner with these enhanced FP networks to ensure a good quality-of-life for patients.

Enhance support for “ageing-in-place”

25. There is an existing network of community based services to facilitate ageing-in-place. However, there will be a need to develop new models of community healthcare and eldercare services to meet the needs of an increasing population of seniors who are largely healthy, but limited in their independence due to age-related frailty. Such services should be affordable, accessible and financially sustainable in the long term.

26. Community-based nursing services meet the needs of seniors who require a high level of nursing care and who would like to continue residing within the community. However, such services, especially home nursing, are costly. More cost-effective models of community-based nursing services should be explored. Alternative approaches could be for home healthcare to be provided by healthcare assistants (HCAs) or for community-based nursing services to be located in centralised locations, e.g. Day Rehabilitation Centres (DRCs) and where transport services are provided where necessary. **The CAI recommends that Government partner the private and people sector to study and develop the range of community-based nursing services to allow ‘ageing-in-place’.**

27. Similarly, community-based personal care services that are currently available to seniors are often limited and expensive. In this aspect, the people sector has provided and could look into providing even more community-based Home Help Services for the frail elderly in their own homes such as meal delivery, laundry service, help in personal care hygiene, transport and escort service to hospitals / clinics. HCAs could also serve as skilled caregivers and provide simple nursing care and assistance in activities of daily living for seniors who have higher and more complex care needs. The HCAs will also be able to coordinate the social support needs of seniors and to care for a pool of seniors living in the community. Such an initiative can be supported by liberalising the approach to foreign-trained HCAs, and training

more local HCAs. **The CAI recommends that Government partner the private and people sector to enhance the range of services available for the elderly who require assistance with personal care.**

Increase support for caregivers

28. A majority (85.5%)⁷ of seniors live with their families and about 29% depend on a main caregiver⁸ to care for their daily personal needs. Care-giving can be an overwhelming responsibility. Focus Group Discussions with caregivers held by acute hospitals, community hospitals, VWOs and case management agencies indicate the need for more coordinated and targeted carer support services. We feel that Government should step up efforts directed towards supporting caregivers.

29. **The CAI recommends that Government set up a Caregiver Centre to support families in care-giving.** The centre should build up information resources on the services available and connect caregivers with the relevant service providers. The centre could also initiate new research and programmes in support of caregivers.

⁷ NSSC 2005.

⁸ Main caregiver is defined as someone whom the senior depends on look after his daily personal needs, either due to health problems or inability to do routine personal care.

Feature Highlight : Elder Safety Demonstration Room



One of the ways in supporting caregivers would be through set up of teaching-cum-demonstration rooms to provide tips on safe and independent living for the elderly in the home environment. An example is the Home for Independent Persons (HIP) studio located at Alexandra Hospital. The room is approximately the size of a 45 square metres HDB studio flat.

Features to consider in a “lifetime home”



- Level floor surfaces
- Lifts and ramps
- Safe and accessible toilets and bathrooms
- Wheelchair accessibility
- Controls, switches, sockets and windowsills within reachable height
- Warden / security alarms to answer emergency calls

Integrated Service Planning and Delivery

30. Many community-based support services are in place and cater to different groups of seniors with varying levels of health, functional or social needs. However, seniors may have multiple needs which straddle across service types. Their level and type of needs may also change over time. The CAI recommends that Government, in partnership with the private and people sector, develop an overall strategy in integrating the care across service providers. The integration of care should be both vertical, i.e. from acute care to institutional and community-based care, and horizontal, i.e. within institutional and community-based care, so as to allow a more holistic and client centric delivery of services. Our specific recommendations are as follows:

Acute care to institutional and community-based care: Promote linkages between hospitals and community-based care

31. Caregivers face the most stress when the seniors are discharged from hospitals following a new illness or deterioration in their medical conditions. Creating a linkage between hospitals and the network of community-based care services would ensure that caregivers are guided closely and linked to proper follow-up care in the community. This would reduce the risk of readmission into hospitals or unnecessary admission into nursing homes. In 2000, the Community Case Management Service (CCMS) was started to assist caregivers of seniors with complex needs. **The CAI recommends that MOH and MCYS enhance the role of CCMS through closer integration with the hospital system and the community.**

32. Presently, the Integrated Care Services (ICS) facilitates the placement of patients to chronic sick facilities and nursing homes based on referrals from the hospitals. Some hospitals also have their own care management teams, e.g. Changi General Hospital's Community Care Management Programme where care managers assess inpatients' needs and make the necessary referrals during their admissions. **The CAI recommends that Government encourage all hospitals to collaborate with partner agencies such as ICS to put in place effective discharge planning systems** to facilitate the smooth transition and follow up of clients from hospitals to institutional and community-based support services.

Enhancing institutional-based care (I): Review of the classification system for residential care

33. Currently, the role of nursing homes⁹ and sheltered homes¹⁰ are not clearly defined. A strict division of residential care according to the Resident Assessment Form (RAF)¹¹ has posed operational difficulties and resulted in a service gap for seniors with minimal nursing care needs, but require assistance with personal care and activities of daily living (mainly Category II seniors). Service providers have also provided feedback on the need to improve the current system to allow seniors to “age-in-place” within the residential facility, even as their functional capability declines.

34. The CAI recommends that MOH and MCYS jointly review the appropriateness of the RAF classification system in defining the clientele type for the respective homes. Whether such a system impedes the evolution of market-based models of service should also be studied. **Government should also study the longer term approach towards better integration of nursing homes and sheltered homes, in line with promoting a continuum of care.**

⁹ Nursing homes provide residential care for seniors with high level of nursing care needs. Their need for nursing home care is assessed using the RAF which categorizes their level of nursing care needs.

¹⁰ Sheltered homes are essentially housing options, catering to seniors without family or with estranged relationships with their family members. Admission and per head funding of clients admitted into sheltered homes are restricted to Category I clients.

¹¹ Residents of nursing homes are classified into 4 nursing care categories based on the scoring in 9 areas. In general, the 4 categories are as follows:

- a) Category I: Physically and mentally independent;
- b) Category II: Semi-ambulant; require some physical assistance and supervision in activities of daily living;
- c) Category III: Wheelchair / bed-bound; need help in activities of daily living and supervision most of the time; and
- d) Category IV: Highly dependent; require total assistance and supervision for every aspect of activities of daily living.

Enhancing institutional-based care (II): Address the service gap in intermediate residential care services

35. Feedback gathered from medical social workers and ICS revealed difficulties in discharging patients from hospitals in view of restricted places available to those with largely social and personal care needs (Category II clients). Pending the study on the RAF and clearly establishing the roles of nursing homes and sheltered homes, there is a need to address the current service gap in intermediate residential care.

36. To this end, **the CAI recommends setting up a new residential facility to provide intermediate residential care services.** For existing clients of Homes, in line with the principle of allowing seniors to age-in-place, **MCYS and MOH should review the guidelines to allow some level of flexibility for clients to remain in their present residential facilities** as far as possible, provided their care can be supported by the facility.

