

## Part 1-CHAPTER 5

# An Overview of Singapore's Long-term Care System: Towards a Community Model Care

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## CHAPTER 5

# An Overview of Singapore's Long-term Care System: Towards a Community Model of Care



Angelique Chan

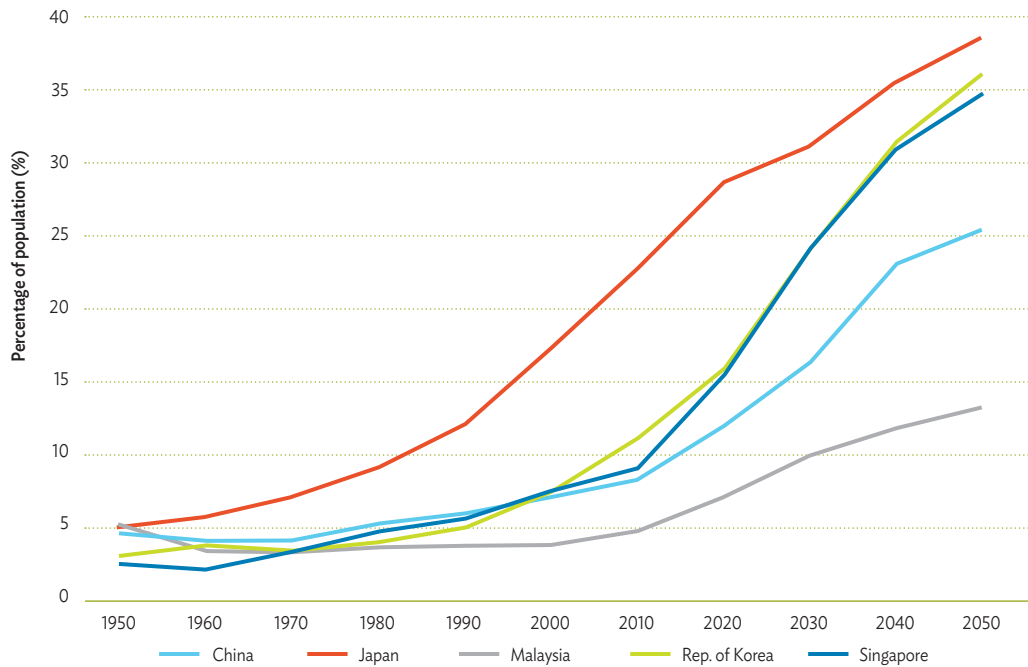
Singapore's population is ageing rapidly. By 2030, older adults (65+) will comprise approximately 25% of the total resident population. Population ageing is a result of low fertility rates of under an average of 2.1 births per woman since the 1970s (Figure 5.1). In addition, increasing longevity is translating into the oldest old (80+) being the fastest growing proportion of the population (Figure 5.2). Average life expectancy is 83 years, with women living on average 85 years and men 81 years (Department of Statistics Singapore, 2018). Population ageing has several implications for caregiving in Singapore. First, fewer family members are available to support older adults. Second, a growing sandwich generation is simultaneously caring for children below 12 years old and family members aged 65+. Due to increasing longevity, the period of caregiving has also lengthened, resulting in caregivers' increased financial and emotional burden. Amongst older persons aged 60+ and living at home with limitations on their activities of daily living, the proportion of those with greater limitations (five or more) will double by 2030 (Ansah, 2013). By 2030, average family eldercare is also projected to increase by 41% from 29 to 41 hours per week, which will be disproportionately borne by families with elders with five or more limitations. Recent research shows how family eldercare hours will change if policy and infrastructure change. By making home and community-based services more attractive, average family eldercare will increase from 29 hours per week at present to 40 hours by 2030. Doubling the proportion of families using a foreign domestic worker to assist in eldercare reduces average family eldercare from 29 to 19 hours per week. By increasing nursing home beds as planned, average family eldercare is projected to decrease from 29 to 28 hours per week by 2030. By implementing all policies simultaneously, average family eldercare decreases from 29 to 12 hours per week by 2030 (Ansah et al., 2013).

