

1st
WORLD
CONGRESS ON HEALTHY AGEING

19 – 22 March, 2012

www.healthyageingcongress.org

Organised by:



Malaysian Healthy Ageing Society

Co-Sponsored:



World Health
Organization

Social Policy for Long Term Care in Singapore

Thelma Kay

1st World Congress on Healthy Ageing

22 March 2012

Demography of Singapore

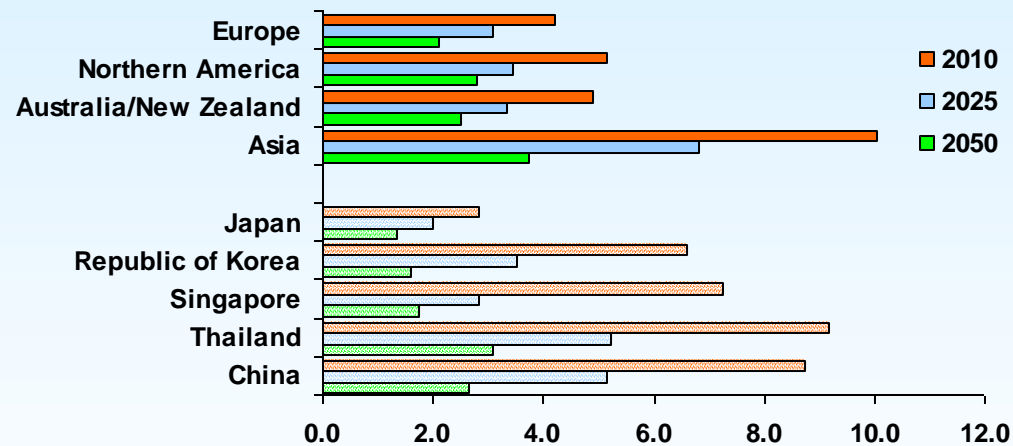
- Total Population : 5.18 million (2011)
- Residents :3.79million (2011)
- Life expectancy: 65 (1965) to 82 (2010)
- >60 : 3.4% (1970), 9% (2010),19% (2030)
- Life expectancy at age 65 (for 2010)

-Males 18.1

-Females 21.5

Decline in old age dependency support

2010, 2025 and 2050

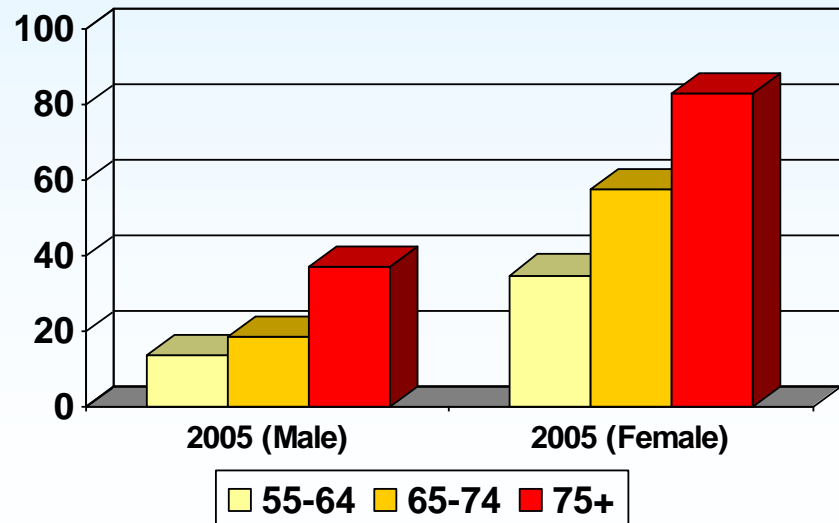
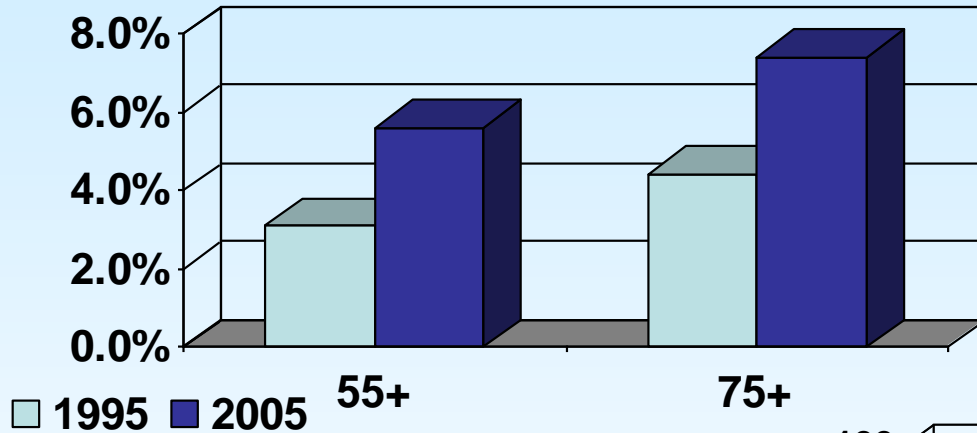


