



## Home & centre-based care services outstrip nursing homes as the main form of long-term care in Singapore, shows Lien Foundation-NUS study

*The capacity to enable seniors to be cared for at home or in the community rather than in institutions has doubled in recent years, but only 2.5 per cent of MOH budget is spent on home & centre-based services*

*Community care can cost around \$900-\$2,200 per month before subsidies. Growing burden on charities to help lower-income meet co-payment amounts*

*Private companies account for around 35 per cent of home and centre-based care providers, but only two are subject to Government regulations, as these services are currently not licensed*

Singapore. 14 Aug 2018

1. Home and centre-based care services have overtaken nursing homes as the main form of long-term care (LTC) in Singapore, shows a new in-depth study that outlines the progress made as well the challenges ahead in enabling frail, vulnerable or disabled seniors to be cared for at home rather than in hospitals or nursing homes in fast-ageing Singapore.
2. According to figures from the Ministry of Health, around 14,000 people used subsidised home and centre-based services in late 2017, up from 12,000 a year earlier. The number of subsidised nursing home residents, meanwhile, has remained stable at around 10,000 over the past two years. Nursing homes used to be the main mode of long-term care for seniors earlier.
3. The 232-page report, titled **Care Where You Are - Enabling Singaporeans to Age Well in the Community**, was commissioned by the Lien Foundation to throw light on the state of formal centre-based<sup>1</sup> and home-based care<sup>2</sup> for seniors in Singapore, acknowledge strengths, showcase innovations, identify weaknesses or unmet needs and, where possible, suggest recommendations. It looks at four aspects: the overall care landscape, including demand and supply of services; financing; human resource capabilities; and care quality and

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<sup>1</sup> Centre-based care includes social/maintenance daycare, dementia daycare, day rehabilitation

<sup>2</sup> Formal home-based care includes home medical, home nursing and home personal care services provided by non-profit or private care providers. It does not include informal care provided by family caregivers or domestic workers.

governance. It is a sequel to another in-depth study on long-term care published by the Foundation in 2016, which threw light on the state of Singapore's nursing homes.

4. Among other things, **Care Where You Are** flags the high costs of care and also the need to establish proper safeguards to ensure quality and measurable care outcomes as well as better value as the Government tries to revamp the healthcare system and shift focus from hospitals to care in the community.
5. Authored by Associate Professors Elaine Ho and Shirlena Huang from the Department of Geography at the National University of Singapore, **Care Where You Are** combines focus group discussions and qualitative interviews with representatives of 50 non-profit and private care providers with new data from the Ministry of Health and a comprehensive literature review. Aside from care providers, the authors also interviewed family caregivers of older Singaporeans, representatives of relevant government ministries and affiliated agencies, academics as well as leaders of ageing-related non-government organisations. A total of 103 individuals participated in this study, believed to be the most in-depth of its kind in Singapore. The study took place between June 2017 and August 2018.

### **Doubling of capacity to meet growing aged-care needs**

6. Ageing is one of the defining global trends of our time; Singaporeans are living longer and the country is ageing faster than almost any other place on earth. The number of Singapore residents aged 65 and above crossed the half a million mark in 2017. Of them, around 200,000 are in their mid-70s or older. While most Singaporean seniors are in relatively good health compared to their peers overseas, more among them will also need care as Singapore prepares for nearly a million senior citizens by 2030.
7. The report found that in anticipation of rapid ageing, MOH has more than doubled home and centre-based capacity from 5,900 places in 2011 to 13,000 in 2017. Another 3,200 places will be added by 2020<sup>3</sup>. There is no wait list for home care services currently. The median waiting time for general day care is about 20 days while that for dementia care is about 35 days<sup>4</sup>. Waiting time depends on factors such as capacity as well as family's preferences and availability. Incidentally, the capacity of private home and centre-based providers that do not receive Government subventions and serve only self-funded clients is not tracked; and unlike nursing homes or even childcare centres, home and centre-

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<sup>3</sup> See factsheet for detailed breakdown of home and centre-based care places

<sup>4</sup> Figures from MOH – direct communication, 2018

based services are not licensed. In addition to home and centre-based places, Singapore has around 14,900 nursing home places, including private nursing homes.