The Government of Singapore launched the Action Plan for Successful Ageing in 2015 (Ministry of Health, 2015), which outlines 10 areas of focus for policymaking and programme development: employability, lifelong learning, volunteerism, health and wellness, social engagement and inclusion, aged care services, housing transport, public spaces, and research on ageing. This chapter focuses on health and wellness, specifically Singapore's long-term care (LTC) system and the need to develop community-based models of care.

Morbidity patterns in Singapore are changing from acute conditions to more chronic degenerative diseases and disability. The access and quality of long-term care need to be improved. LTC service utilisation in Singapore is lower than in Western societies (Wee et al., 2014).

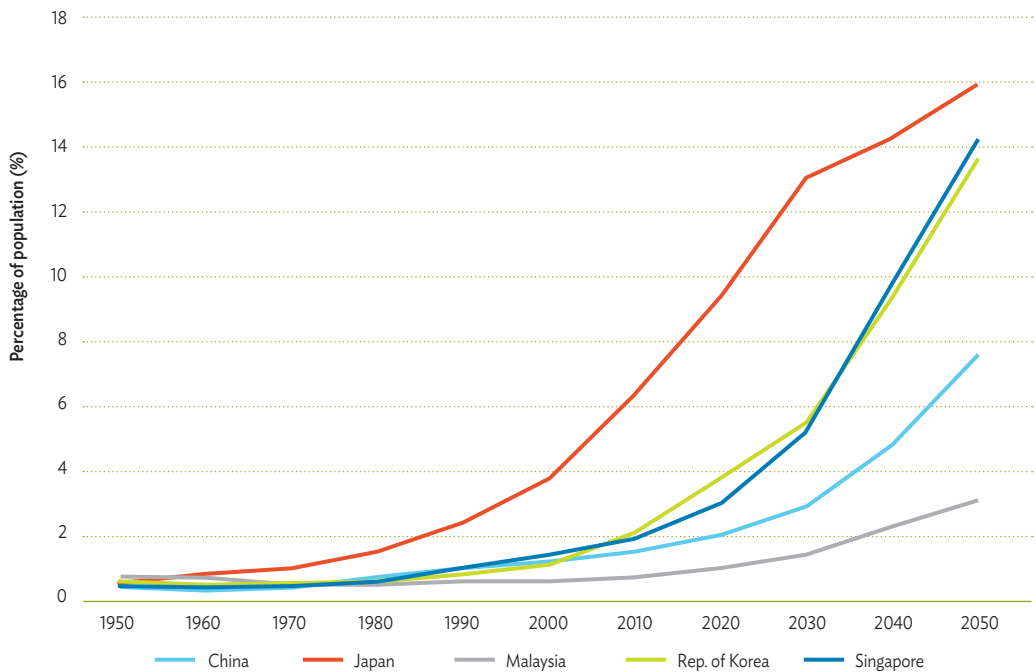
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**Figure 5.1. Percentage of Population Aged 65+**



Source: Population Division of the Department of Economic and Social Affairs of the United Nation Secretariat, *World Population Prospects: The 2010 Revision*, <http://esa.un.org/unpd/wpp/index.htm>

**Figure 5.2. Percentage of Population Aged 80+**



Source: Population Division of the Department of Economic and Social Affairs of the United Nation Secretariat, *World Population Prospects: The 2010 Revision*, <http://esa.un.org/unpd/wpp/index.htm>

Most families prefer to rely on foreign domestic workers to care for older family members as this is a cost-effective solution. A foreign domestic worker can provide 24/7 care for an older adult as well as perform household chores. Recent research on Singaporeans' attitude towards, and preferences in, LTC shows that most concerns centre around financial accessibility, quality, and convenience (location of LTC services) (Wee et al., 2014). A study showed that in 2014, 90% of eligible recipients took up nursing home referrals, 54% day rehabilitation, 46% dementia day care services, 56% home medical care, 52% home nursing, and 44% home therapy (Liu et al., 2016).