Source: *World Population Prospects: The 2008 Revision*, United Nations Population Division, New York.

Decline in family support

More Elderly Living Alone and Single Elderly

% of Elderly living alone

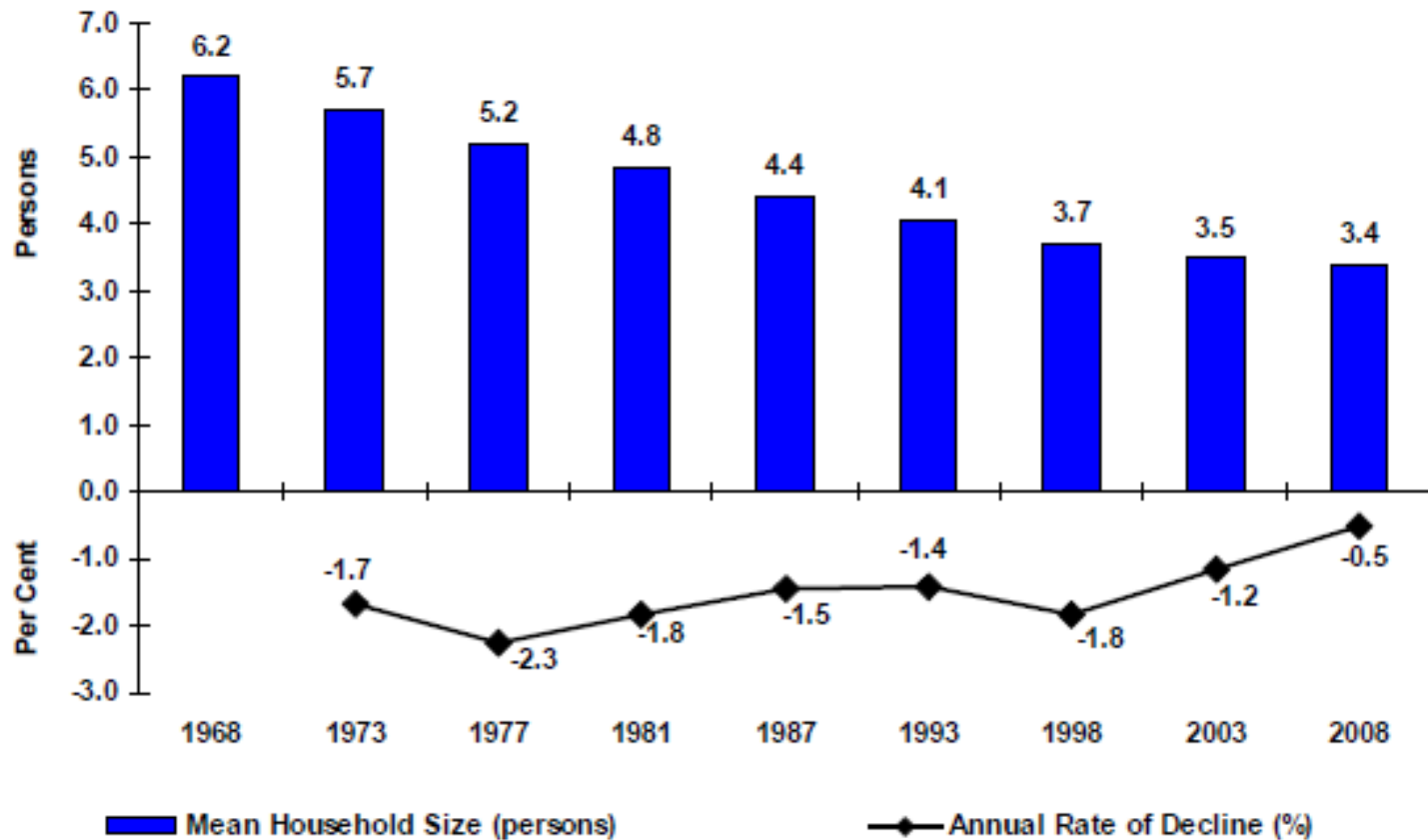


National Survey on Senior Citizens, 1995, 2005

Decline in family support

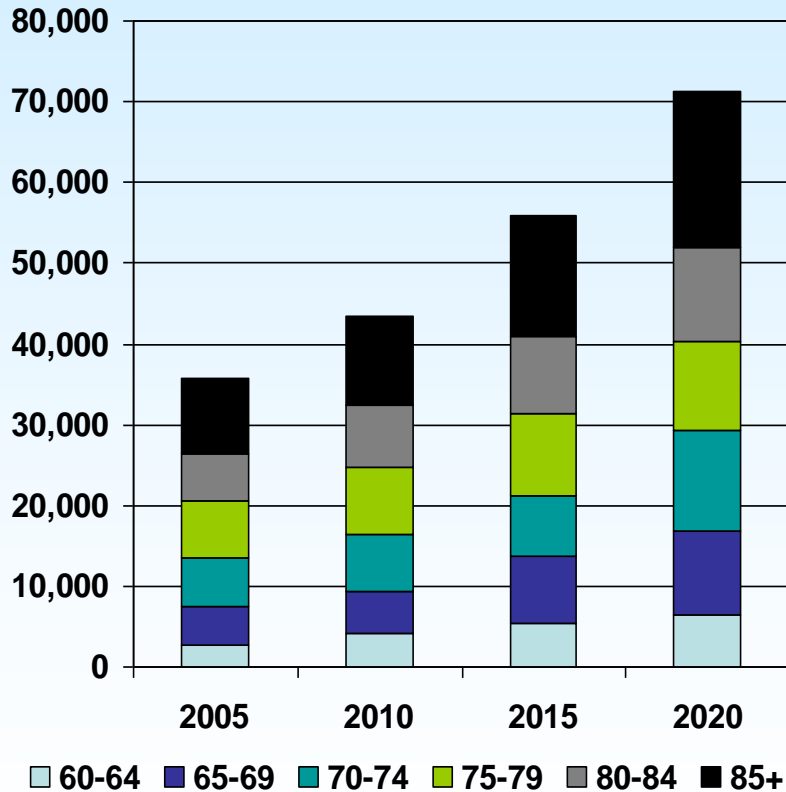
Smaller Household Size

Chart 3.4 Average Household Size by Year

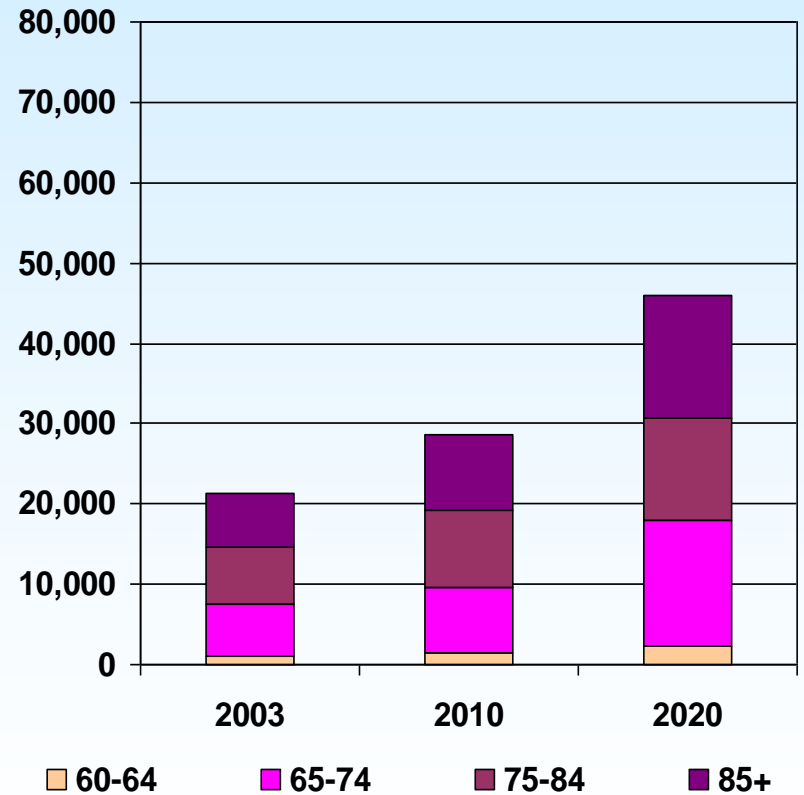


Increase in elderly needing care

Projected no of Elderly unable to perform >1ADL



Projected no of Elderly with Dementia



Policy principles

- **Inclusive society**
- **Self-reliance** and independence (economic security, working longer, active ageing)
- **Integrate** health and social care , including preventive/promotion