Enhancing community-based care: Promote integrated day care and rehabilitation centres

37. Another area for integration would be among the centres that support community care. The services available today range from full-day programmes such as those provided by Day Care Centres for Senior Citizens (DCCs) and DRCs, to more episodic home-based care services such as home help services and home nursing services.¹²

38. An increasing number of DCCs are incorporating maintenance rehabilitation programmes to attract clients as well as to maintain their clients' functional abilities. Caregivers' feedback show that being able to receive services at a single location according to the older persons' needs is useful. **The CAI recommends that MOH and MCYS work together to allow integrated models of day care and day rehabilitation centres to evolve based on market-driven needs.** Allowing flexibility in service models enables market forces to come into play in the sector, which in the long run will lead to greater cost-efficiencies and effective models of services.

¹² Currently, DCCs support caregivers by providing social care for frail seniors who require supervision when their family members are at work. These centres provide meals, maintenance programmes, social and recreational activities. DRCs provide active rehabilitation to improve the functional ability of seniors who live in their own homes.

Feature Highlight: Integrated day care and rehabilitation centres



Rehabilitation programmes help clients who suffer from medical conditions (such as stroke and fractures) and disabilities (e.g. following lower limb amputation) regain / improve their functional abilities through physiotherapy and occupational therapy.

An example of an integrated day care centre and day rehabilitation centre serving the needs of the local community in the heartland of Bedok HDB estate is the Salvation Army Bedok Multiservice Centre for Elderly and the Bedok Rehabilitation Centre. These adjoining centres provide a supportive environment for seniors to spend the day while their family members are at work. They run complementary programmes, ranging from active rehabilitation to maintenance exercises as well as social programmes to help seniors maintain their functional ability and continue to be socially engaged.

The programmes at the day care centre foster social interaction through group games and enrichment (such as music, dance and laughter) therapies and social outings.



Streamline administrative data requirements across agencies

39. At present, different support and care services come under the purview of either MOH or MCYS, and National Council of Social Service (NCSS) and service providers submit similar data on different formats to the various overseeing ministries and NCSS on a regular basis. **The CAI recommends streamlining and reducing data requirements across agencies so as to reduce the administrative work of service providers, freeing them to focus their energies on providing excellent services. In the longer-term, the Government could also explore further ways of streamlining data requirements across agencies using a common IT-based system.**

Enhance Diversity and Capability within Healthcare and Eldercare Sector

40. Private sector's involvement in the eldercare and healthcare sector has grown in the past five years. As the elderly population becomes more educated and wealthier, the CAI's view is that there is opportunity for the private sector to take on an even bigger role in providing a more diversified range of services. Over and above its regulatory role, the Government may also have to play an industry promotion role to facilitate the growth of the sector.

41. Concomitantly, it is also crucial to enhance capability in the healthcare and eldercare sector with the growing complexity of needs and expectations of clients. Beyond the medical expertise required for the healthcare sector, the eldercare sector involves a substantial amount of social and personal care services, requiring sensitivity to clients' expectations and adherence to professional standards in order to render good services.

Enhance and promote private sector growth and investment

42. The CAI's view is that there is potential for the private sector to expand beyond the current range of services that it provides. It should explore innovative ways of delivering eldercare services so as to allow seniors to benefit from different models of care. Some private sector players in the nursing home sector have also provided feedback that a few of the existing policies may be biased against private players. While they remained generally optimistic of the potential of the sector, they indicated that the distortions caused by the policies have resulted in an unlevel playing field, restricted them in the business opportunities and prevented them from making more investments into the sector. Based on the feedback, **the CAI recommends that Government review its policies to facilitate private sector participation and innovation in the intermediate and long-term care¹³ sector and to conduct regular fora with the private and people sectors to chart the course for the industry.**

Enhance manpower development

43. Care services are labour intensive; the quality and professionalism of the staff contribute significantly to the quality of the care service. The manpower needs in the healthcare and eldercare sector span a range of professions from specialist geriatricians, primary care physicians, nurses, therapists, healthcare assistants / aides and eldercare service workers. Several measures have been put in place in availing basic training as well as providing part funding for training through initiatives such as the VWO Capability Fund training grant, administered by the NCSS.

44. Survey data¹⁴ and feedback from service providers highlighted that several challenges remain, in the areas of recruiting and retaining staff due to unattractive salaries, lack of a career path, as well as limited training opportunities. This is especially the case for lower-skilled workers such as healthcare attendants. Also, 47% of staff in the eldercare sector comprises foreign workers, the bulk of whom are healthcare attendants or nursing aides.

¹³ Intermediate and long-term care institutions refers to residential facilities (e.g. community hospitals, nursing homes, chronic sick units) and community-based facilities (e.g. day rehabilitation centres and dementia day care centres) which provide intermediate and long-term care.

¹⁴ Survey on Manpower in VWOs and the Community Sector, 2005.

45. **The CAI recommends that Government develop a holistic manpower development plan for the healthcare and eldercare sector** – ensuring systematic manpower projections to ensure that supply grows in tandem with increased demand in an ageing population, development of progressive training roadmaps and clear career pathways for the various professions in the sector. There should be opportunities for professionals in the sector to continually upgrade their knowledge and skills.

Enhance service standards

46. The eldercare industry in Singapore is growing. With growing diversity of service providers as well as expectations of seniors, there is a need to ensure consistent and progressive standards at a national level. **The CAI recommends that Government work with stakeholders to put in place a comprehensive service quality framework to raise service standards for the eldercare sector.** This initiative should be largely driven by stakeholders so as to ensure relevance and ownership by the eldercare sector.

Affordability for health and eldercare services

47. For healthcare needs, we acknowledge that affordability for most of the elderly is generally ensured through a robust multi-tiered safety net, comprising Government subsidy especially for Class B2 / C wards, Medisave, MediShield, and Medifund.

- (i) Medical costs at Class B2 and C wards of public hospitals are heavily subsidised by the Government. Government subsidy can be as high as 80% of actual cost in Class C wards and patients only pay for a small fraction of the cost.
- (ii) Significant numbers of seniors are currently covered under MediShield. As at end-December 2004, 82% and 60% of those in their 60s and 70s were covered under MediShield and other types of Shield products. The CAI supports the raising of the MediShield maximum coverage age from 80 to 85 so that seniors will be able to enjoy greater financial protection against large medical bills during old age.

- (iii) Working members in the 56 – 65 age group have an average Medisave balance of \$20,500. This is enough to cover 15 times the average Class C hospital bill for seniors (about \$1,000), as well as annual MediShield premiums (of around \$5,360) after retirement.

Refinements to the 3M structure

48. However, there are other older Singaporeans who still require assistance, particularly for the current cohort of seniors above age 65. This group of seniors has small Medisave balances of \$5,300 (on average). The low average balance could be attributed to the shorter period of time available for these members to build up their Medisave sums (since the scheme has been in place for only 20 years) and the higher usage in old age. The amount is barely sufficient to cover MediShield premiums of \$5,075 from age 65 – 79 (average life expectancy). For these Singaporeans, **the CAI recommends that Government top-up Medisave accounts of less well off Singaporeans when there are budgetary surpluses** to ensure that seniors have the means to afford healthcare services.