Referrals to LTC services are primarily based on the older person's characteristics, e.g., nursing home referrals are based on the older person's need for care that cannot be provided in the family setting. However, the decision to use LTC services is heavily influenced by caregiver characteristics, e.g., if the caregiver is a spouse or a child (Eom et al., 2016). Spousal caregivers reported significantly lower quality of life than adult child caregivers. Recent research on decision making around the use of LTC services showed that caregivers made 90% of decisions. Caregivers' needs and perceptions of LTC services are important predictors of LTC use over time (Liu et al., 2016).

## Current Long-term Care Services

In 2018, the LTC landscape consisted of 71 nursing homes, 2 inpatient hospices, 81 centre-based care facilities, 17 home care providers, and 7 home palliative care providers. A variety of services are provided under the intermediate and LTC frameworks (Tables 5.1–5.4). The Ministry of Health launched the Agency for Integrated Care in 2009 to enhance and integrate the LTC sector (Agency for Integrated Care, 2009). The agency aims to improve access to care, and to support patients and their caregivers while developing the primary and community care sectors. Much effort has been invested in developing a robust home- and community-care ecosystem that allows older adults to live in the community for as long as possible.

## Enhancing Community-Based Care

In addition to the services and programmes mentioned in Tables 5.1–5.4, the government is piloting several community-based programmes to enhance LTC by integrating community social and medical services. The Hospital-to-Home programme (H2H) began in 2017 under the Communities of Care (CoC) model.<sup>1</sup> CoC is being run in five zones in the SingHealth Regional Health System Southeast Region. CoC and H2H aim to integrate health and social care to meet the medical and social needs of high-risk older clients in underprivileged communities. H2H aims to minimise unnecessary hospital utilisation and readmission amongst discharged complex patients and long-stayers (SingHealth, 2017). The programme connects patients with the wider network of primary care providers, social services, and community health partners, and helps patients and caregivers manage medical conditions at home.

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<sup>1</sup> <https://www.singhealth.com.sg/TomorrowsMed/Article/Pages/returning-home-to-a-community-of-care.aspx>

**Table 5.1. Home-Based Care Services**

<b>Home Nursing</b>	Nursing care, such as dressing wounds, administering injections, and changing feeding tubes
<b>Home Therapy</b>	For homebound clients who need rehabilitation to improve or maintain their activities of daily living
<b>Home Medical</b>	Caters to frail or bedridden clients who need medical consultation and treatment
<b>Home Personal Care</b>	Services such as personal care tasks, assistance with medication and more to meet a client's needs at home
<b>Meals-on-Wheels</b>	Meal delivery for homebound clients
<b>Medical Escort and Transport</b>	For homebound clients unable to get to medical appointments or treatments independently
<b>Temasek Foundation Cares-Care Close to Home</b>	Care coordination and personal care services for the needy and low-income seniors

Source: Agency for Integrated Care (2018).

**Table 5.2. Day Care Services**

<b>Senior Care Centre</b>	Integrated care services such as day care, dementia day care, day rehabilitation services, and basic nursing services
<b>Day Rehabilitation Centre</b>	Customised exercise and training programmes to improve clients' functional abilities
<b>Dementia Day Care Centre</b>	Structured day care programme for persons with dementia
<b>SPICE (Singapore Programme for Integrated Care for the Elderly)</b>	An integrated centre- and home-based programme providing centre- and home-based services for frail elderly who have high care needs
<b>Social Day Care Centre</b>	Custodial care and maintenance exercises for frail elderly who may need supervision while their families and/or caregivers are at work
<b>Hospice Day Care Centre</b>	Care for terminally ill elderly patients, and caregivers' support such as nursing and medical care to manage the patient's medical condition
<b>Integrated Home and Day Care Package</b>	Home- and centre-based care bundled together to serve needs of seniors more holistically
<b>Taxi Transport Service</b>	Designated taxi drivers to ferry seniors going to and from day care centres

Source: Agency for Integrated Care (2017).