- Strong linkages with housing, manpower, social security
- Enable **ageing in place** (inclusive barrier-free environment, home-based services)
- **3Ps** (public/private/people), many helping hands but **family** as first line of care and support
- Strong role of VWOs, foreign domestic workers
- **Social safety net** for vulnerable(targetted, means-tested)
- **Whole of governme**nt (plans/programmes/budgets through inclusive society/ageing population lens, coordination mechanism)

Eldercare Services



Frail →

National Information & Referral Infrastructure

Referrals from community (CEL) Discharge from hospitals (AIC)

Well ↓

Active Ageing

- Wellness Programme/ Seniors-Connect
- Grassroots activities
- Programmes supported by Council for Third Age

Seniors Activity Centre

Home- & Community-based Services

- Home Medical, Nursing, Rehabilitation
- Day Rehabilitation
- Dementia Day Care
- Day Care
- Home Help
- Case Management (ACE)
- Befriending, Gero-Counselling

Institutions

- Community Hospitals
- Nursing Homes
- Sheltered Homes

AIC

CEL

NCSS

Specific services targeting the poor and vulnerable (weak family support)

Care and services for elderly

Primary Healthcare

- Private practitioners
- Government polyclinics

Hospital care

- Public government hospitals/specialty centres
- Private hospitals

Care and services for elderly

Intermediate and Long Term Care

Institutional/residential

- Community Hospitals
- Nursing homes
 - VWO (voluntary welfare organizations)
 - Private
- Sheltered Homes (old age homes)

Seniors Group Homes

Care and elderly services

Intermediate and Long Term Care

Home and community (non-residential/institutional)