49. Currently, Medisave cannot be used for many chronic outpatient treatments, such as diabetes, hypertension. As a result, many seniors may forego these treatments, leading to more serious diseases later, e.g. diabetes leading to kidney failure. It may be more cost effective for seniors to be able to use their Medisave to manage their chronic diseases earlier. **The CAI therefore recommends that MOH review its Medisave policy to allow Medisave withdrawals for the treatment of some common chronic diseases.**

Review ElderShield

50. One of the key achievements of the 1999 IMC was the establishment of the disability insurance scheme, ElderShield. Launched in June 2002, ElderShield provides basic insurance coverage to Singaporeans who require long-term care in the event of severe disability.

51. As ElderShield has been in place for more than three years, a review should be conducted to look at its effectiveness. There is also feedback that the ElderShield benefits, \$300 per month up to a maximum of 60 months, are inadequate, especially in relation to the amount of premiums that policyholders have to pay. So far, the claims experience has been relatively low. Out of 710,000 policyholders, only 1,350 policyholders have benefited from ElderShield payouts. **The CAI therefore recommends that the MOH review the ElderShield scheme, with the aim to improve the coverage for older Singaporeans who require long term care.**

Chapter 6

Opportunities for Seniors: Active Lifestyles and Well-Being

Vision

Older Singaporeans will lead healthy and active lifestyles. They will have fulfilling relationships within their families, across generations. They will also have many friends, and are involved in community groups and activities. Singaporeans, both young and old, will have positive attitudes towards ageing and towards seniors.

Introduction

1. Singapore's growing elderly population, with their knowledge and experiences, is a valuable resource to society. About 87% of seniors aged 65 years and above are ambulant and physically independent. They are active, and are able to continue contributing to their families, communities and society. The challenge would be to harness the potential and skills of seniors to benefit both themselves and society.

2. The post-war baby boomers will come of age by 2012. Besides being better educated and more financially secure, they will have different interests and expectations. These future seniors will want to be able to make their own lifestyle choices. The silver market will recognize the changing expectations of this cohort of seniors and develop lifestyle products and services to meet new demands. The Government also has a role to play, in providing more opportunities for seniors to maintain an active lifestyle.

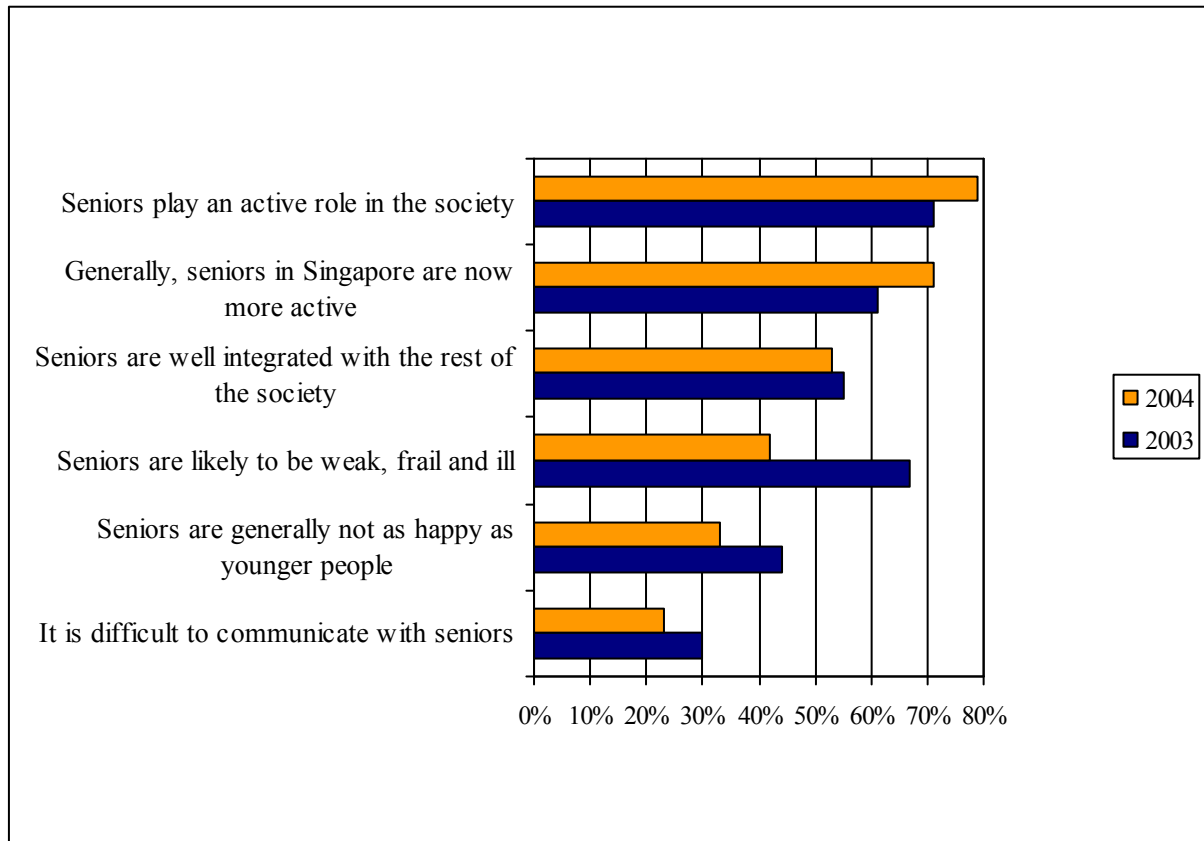
Efforts Over Last Five Years

3. The IMC in 1999 focused on social integration of seniors and intergenerational cohesion. One of the key recommendations by the IMC was to develop "heartware", to allow individuals and society to develop community values through various programmes. Another key recommendation was to improve attitudes and perceptions of ageing and seniors through public education.

4. Since 1999, MCYS has introduced year-round public education programmes on active ageing. Public education efforts emphasized early planning for old age and for seniors to maintain an active lifestyle and be engaged in their families and communities. There have also been on-going efforts with key influencers like the media, schools and voluntary organizations such as the Singapore Action Group of Elders (SAGE) and Retired & Senior Volunteer Programme (RSVP), to develop positive attitudes towards ageing and seniors.

5. In addition, many programmes have been launched by multiple agencies to promote positive attitudes towards seniors. One example is the annual Senior Citizens Award which seeks to honour model grandparents and active senior citizens in the community and provide role models for other seniors to emulate. In addition, a taskforce to promote grandparenting and intergenerational bonding was set up in 2002 and intergenerational programmes were co-funded by Family Matters! Singapore and MCYS. Another example is the reading programme under the National Library Board (NLB) where senior volunteers conduct storytelling sessions for children in the libraries.