**Table 5.3. Community Mental Health Services**

<b>CREST (Community Resources and Support Engagement Teams)</b>	A basic community safety network for people with dementia and depression, and caregivers who need the additional support to care for their loved ones
<b>COMIT (COMMunity Intervention Teams)</b>	Provides psycho-social therapeutic intervention for clients with mental health needs and helps their caregivers cope
<b>ASCAT (Assessment and Shared Care Team)</b>	Provides treatment and care to clients with mild and moderate mental health conditions
<b>Dementia Home Intervention Programme</b>	Provides behavioural interventions for clients with dementia and helps caregivers better manage care for their loved ones and themselves
<b>Elder-Sitting Services</b>	For persons with dementia, engaged by elder sitters in meaningful and therapeutic activities to maintain their cognitive function
<b>Dementia-Friendly Communities</b>	Builds a more caring and inclusive society that can support persons with dementia
<b>Mental Health General Practitioner Partnership</b>	Enables general practitioners to provide more holistic care to patients with chronic physical and/or mental illnesses, as referred by public hospitals
<b>Local Community Support Network</b>	Discusses cases encountered in the neighbourhood, identifies care needs, and refers residents to services

Source: Ministry of Health (2018).

**Table 5.4. Community-Based Care**

<b>Community Health Assist Scheme General Practitioners and Dental Clinics</b>	Enables Singapore citizens of all ages from lower- and middle-income households to receive subsidies for medical and dental care from participating general practitioners and dental clinics near their homes
<b>Aged Care TransitiON (ACTION) Project</b>	Helps discharge and arrange community services for the patient and caregiver at home, optimising the patients' health and functional outcomes
<b>Community Case Management Service</b>	Targets frail seniors with multiple health and social care needs, identifies and supports key aspects of seniors' needs in a holistic and person-centred manner
<b>HOListic care for MEDically advanced patients (HOME) Programme</b>	Provides end-of-life medical and nursing care and psychosocial support for patients and caregivers, as well as advance care planning for terminally ill patients
<b>Community Health Centres</b>	Provides health screenings and conducts health tests through a general practitioner's referral

Source: Ministry of Health (2018).

In the CoC model, nurses are embedded in the community as patient navigators, helping patients find their way around the healthcare system and coordinate care transitions through the entire care continuum to keep patients in the community. The patient navigators also provide clinical assessment and coordinate care. They work with patients beginning at post-discharge, by right-siting to minimise readmission, and by preventing and delaying progression of the condition via health monitoring.

A third programme being piloted in Singapore in 11 sites is the Care Close to Home programme (C2H), which provides home personal care services to older adults (Agency for Integrated Care, 2014). The programme began in 2014 to promote quality of ageing-in-place support and care for low-income older adults living in one- or two-room rental flats with little or no caregiver support. The care team comprises a registered nurse, a programme coordinator, and 4 or 5 healthcare assistants, all of whom are based in senior activity centres in the rental blocks. Preliminary results suggest that older adults feel more at ease having a team stationed within the community because they can easily access the team should they need social or medical care.

## Long-term Care Insurance

The government is also taking steps to strengthen the LTC insurance system. The mandate is that meeting LTC needs is a collective responsibility. A range of financing sources support LTC needs, including ElderShield (disability insurance), ElderShield supplements, private disability insurance, private cash savings, central provident fund pay-outs, charity donations, and family support. There are also means-tested subsidies for services, government assistance schemes, and charity and donations. Recent research suggests the following financing mix: out-of-pocket spending (40%), government spending (42%), LTC insurance (9%), and charitable donations (9%). Singapore, with 65% of residents aged 40 to 83 covered by basic LTC insurance, including 22% with supplementary plans, has the highest voluntary LTC insurance rate in the world (Graham and Bilger, 2017).