8. Yet, the report found some evidence that capacity may still be falling short of need. The Agency for Integrated Care (AIC), which coordinates Singapore's long-term care services, for instance, received 7,800 referrals for day care services in 2015, when only 3,500 day care places were available. There were 5,000 places available in 2017, but this still fell short of the 2015 demand, and the need has likely increased since then. Of course, not all referrals result in the take-up of places, since families can make alternative care arrangements such as by hiring a domestic worker, and not all seniors attend day care on a daily basis. Yet, the need expressed through referrals and the number of day care places available may well be significant.

### **Sophisticated care models**

9. More help facilities, schemes and programmes are appearing, meanwhile, with newer models emphasising greater continuity of care. Under the Integrated Home and Day Care (IHDC) programme, for instance, people who normally use centre-based care but sometimes find themselves unable to leave home can now have care delivered to their homes temporarily, while those who receive home-based care are encouraged to switch to centre-based services when they become more mobile.
10. New purpose-built "Active Ageing Hubs" offering integrated eldercare services are being set up in new HDB estates. These one-stop centres provide seniors with a range of services, from day care and rehabilitation to grocery delivery. In recent years, the private sector has stepped in to fill gaps in eldercare, especially for middle-class and better-off Singaporeans seeking a wider range of options and more exclusive care. Voluntary welfare organisations, which form the bulk of care providers, have also begun collaborating with private providers. The study found that forging partnerships makes for an efficient means of achieving economies of scale and specialisation while ensuring that the goals of providing holistic and continuous care are met. The recent transfer of social care functions from the Ministry of Social and Family Development to MOH is also expected to be beneficial for the sector, thanks to centralised planning and streamlining of care services.

### **Financing home and centre-based care**

11. As of Financial Year 2016, the latest year for which figures are available, the Government spent \$800 million on long-term care, up by a third from \$600 million in FY2015, show

figures from the Ministry of Health. This includes both capital costs of building new nursing homes and day care centres and also recurrent costs, such as those on means-tested subsidies and manpower for running nursing homes, centre-based care, and palliative and home care services. Despite a substantial rise in long-term care spending in recent years, this still amounted to only eight per cent of the overall healthcare budget and 0.19 per cent of Singapore's Gross Domestic Product for the year, up from 0.14 per cent in FY 2015<sup>5</sup>. By comparison, advanced nations from the Organisation for Economic Cooperation and Development (OECD) spent an average of 1.4 per cent of their GDP on long-term care in FY2014<sup>6</sup>. Significantly, while the importance of enabling seniors to age at home is widely acknowledged, Government spending on home-based and centre-based care increased from \$200 million in FY2015 to \$240 million in FY2016. This accounted for a third of the \$800 million long-term care budget and only 2.5 per cent of the overall \$9.8 billion healthcare budget for the year<sup>7</sup>.

12. While the vast majority of people would like to age and be cared for in the comfort of their own homes, rather than in institutions, the costs of community care can be considerable, the report found. A family looking after a severely disabled person<sup>8</sup> at home under the IHDC programme, for instance, could pay \$3,100 per month, including transport and consumables, before subsidies, at a time when the median full cost of looking after the same person in a VWO-run nursing home is \$2,400<sup>9</sup>. The full cost of using day care and transportation to centres, meanwhile, can amount to nearly \$2,500 per month. A family of three with a household income of at least \$7,803, just above the eligibility cut-off for means-tested subsidies, would have to spend nearly one-third of its income on eldercare. (See factsheet page 7 for average costs of care and subsidy ranges)

13. Even as Singapore works to enable seniors to remain healthy, active and engaged for as long as they can, it must be mindful that more will need care and that quality long-term care can be expensive, said Ms Radha Basu, director for research and advocacy at Lien Foundation. "We hope this report can help Singaporeans gain a deeper understanding of a complex, multifaceted issue that can affect us all someday and jumpstart informed,

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<sup>5</sup> <https://www.straitstimes.com/opinion/new-ways-to-fund-better-long-term-care>

<sup>6</sup> <http://www.oecd.org/els/health-systems/long-term-care.htm>

<sup>7</sup> [https://www.singaporebudget.gov.sg/data/budget\\_2017/download/35%20MOH%202017.pdf](https://www.singaporebudget.gov.sg/data/budget_2017/download/35%20MOH%202017.pdf)

<sup>8</sup> Severely disabled people are unable to perform at least three of six routine activities of daily living (ADL) — feeding, bathing, dressing themselves, getting in and out of bed, using the toilet, and walking or moving about.

<sup>9</sup> Figures from Pg 49 and 50, ElderShield Review Committee Report

collective conversations about what kind of care system we would like and, crucially, how much we are willing to pay for it.”