Chart 6.1: Statistics on Perception of Seniors



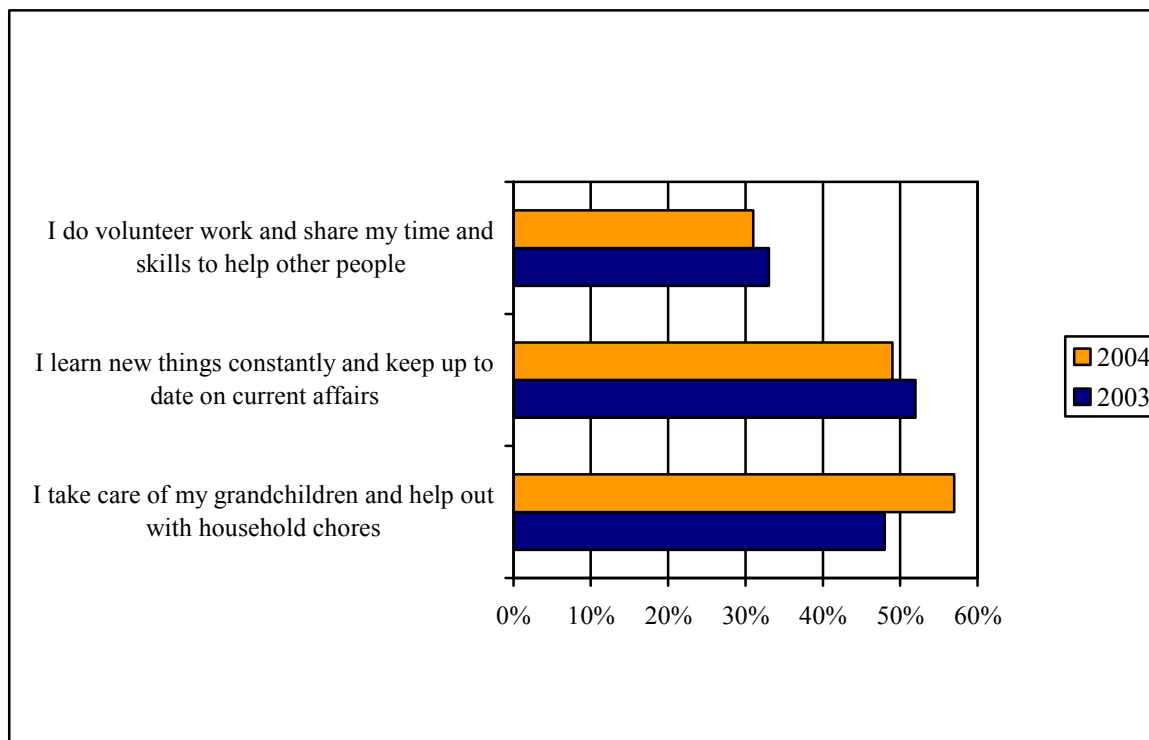
Source: Attitudinal and Perception Survey on Ageing and Elderly, Year 2003 & 2004

6. Surveys¹ over the last few years show improvements in the perception of seniors. In addition, seniors are increasingly leading more active lifestyles. Sports participation rate of seniors has increased from 33% in 2001 to 37% in 2005².

¹ Attitudinal and Perception Survey on Ageing and Elderly 2003 and 2004

² Singapore Sports Council

Chart 6.2: Statistics on Seniors Leading Active Lifestyles



Source: Attitudinal and Perception Survey on Ageing and Elderly, Year 2003 & 2004

CAI's Focus

7. Building on the efforts of the IMC, the Committee on Ageing Issues (CAI) continues to emphasise the importance of maintaining an active lifestyle. To achieve this, the CAI recommends that more quality programmes, lifestyle products and services be developed for seniors by the Government, people and private sectors. There can also be more systematic outreach by the various parties to engage seniors in activities and programmes.

8. The four key thrusts for seniors to be engaged in active lifestyle and well-being are:

- (i) promote healthy living;
- (ii) encourage the development of active lifestyles and social networks;
- (iii) encourage seniors to continue to learn and contribute to society; and
- (iv) build strong family ties.

Funding Support and Outreach

Promote ground-up initiatives

9. We can look forward to a variety of opportunities in the community for seniors to lead an active lifestyle. Seniors can choose to be engaged in sports, to become a volunteer or to take up lifelong learning among many other activities. They can also choose to join social events with friends or enjoy family time with their relatives such as children and grandchildren. We feel that the Government has a role in supporting the development of these interesting programmes for seniors.

10. **The CAI recommends that the Government should commit \$10 million over five years to set up the ‘Golden Opportunities! (GO!) Fund’ to seed more programmes and activities for seniors and by seniors.** The Government should be prepared to provide additional resources if need be.

11. The GO! Fund can be tapped by seniors who come together to organise activities with themes on healthy living, social networking, learning and contributing and intergenerational bonding. Organisations that organise activities or programmes for seniors can also tap on this fund. This fund could enable seniors to be continually enriched by the various activities and create a vibrant sector of opportunities for seniors. The CAI recommends that this fund be operated on a co-funding basis to encourage community ownership for the activities.

Systematically inform seniors of activities

12. The CAI notes that though there is a range of activities available in the community for seniors, some seniors may not be aware of these activities and thus do not participate in them. **The CAI recommends that the Government systematically inform older persons of these activities.** For instance, the Government could publish an active lifestyle magazine to be made readily available to older persons. The Government can inform and encourage seniors to participate in these activities and programmes, including volunteering and employment opportunities at certain life stages (e.g. 55 years old when a person can withdraw his CPF money).

13. In addition to efforts by the Government, collaborative efforts by community and grassroots organisations are required. Community groups can actively reach out to older persons to inform them of opportunities of employment and community activities.

Encourage Healthy Living

14. Participation in sporting activities keeps one physically healthy and mentally fit. Studies have found that being physically active reduces the risk of being overweight or ill. It also improves overall quality of life and lowers the mortality rate. From the national perspective, healthy lifestyles will reduce the need for healthcare, which can be costly to both the individual and the state.

15. Sports popular with seniors, such as taiji quan and gateball, are readily available at the grassroots or neighbourhood levels. Groups of seniors can be seen participating in these activities. Nonetheless, the CAI urges stakeholders to increase the sports participation rate of seniors. Community and grassroots organisations can do more to support the efforts to encourage healthy living among seniors. The Government can facilitate the process by **identifying** sports suitable for seniors, providing the **infrastructure and facilities** for such sports and **incentivising** seniors to participate in these sports.

Provide more infrastructure and facilities for sports

16. The CAI feels that more infrastructural support could be provided to facilitate seniors participating in sports. This can be achieved by making sports facilities elder-friendly and easily available within housing estates. Elder-friendly features such as resting benches, access ramps and appropriate exercise equipment must be provided at all sports complexes. Such features will make it more conducive for seniors to participate in sports.

Feature Highlight: Picture of a senior teaching gateball



17. More public spaces within housing estates should also be made available for sporting activities for seniors. This will make it convenient for seniors to engage in sports without travelling great distances. At the same time, we would want seniors to participate fully in society and be socially integrated within their families and in the community. **The CAI recommends that the Government should ensure that all public spaces in housing estates such as parks and sporting venues have facilities that cater to the whole family, including seniors.** Examples would include gateball courts, open space suitable for taiji quan and other exercises.