- **Home-based**
 - Home medical
 - Home nursing
 - Home rehabilitation

Ensuite social home-based care

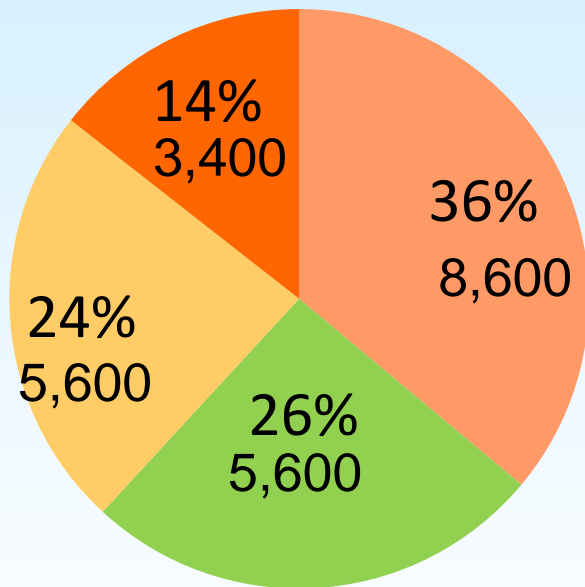
- **Community/centre-based**
 - Day rehabilitation centres
 - Dementia day care centres
 - Psychiatric day care centres
 - Day care centres
 - Senior Activity centres.

Integrated day facilities

Caregiver Profile

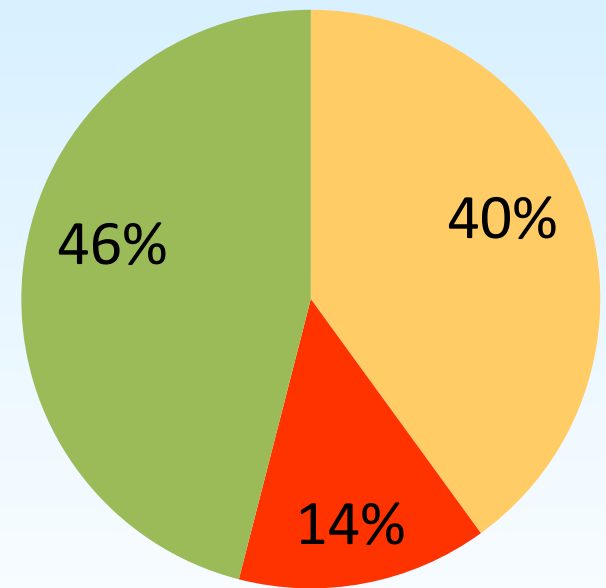
- Mainly family caregivers; about half who are working

Who they are



Children FDWs Spouses Relatives

Employment Profile



Working (full time) Working (part time)
Not working

Holistic/affordable eldercare and healthcare

- Care financing framework: 3M
 - (i) Medisave (compulsory individual medical savings account scheme)
 - (ii) Medishield (medical insurance scheme)
 - (iii) Medifund (medical endowment fund)
- Eldershield – for severe disability, long term care
- Subsidy framework
- Public assistance

Challenges and recent measures

- Government subsidises 36.3 per cent of health expenditures (balance from out of pocket, private medical insurance)

Subsidies increased , also cover middle-income

- Heavy reliance on foreign workers and multitasking domestic workers

Sin\$150 grant for domestic help for elderly and disabled

- Overcrowding of public hospital facilities

Expansion of facilities and staffing

- Healthcare subsidies structure (cf home-based subsidies **encourage** frail, elderly institutionalization)

Subsidy structure under review and rationalization

- Need structured caregiver training/certification

Under review

Challenges

BUT:

60% elderly medical costs paid from children's Medicaid (shifting healthcare burden to children)

Financing framework for long-term care still needed

Financing payments incentivise institutionalization

Living arrangements – retirement communities, NORCs

Integration or coordination

Advocacy for mindset change, political action

Dying with dignity?

Live longer, live healthier , die with dignity

THANK YOU

**For further information
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