The main LTC insurance programme, ElderShield, was tweaked in 2018 into a new programme, CareShield Life, under which payouts increase over time, starting at SGD600 per month in 2020 (Ministry of Health, 2018). Pay-outs are increased by 2% each year and begin when an individual has three activity of daily living limitations. All Singaporeans and permanent residents are required to have ElderShield insurance beginning at age 30. Table 5.5 shows the difference between ElderShield and CareShield Life.

The following sources are available for Singaporeans and permanent residents to pay for their LTC needs. CareShield Life is a universal plan for all future cohorts, regardless of disability or financial status. Existing cohorts who are not severely disabled are encouraged to join. The government has announced that no one will lose coverage due to financial difficulties. The second source is MediSave, an individual savings scheme for healthcare needs based on a percentage of employee and employer contributions. Cash withdrawals provide flexibility for different care arrangements and support ageing-in-place. The third source is ElderFund, targeted at those who need further support beyond CareShield and MediSave withdrawals. It also supports individuals who may not be able to join CareShield Life, have low MediSave savings, or have insufficient savings for their care needs. The LTC financing system takes a whole-of-society approach to diversify risk and maintain sustainability.

**Table 5.5. Components of ElderShield Vs. CareShield**

	ElderShield	CareShield Life
Able to opt out?	Yes	No
Payable by MediSave	Yes	Yes
Premiums start at	40 years old	30 years old
Premiums stop at	65 years old	67 years old (or later according to retirement age)
Annual premiums	SGD175 (men) SGD200 (men)	SGD218 (women) SGD250 (women) - Increase 2% every year
Premiums are paid for (years)	26	38
Government subsidy	No	Yes
Pay-out starts when	Unable to do at least three activities of daily living	
Pay-out amount	SGD400/month	SGD600/month (starting 2020)
Duration of pay-out	6 years	Lifetime

Source: The Straits Times (2018).

## Challenges and Solutions

Singapore's population is ageing rapidly, presenting a challenge for policymakers and programme developers. While ageing represents the success derived from economic development, it also requires policy reformulation to capitalise on the benefits of an ageing society. This chapter has focused on enhancing LTC services for older adults. Equally important are policies to extend the retirement age and promote social integration as working and strong social support networks are key to enhancing older adults' well-being. Policy reformulation is in its early stages. There has been a concerted effort to develop and manage LTC services and the associated costs. The solution is to take a whole-of-society approach, combining personal and state contributions to LTC. Quality and convenience still need to be improved to bolster the LTC sector. A recent development is the opening of Kampung Admiralty, Singapore's first assisted-living housing development (Singapore Housing Development Board, 2017). Social and medical care are available in the same housing complex. The complex also includes a child day care centre to foster intergenerational relationships. Early assessments suggest that older adults living in Kampung Admiralty are more likely to frequent services in the community – e.g., the food court – than in other housing estates. One reason is that the food court is now more accessible. Older adults have also reported enjoying interactions with fellow residents and the younger generation. The government is planning to develop more assisted-living housing developments.

Despite concerted efforts to expand the capacity of the LTC sector, informal caregivers continue to act as default care providers. Singapore has a deep tradition of filial piety and policymakers also expect families to act as the primary caregivers for the elderly. Providing more community-based services can have positive mental health outcomes for caregivers in the short and long term (Gitlin, 2006). In response to rapid ageing worldwide, LTC providers will serve an ever-growing population. It is important to note that community-based LTC services are often supplemented by informal caregivers, and it is vital to consider their well-being as we create integrated health systems where caregivers are intimately involved in decision-making and care provision. In the coming years, Singapore will be able to present several models of providing LTC to other societies grappling with the same concerns. The sharing of best practices will be an important step towards achieving a high quality of life for older adults in Asia.

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## Part 2-CHAPTER 5

# **Sending More or Sending Better Care Workers Abroad? A Dilemma of Viet Nam's Labour Exporting Strategy**

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