18. Leading a healthy lifestyle has to begin from young so that the habit of healthy living is carried into adulthood and into old age. There are ongoing health education efforts by the Health Promotion Board (HPB) in schools, workplaces and the community at large, to raise awareness among Singaporeans on the importance of healthy living.

19. A national Community Health Screening Programme was launched in July 2000 for those aged 50 years and above. Under this programme, one could be screened for high blood pressure, diabetes and high blood cholesterol within the community at venues like void decks and community centres. Health promotion materials are also distributed during the health screening sessions. Nevertheless, the CAI feels that more can be done to further raise public's awareness on the need to live a healthy lifestyle.

Raise public awareness on healthy living

20. It is important to encourage Singaporeans to live healthily so as to delay the onset of age-related chronic diseases and functional disabilities³. The Government should build on their success and further raise public awareness. **The CAI recommends that HPB implement more programmes to inform seniors of the importance and benefits of healthy living.** Programmes focused on age related illnesses could be held within housing estates for better outreach.

Promote Active Lifestyles and Social Networks

21. A person's priorities change through the different stages of life. Older individuals whose children have grown up and are independent, may have less family commitments. They will want to have opportunities for new pursuits and to lead an active lifestyle into old age. Many older persons will want to continue to work and contribute to society.

22. An active lifestyle would bring seniors into contact with their peers and the community, and enable them to form social networks. Seniors with strong social networks are healthier and tend to live longer. These social networks also enable them to provide support to one another. Strong social bonds are also one of the foundations for a cohesive and resilient society.

23. As seniors have different preferences and abilities, there has to be a range of activities to cater to the different groups of seniors. Currently, there are numerous programmes available in the community for seniors. For instance, PA runs more than 400 Senior Citizens' Clubs, engaging seniors in a wide range of lifestyle activities. Neighbourhood Links, which are under the purview of MCYS, and other organisations such as NLB actively engage seniors in active ageing programmes.

24. However, as the profile of seniors is changing, PA and other community groups need to tailor their activities to attract the new cohort of seniors. Programmes that are suitable for more educated seniors such as reading clubs and language courses should be made available.

³ Examples of age related illnesses are hypertension and gender specific diseases like osteoporosis.

25. The more educated cohort of seniors will want to have more choices. Hence, there is scope for the commercial sector to cater to the growing demand for recreational activities. Service providers should also actively adapt existing programmes for seniors who may be frail or less mobile, e.g. programmes such as arts and crafts.

More space for group activities within estates

26. Seniors prefer to have activities within their housing estates⁴. Also, **the CAI recommends that more public spaces could be made available within housing estates and neighbourhood parks for seniors to interact and socialize.** For instance, HDB and National Parks Board (NParks) should allow Resident Committees to ‘own’ small plots of garden within HDB estates so that residents, including seniors, can engage in gardening activities; Resident Committees can also make use of HDB void deck space to carry out activities suitable for seniors. There is scope for PA to work with HDB, NParks and Town Councils to promote such initiatives.

27. The HDB has introduced family playgrounds in new developments such as Sengkang. The family playground will have facilities and equipment suitable for different age groups, including seniors (e.g. exercise equipment suitable for seniors). Apart from the equipment, it also allows different generations to come together at a common place. Town councils have also introduced family playgrounds during upgrading efforts. The CAI recommends that HDB and Town Councils ensure that all recreation areas in housing estates are suitable for the whole family, including seniors.

Promote Learning and Contributing

28. Seniors are an important resource. Many have a wealth of experiences and possess valuable skills that could be harnessed through active engagement with the community. Being active in community work can also help seniors maintain their self-esteem and make them feel valued by society. Active senior volunteerism will also lead to positive attitudes towards ageing and seniors.

⁴ Singapore Sports Council Mini-survey on Seniors, 2004.

Feature Highlight: Volunteering with Kampung Senang



There are many different types of volunteering opportunities for seniors. One example is the organic farming project by Kampung Senang Charity & Education Foundation. Kampung Senang is a charitable organization established in December 1999, with the aim of building a community of wellness, peace and harmony through its multi-faceted activities (i.e. day care for seniors, organic farming, gifts of food delivery etc). Volunteers are an integral component of Kampung Senang's programs. Its organic farming project attracts a high number (two thirds of the active volunteers committed to the organic farming are individuals aged 50 years and over) of senior volunteers due to its low barrier and ease of entry (e.g. basic requirements such as love of flora and interest in gardening). Volunteers of the organic farming project are engaged in activities such as planting, watering, harvesting and packing of the vegetables. The more ambulant volunteers also help to deliver the produce harvested from the organic farm to Kampung Senang's beneficiaries (the poor, sick and other seniors).

Develop and promote volunteering opportunities for seniors

29. The senior volunteerism rate in other ageing societies suggests that seniors are active contributors to community. About 43%⁵ of seniors in U.S. volunteer, 10%⁶ in Canada and 11%⁷ in Western Australia. For Singapore, the impending large numbers of seniors can be actively engaged. The process to encourage greater volunteerism among younger Singaporeans and our future seniors begins now.

⁵ Independent Sector's 1999 national survey of giving and volunteering in the United States.

⁶ National Survey of Giving, Volunteering and Participation 2000.

⁷ Australian Bureau of Statistics Voluntary Work Survey June 1995 unpublished tables.

30. The CAI would like to see the volunteerism rate for seniors double from the current 4% to 8% by the year 2010 and 15% by 2030. To achieve this, new ways of engaging seniors should be continuously identified and promoted. Apart from identifying opportunities, well structured volunteer recruitment plans and training on volunteer management will help the host organisations attract and retain senior volunteers.

31. **The CAI recommends that the National Volunteer and Philanthropy Centre (NVPC) work with partners to develop and promote more volunteering opportunities for seniors.** For example, seniors could be recruited as coaches / exercise leaders / game officials for community sports events. These seniors could also volunteer as sports coaches in schools. In the school setting, seniors could be involved in student enrichment programmes.

32. Seniors' interest to volunteer should not be hindered by the lack of awareness. As part of the outreach efforts, there should be more intensive public education such as campaigns on senior volunteering. NVPC could set up a library of information and resource kits to allow easy reference by organizations interested in recruiting senior volunteers. A best practice guide for Non-Profit Organisations detailing recommended and positive volunteer management practices (including appreciation of volunteers) could also be established.

Provide and promote lifelong learning opportunities

33. Lifelong learning helps seniors maintain mental alertness⁸ and relevance in society. Continuous learning can help to prevent dementia in older persons⁹. As future seniors get more educated and financially secure, more will seek learning opportunities to enrich themselves.

⁸ Michael Brickey. (2001). "The extended life: Four strategies for healthy longevity", *The Futurist*, 35, 5: 52.