14. She added that an average of only 13 per cent of seniors<sup>10</sup> use formal long-term care services in the 26 member-states of the Organisation for Economic Cooperation and Development (OECD). “The important point to note from other advanced ageing economies is that although relatively few people need formal care services, the costs of care – and the years spent needing care – can be high and unpredictable. Thus, there is a compelling need for better social protection, especially as family sizes shrink, domestic workers become more expensive and care needs become more complex because of advanced age.”
15. Although two-thirds of all households now qualify for means-tested subsidies, the study found that co-payment is a key concern for families. Care providers told the researchers affordability remains an issue for lower-income elderly. They may qualify for 80 per cent of the cost to be covered by subsidies, but even that may not be enough for some. For instance, if the total monthly bill for care is \$1,000 and the client qualifies for \$800 in subsidies, he or she must still pay \$200 a month out of pocket. For any elderly person with no income, that can still be hard.
16. Costs may deter even middle-income families from using formal long-term care services, especially since many find it cheaper to hire a domestic worker instead. However, FDWs may not be trained enough to handle complex care needs and, sometimes, could end up compromising the wellbeing and health of vulnerable seniors, leading to unnecessary hospital stays. An earlier local study found that only about half of those referred to day care or home care services in 2011 and 2012 used the services, with levels falling to a quarter after six months. Perceived affordability was a strong consideration for those who decided against using available services.<sup>11</sup>
17. Significantly, long-term care is expensive not just in Singapore but in many other advanced ageing nations. According to a 2017 OECD report which measured social protection, in all the countries studied, the cost of home or institutional care for severe needs was equal to

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<sup>10</sup> OECD (2017) “Health at a Glance 2017 — OECD Indicators”. Retrieved from [https://www.oecd-ilibrary.org/docserver/health\\_glance-2017-en.pdf?expires=1533183821&id=id&accname=guest&checksum=57740E5E0EBE06E88F3EF6A0F68532F3](https://www.oecd-ilibrary.org/docserver/health_glance-2017-en.pdf?expires=1533183821&id=id&accname=guest&checksum=57740E5E0EBE06E88F3EF6A0F68532F3), p.208.

<sup>11</sup> Liu, C., Eom, K., Matchar, D.B., Chong, W.F. & Chan A.W.M. (2016) “Community-based long-term care services: If we build it, will they come?”. *Journal of Aging and Health* 28, 307–323; p.317.

or greater than the median disposable income for over-65s. That is almost certainly the case in Singapore too.

18. There are no nationally available estimates for the overall costs of LTC in Singapore or how much is paid out of pocket by seniors or their families, but a 2017 paper published by the Duke-NUS Medical School<sup>12</sup> estimated that around 42 per cent of LTC costs in 2015 was borne by the Government while another 40 per cent was borne out of pocket. ElderShield and charity dollars paid for the rest.

### **Many seniors potentially under-insured for LTC**

19. The Government recently announced CareShield Life, which will help the severely disabled pay for care. The social insurance scheme is undoubtedly a welcome first step towards lifelong and universal protection from the high costs of long-term care. But concerns have been raised over its strict eligibility criteria, relatively low pay-outs and the fact that women need to pay higher premiums. Only those who are severely disabled will be eligible for the pay-outs of \$600 per month to help pay for care needs. The study found that as of 2017, only 6.6 per cent of seniors – or around 34,000 people – were severely disabled.
20. Associate Professor Elaine Ho, one of the authors of the study, pointed out that despite CareShield Life, many Singaporeans may be under-insured for long-term care. As of 2017, about a third of those aged 40 to 84 years old had not purchased the basic ElderShield scheme. CareShield Life will be optional for older cohorts; how many will join the scheme remains to be seen. Women, in particular, may choose not to join despite premium subsidies and incentives from the Government, given that they have to pay higher premiums to cover more years of care than men. Besides, only 1 in 3 Singaporeans who purchased ElderShield insurance have bought supplementary private insurance.
21. "The threshold to qualify for payouts - being unable to carry out 3 or more activities of daily living (ADL) - could also be a deterrence," said Associate Professor Ho. "We recommend a graduated pay-out rate depending on the number of ADLs that one is unable to fulfil, so that a wider range of older Singaporeans who have some degree of disability would benefit from such insurance." Greater public and private financing for

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<sup>12</sup> Graham, W.C.K. & Bilger, M. (2017) "Financing long-term services and supports: Ideas from Singapore". *The Milbank Quarterly* 95, 358–407, p.363.

preventive care and rehabilitative treatment to delay or even reverse frailty would also better prepare Singapore for ageing, she added.