⁹ Shankar Vedantam. "Mind Games May Trump Alzheimer's: Study Cites Effects Of Bridge, Chess", *Washington Post*, Thursday, June 19, 2003, Page A01.
(Source: http://www.alzstl.org/news%20items/mind_games_may_trump_alzheimer.htm)

34. Lifelong learning is common in developed countries. There are several Third Age Universities – Kobe Silver College in Japan, the University for Third Age in Cambridge in United Kingdom and the University of West Florida Center for Lifelong Learning in USA. In South Korea, the Centre for Lifelong Education under the Korean Educational Development Institute conducts research on lifelong education.

35. In Singapore, lifelong learning has been promoted by the Ministry of Manpower since year 2000. The focus has been on employability related learning and the target audience were the less-skilled and lower-educated Singaporeans. For instance, the theme in 2003 was “Lifelong Learning for Employability”.

36. Besides employability related learning, we foresee that some seniors, especially the more educated ones, would want to pursue learning for personal interest as opposed to employability.

37. In Singapore, there are courses for seniors organised by the community. For example, Marine Parade Family Service Centre has started the YAH! Community College, which offers courses such as life skills development and information and communication technology. Seniors who are 55 years old and above take up lifelong learning certificate courses in the community college. The Centre for Lifelong Learning at the National University of Singapore Extension offers courses in language, literature and culture. The CAI feels that more learning opportunities should be made available to seniors.

Feature Highlight: YAH! Community College



The YAH! Community College aims to promote Life-long learning as a means towards productive and active ageing among seniors in the community. Seniors aged 55 years and above are able to take up certificate courses at the community college. During their course of learning, the seniors participate in volunteer work, community activities and take up electives such as line dancing, yoga and creative painting. These senior students will then be recruited as “Active Seniors Ambassadors” in the various areas of volunteer work.

38. **The CAI recommends that our universities and polytechnics provide more learning opportunities to seniors.** The courses should be short and non-examinable, and on topics that may be of interest to seniors. We encourage universities to consider allowing seniors to attend lectures and seminars, as well as have access to course curriculum and materials at no charge. These initiatives would facilitate like-minded seniors to form home-based study groups, allowing seniors the opportunity to learn and pursue their interest areas with minimal expenses.

39. Libraries are established centres of learning. Our libraries are located within housing estates and easily accessible to the public. All our public libraries are elder-friendly. There are lifts and access ramps for wheelchair-bound persons. In addition, the book shelves and height of placement of books are arranged such that it would be convenient for seniors to search and reach for books. To make the library completely elder-friendly, **the CAI recommends that the NLB provide more large print books and audio-visual materials that appeal to seniors.**

Build on Strong Family Ties

40. Strong families provide an important pillar of support for the nation. Families are the first line of support for seniors. Children have the responsibility to take care of their elderly parents, providing them with emotional support and looking after their needs. Elderly parents can play a contributing role in the family, for example, by playing an active role as a grandparent. Strong family ties also enable seniors to transmit values, wisdom and family traditions to the next generation.

41. The Government recognises the need for work life balance in support of stronger family ties. Increasingly, human resource practices are becoming family-friendly. The civil service is now on a five-day work week. In the workplace, pro-family practices such as flexi-work arrangements, extended maternity leave and childcare leave have been introduced.

42. Some of the Government's existing policies do encourage intergenerational bonding within families. Some initiatives include the Central Provident Fund (CPF) Family Housing Grant, tax incentives for children looking after aged parents and CPF top-ups among family members. These measures provide support for family members to care for one another.

43. In addition, intergenerational programmes are important to promote family bonding. In Singapore, organisations including voluntary welfare organisations, schools and even the private sector had begun championing such programmes since 2002. Fei Yue Community Services, for example had organised numerous intergenerational activities, an example of which is a community involvement partnership programme¹⁰.

44. In the HDB Sample Household Survey 2003, findings showed that the majority of seniors (90%) received visits from their married children at least once a month. **The CAI recommends the Government build on strong family ties to ensure that the family continues to be the first line of support.**

¹⁰ Fei Yue Community Services: "Generations Together". This programme is a partnership with a school, a neighbourhood link and a retiree centre. This programme was awarded one of the best three Grandparenting and Intergenerational Bonding Programmes in 2003.

Feature Highlight: Yum Cha with Grandparents



Yum Cha with Grandparents was first introduced by the Life Community Services Society. This is a 12-month intergenerational bonding programme which brings grandparents, parents, grandchildren and student volunteers together at a tea party once a month. The bonding developed among the generations was strong as the generations had the opportunity to bond and learn about each other every month for a year. After the first year, another organization, Bethesda Care, adopted the idea and ran the programme as well to continue the forged friendship.

45. We feel that sports is an activity that could involve the whole family. Currently, seniors enjoy concessionary entrance fees at swimming pools and gymnasiums. **The CAI recommends that SSC and People's Association (PA) should introduce family passes to encourage multi-generational use of sports facilities.** The family passes should be sold at concessionary rates and apply to all opening hours so as to encourage seniors to participate in sporting activities together with other family members. In addition, family passes could also be introduced to other community events such as carnivals and performances.

46. Advocacy for greater intergenerational (IG) bonding initiatives is also required. We will need champions for IG in schools, the community and workplace. These champions will help drive the mindset shift towards the importance of intergenerational bonding and cohesion.

47. We feel that there should be more activities that involve higher interaction opportunities across the generations. To strengthen intergenerational bonds, the CAI recommends that MCYS organise training courses to support service providers in the development of IG programmes, and create greater public awareness of intergenerational cohesion through public campaign. Also, conferences and network sessions should be organised on a regular basis, so as to facilitate sharing of best practices among our partners such as professionals, youth leaders and agencies.

Chapter 7

The Way Forward

1. An ageing population is a demographic reality which Singapore, like many other countries, will have to confront in the future. It will bring challenges to our society, and we must make preparations now to meet these challenges.

2. Since the 1980s, Singapore has taken steps to address ageing-related issues. In particular, following the Inter-Ministerial Committee on the Ageing Population report which was published in 1999, we have redoubled our efforts, and much has been achieved in the last five years. Training initiatives by the Ministry of Manpower have expanded the employment opportunities of older workers. Housing policies continue to promote the social integration of our seniors, by not segregating them from the community at large, while allowing them to “age-in-place”. Efforts to improve barrier-free accessibility in the built environment and transport system are underway. A range of community healthcare and eldercare programmes and services have been put in place, to support families in caregiving and provide opportunities for our senior citizens to be engaged in society.

3. Yet more remains to be done. In fact, we need to step-up efforts over the next five years, before the “baby-boom” generation reaches 65 years of age and bring about a more rapid pace of population ageing. The issues are also becoming more complex and intricate because of Singapore’s changing population profile as well as changing expectations and preferences.

4. The CAI report represents an effort by the Government, people and private sectors, by voluntary welfare organizations, media and academic members, working together to chart a course for the future. This “Many Helping Hands” approach offers us the best chance of success in tackling such a complex, multi-faceted and cross-sectoral issue.

5. Completion of the report is only a first step in an ongoing process. Implementation of the recommendations will again require all parties to continue to work closely together. The Government needs to adopt an integrated approach and encourage greater coordination and collaboration between agencies. It needs to set policy direction, provide resources and address the legislative requirements where necessary. Equally, if not more important, is the need for community support and ownership of ageing concerns. Individuals have a responsibility to help seniors living among us, to exercise patience and offer assistance when needed. Organizations can, for example, give feedback and adopt human resource practices that support employees in caring for their older family members. Hospitals can work with community eldercare providers to provide seamless care for seniors.

6. It would be wrong to view seniors as a burden to society. They are not. Seniors, with their knowledge and experience, provide a vast potential of resources. The baby boomers could unleash one of the most untapped human resources and play critical roles in ensuring a vibrant Singapore, from the economic to the social sectors. The recommendations of the CAI are aimed at harnessing the value and contributions of seniors to benefit themselves and society in general.

7. Moving forward, the CAI will continue to be an advocate and champion for seniors, and continue to consider and make recommendations on ageing-related issues. CAI will also work with the Government on refinements to the recommendations to facilitate their implementation. It will be supported by the Ministry of Community Development, Youth and Sports as the Committee's Secretariat. The CAI hopes that it will continue to have the support of all sectors in our society, as it strives to achieve the vision of 'Successful Ageing for Singapore'.

APPENDICES

Members of the Committee on Ageing Issues

Chairmen

Dr Balaji Sadasivan
Senior Minister of State for Health
and Information, Communications and
the Arts

Dr Mohamad Maliki Osman
Parliamentary Secretary for
National Development and
Community Development, Youth and
Sports

Members

Mdm Halimah Yacob
Chairman
Government Parliamentary Committee
(Health)

Dr Warren Lee
Deputy Chairman
Government Parliamentary Committee
(Community Development, Youth and
Sports)

Mr Charles Chong
Member of Parliament for
Pasir Ris-Punggol
Group Representation Constituency

Mr Laurence Wee
Immediate Past President
Gerontological Society

Mr Vivakanandan Sinniah
Chief Executive Officer
Singapore Indian Development
Association

Mr Lee Kim Siang
Chairman
Thye Hua Kuan Moral Society /
Chee Hoon Kog Moral Protection
Society

Dr Ee Chye Hua
Medical Director
Bright Vision Hospital

Mr Ong Ah Heng
Executive Director
NTUC Eldercare Co-operative Ltd

Mr Ong Chu Poh
Chairman and Managing Director
Econ Healthcare Limited

Mrs Helen Ko
Advisor
St Luke's ElderCare Ltd

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Mrs Ow Foong Pheng
Deputy Secretary
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Mr Tay Kim Poh
2 Deputy Secretary
Ministry of National Development

Mr Lim Boon Wee
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Ministry of Transport

Mr Lam Pin Woon
Chief Executive Officer
Health Promotion Board

Mr Gerard Ee
President
National Council of Social Service

Dr Mary Ann Tsao
President & Chief Executive Officer
TSAO Foundation

Dr Ivy Ng
Chief Executive Officer
KK Women's and Children's Hospital

Mr David Ang
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Mr Yee Kong Hwa
Senior Executive Editor
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Dr Yap Mui Teng
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Mr Ng How Yue
Director
Ministry of Community Development,
Youth and Sports

Terms of Reference of the Committee on Ageing Issues

1. Identify the challenges of an ageing society;
2. Determine policy directions for Government and non-Government agencies in addressing the needs of an ageing population;
3. Steer and guide the comprehensive, holistic, and co-ordinated development of policies and programmes for the elderly;
4. Recommend ways to prepare Singapore for the effects of an ageing population; and
5. Recommend ways in which younger Singaporeans can better prepare themselves for active ageing.

Current Housing Schemes that Facilitate Seniors Living in Community

Today, HDB has various schemes to promote extended family living and encourage married children and parents to live near one another to foster care of the aged parents. These include:

(a) Higher monthly household income ceiling for extended families to buy HDB flats

The purchase of new HDB flats is subject to a monthly income ceiling of \$8,000 for a nuclear family. Extended families are given the flexibility to purchase a new HDB flat subject to a higher monthly income ceiling of \$12,000. From August 2005, this flexibility was extended to the latter buying resale flats with the CPF Housing Grant.

(b) Higher-tier CPF Housing Grant Scheme

Under the Scheme, the Government gives an additional \$10,000, or a total of \$40,000, to a first-timer family buying a flat from the open market if the family opts to live in the same flat, same housing estate, or within two km of their parents.

(c) Priority under the Married Child Priority Scheme (MCPS)

Under the MCPS, married children are given twice the weightage in the balloting exercises if they apply for a flat to stay near or together with their parents. First-timers are also accorded twice the weightage as they are in greater need of housing. Hence, first-timer married children applying for flats under the MCPS would be given four times the weightage in the balloting exercise.

(d) Studio Apartment (SA) Scheme

The SA Scheme was introduced to provide another housing option for the ambulant elderly who are at least 55 years old with the financial means to live an independent lifestyle. The SAs are purpose-built small apartments of 35 or 45 sqm,

customized with elder-friendly features to facilitate independent living and mobility. The units are also furnished with full floor finishes, kitchen cabinets such that they are in “ready to move in” condition. Within the blocks there are also elderly features to facilitate the elderly residents’ mobility. In addition, spaces are provided for social and community facilities to be operated by VWOs and commercial enterprises.

HDB has completed a total of 936 units of SAs in 6 pilot projects in stand-alone blocks for sale and almost all the units have been sold. To achieve a better resident mix and to promote more social interaction between seniors and younger residents, about another 300 units have been integrated with other HDB flat types for sale.

(e) Subletting of Whole Flat Scheme

This Scheme allows flat owners to sublet their whole flat so that it can become a more liquid asset. This will encourage seniors to move in to stay with their married children and monetise their HDB flats, both to meet their post-retirement needs and alleviate the “asset-rich, cash-poor” phenomenon.

On the other hand, the scheme also enables a large enough HDB rental market to emerge to fill the gap between HDB subsidised rental housing for the very low-income at one extreme, and home ownership at the other. This will offer people who are not ready or able to commit to home ownership an outlet that does not oblige them to look to HDB for housing assistance.

Current Housing Options

The bulk of housing options available to older persons today are publicly provided. Depending on their preferences and financial means, seniors could either buy or rent a HDB flat. The existing housing options are:

a) Rental flats

HDB provides subsidized rental housing for low-income citizen families who cannot afford other housing options. These rental flats are either one-room or two-room units. The monthly rents range from \$26 to \$33 for one-room units and \$44 to \$75 for two-room units for households with monthly income not exceeding \$800; and \$90 – \$123 for one-room units and \$123 – \$165 for two-room units for households earning \$801 to \$1,500 per month.

b) Homeownership Flats

Seniors can buy a flat of any size from HDB or a resale flat with or without the CPF Housing Grant. Average resale prices¹ ranged from \$165,000 for a 3-room flat to \$357,500 for an executive flat.

c) Studio Apartments (SAs)

HDB builds customized housing units for seniors too. These units are purpose-built with elder-friendly and special safety features that aid mobility and independent living. The SAs come in two sizes of 35 sqm (\$62,000 – \$67,000) or 45 sqm (\$79,000 – \$87,000)².

¹ Average resale prices are based on resale applications registered in Sep 2005.

² These are based on selling prices of SAs offered in the balloting exercises in Aug 2005.

d) Rent a Room or Whole Flat

Older persons can consider renting a room from eligible HDB flat owners. Monthly rentals for a room range from \$200 to \$500. Alternatively, they can also rent a whole flat from flat owners in the open market. Depending on the location and flat type, the monthly rental can range from \$300 to \$1,700 for a three-room flat; \$400 to \$1,800 for a four-room flat; and \$500 to \$1,800 for a five-room flat.

For seniors who want to opt for private housing, they can consider the following housing options:

e) Executive Condominiums

These are developed by the private sector and sold under strata titles. They are similar to private residential developments except for eligibility conditions such as income ceiling and citizenship for their purchase and restrictions on transfer of ownership in the initial years, etc.

f) Private Housing

These are residential developments by the private sector which are either for sale or rental. The selling prices start from \$400,000. The monthly rentals for a room range from \$250 to \$1,000.

Eldercare and Healthcare Services

Community-Based Developmental Programmes

Mutual Help Scheme

The programme provides opportunities for mutual exchange of help and care amongst our seniors through structured and informal activities. Programmes which include health monitoring, peer counselling, befriending, active ageing, community security and road safety as well as team-based activities are available at Senior Citizens' Clubs run by grassroots organisations.

Neighbourhood Links

Neighbourhood Links are located at selected HDB void decks island wide. They serve as physical nodes in the community where seniors can obtain information on social services, volunteer their services, interact and form mutual help groups. Intergenerational bonding is also encouraged through social recreational activities organised by the centre.

Senior Activity Centres

These are centres set up to improve the living conditions of seniors residing in one-room rental blocks. The objective of the Senior Activity Centres is to provide a support network for the older residents. The services provided include maintaining a register of older residents, managing the alert alarm system, forming mutual help groups, providing information and referral services and promoting social interaction among the residents in the neighbourhood.

Community-Based Support Services

Befriender Service

The programme recruits and trains volunteers to befriend, advise and assist the isolated and vulnerable seniors. These seniors may be homebound, have little or no family / social support, and are at risk due to physical health, social and psycho-emotional reasons. The volunteers visit the seniors on a regular basis and may assist them with simple household chores, running of errands and ad hoc escort services. Where possible, the volunteers also accompany the seniors for group outings and participation in social and recreational activities.

Caregiver Support Services

The Caregiver Services, provided by Care Coordinators sited in social service agencies, support the role of the family as the first pillar of care for our seniors so that they can continue living in the community for as long as possible.

Community Case Management Service

The service serves to co-ordinate the provision of a range of services without the need for the senior to go to different service providers for consultation regarding his / her multiple and complex needs.

Counselling Service

This is an avenue for older persons who may have personal and family problems and / or disputes to seek help. The service provides face-to-face counselling on family relationships, psychological and emotional problems; as well as information and referral assistance to seniors and their caregivers. Its seniors helpline is operated by volunteers trained in para-counselling.

Day Care Centres

These centres provide day care services to seniors who are frail and require supervision when their family members are at work or school. The centres provide meals, maintenance exercises, social and recreational activities.

Day Rehabilitation Centres

The centres provide services such as physiotherapy and occupational therapy to seniors who suffer from medical conditions that impair their functional status. Day Rehabilitation Centres aim to restore, improve and / or prevent any deterioration of functional abilities through exercise and training programmes.

Dementia Day Care Centres

Providing day care programmes for seniors who suffer from dementia, the centres also impart coping measures to both the seniors and their carers.

Home Help Service

The service supports seniors who are frail to continue living in their own homes by providing meal delivery, laundry service, housekeeping, personal care hygiene and escort service to hospitals / clinics.

Home Hospice Medical & Nursing Services

Under this service, homebound persons who are expected to deteriorate within weeks / months are provided with medical and nursing palliative care.

Home Medical Service

Medical care to homebound seniors through home visits is provided. Medical care includes comprehensive assessments, development of care plans, management of medical problems (both acute and chronic), as well as referral for specialist treatment where appropriate.

Home Nursing Service

Home Nursing Service provides nursing care for homebound or bedridden older persons who require nursing procedures, such as wound dressing, injections, change of feeding tubes and urinary catheters, and checking of blood pressure and blood sugar levels.

Residential Support Services

Chronic Sick Hospitals, or Community Hospitals

The hospitals provide long-term skilled daily nursing and frequent medical care to seniors with advanced, complicated medical conditions and poor functional ability (i.e. highly dependent or unable to perform activities of daily living).

Hospices

Providing care to terminally ill persons suffering from advanced and progressive diseases like cancer, Hospices also offer emotional support for the residents' families and carers.

Nursing Homes

The homes cater to seniors with medical conditions requiring long-term daily nursing care and who are unable to perform activities of daily living. Typically, they do not have any carer to look after them at home or the carer is unable to provide the nursing care required. In addition to typical nursing care services like wound dressing, injections etc, other services provided include medical care, physiotherapy, dietary services and dental care. Some Nursing Homes also provide care for persons with special needs such as those with dementia or psychiatric conditions.

Sheltered Homes

These are residential facilities that cater to the needs of the fairly ambulant seniors who have no alternative forms of accommodation. These homes provide some support services to assist and enable senior citizens to maintain their independence within the community.

List of Abbreviations

BCA	Building and Construction Authority
BFA	Barrier Free Accessibility
CAI	Committee on Ageing Issues
CPF	Central Provident Fund
CCMS	Community Case Management Service
DCC	Day Care Centres for Senior Citizens
DDCC	Dementia Day Care Centres
DOS	Singapore Department of Statistics
DRC	Day Rehabilitation Centres
FP	Family Physician
HDB	Housing Development Board
HCA	Healthcare Assistants
HPB	Health Promotion Board
HWA	Handicaps Welfare Association
ICS	Integrated Care Service
IMC	Inter-Ministerial Committee
LIFE	Lift Improvement and Facilities Enhancement
LTA	Land Transport Authority
LUP	Lift Upgrading Programme
MCPS	Married Child Priority Scheme
MCYS	Ministry of Community Development Youth and Sports
MOH	Ministry of Health
MUP	Main Upgrading Project
NCSS	National Council of Social Service
NLB	National Library Board
NSSC	National Survey of Senior Citizens
NVPC	National Volunteer and Philanthropy Centre
PA	People's Association
PTO	Public Transport Operator
RAF	Resident Assessment Form
RSVP	Retired & Senior Volunteer Programme
SA	Studio Apartments

SAGE	Singapore Action Group of Elders
SERS	Selective Enbloc Redevelopment Scheme
SHS	Sample Household Survey
SIA	Singapore Institute of Architects
VWO	Voluntary Welfare Organization
ZIP	Zero-In-Process