### **Burden on charities**

22. The charity sector remains crucial in supporting and funding long-term care. The study estimates that about two-thirds of the 170 care providers in Singapore are VWOs. While the Government provides them grants to run many of their long-term care schemes and programmes, there has been a gap between the real cost of service delivery and the “norm cost” set by MOH to determine subventions, say providers. Norm costs, which are MOH’s observed average costs of running services, are typically lower than what VWOs say are the real operating costs of delivering services. The gap varies for different types of services and can be particularly large for home care. For example, according to one provider, charity dollars offset 29 per cent to 41 per cent of the full costs of various home care services for lower-income families even after accounting for government subsidies.
  
23. To make up the shortfall, VWOs expend substantial time and resources to raise donations, which could be unsustainable in the long run. Aside from greater risk pooling, the study also recommends increasing public spending on community and home care and a cap on the fund-raising burden charities must bear. Given rapid ageing and shrinking family sizes, it also suggests deeper discussions on whether Singapore should change its social compact and have a long-term care safety net that is stronger and more inclusive than what exists today.

### **Regulating care quality**

24. Unlike nursing homes and childcare centres, home-based and centre-based care is not licensed in Singapore. All providers that receive government subventions are subject to certain mandatory service requirements stipulated by MOH, including on care processes and staff qualifications. It is worth noting that private sector involvement has grown rapidly in recent years and there are at least 60 private providers offering services, mostly in home care. Currently, only two private home care providers receive government subventions and are therefore subject to MOH’s mandatory service requirements. Licensed care professionals — such as doctors, nurses or physiotherapists — are regulated by their respective professional bodies. However, disciplinary action for professional misconduct is taken only against the individual, rather than his or her errant employing agency. A private provider can simply replace one poor worker with another and carry on.

25. Thus, Singapore needs to strengthen the regulatory environment of community-based eldercare, pointed out Associate Professor Shirlena Huang, who authored the study with Associate Professor Ho. “This is especially important in the area of home care where we expect increasing numbers of private providers to be entering the market as Singapore’s ageing population grows,” she said. ‘The elderly and others needing care at home are particularly vulnerable groups. Safeguards for home care must be put in place.”
26. A strong regulatory framework should have at least 3 components: legislation, care quality auditing, and an avenue for complaints, said Prof Huang. “As such, we recommend not only the consolidation of existing healthcare legislation into a holistic framework that covers the whole care spectrum, but also for independent bodies to oversee care quality – one for monitoring and accreditation, and another to handle complaints and decide in disputes. Making a rating system of each care provider’s quality services publicly available would also enable Singaporeans to make more informed choices and incentivise providers to maintain high care quality.”
27. Ms Gillian Tee, CEO and co-founder of a fast-growing private homecare company Homage, concurred that to optimise care recipient wellbeing, any elder- or disabled-care taking place at home, be it by a charity or private care provider, needs to be regulated. “Defining a regulatory framework also needs to be collaborative and iterative, a partner effort between public and private parties,” she said.
28. Aside from safeguards against negligent or bad practices, more can also be done to sharpen care competencies and quality, especially in the area of home care, the report said. In 2015, MOH, in consultation with the sector, introduced developmental service guidelines as a reference for home-based care providers to work towards delivering good quality care for our seniors. These guidelines go beyond our service requirements and articulate the expected outcomes in four broad domains: (a) provision of holistic care services; (b) safety and quality of care; (c) dignity of care, informed and enabling care; and (d) organisational excellence and sustainable care.
29. However, these guidelines are not mandatory and currently, home care providers that do not receive subventions mostly set and monitor their own standards, for example, in the areas of certification of workers and protocols for escalating situations that arise during home care. The present study also emphasised the need to enhance the quality of care by



setting accreditation, training and certification standards for all providers and workers in the sector.

### **Valuing workers more**

30. Despite considerable government efforts in the area, attracting and retaining workers in the sector is also an abiding challenge, the report found. As of March 2017, there were 8,300 direct care staff in the long-term care sector working in nursing homes, day care centres for seniors and in providing professional home care services. This number is expected to grow to 12,000 by 2020 — a jump of about 45 per cent in three years.<sup>13</sup> This seems like a tall order, given that the sector is still plagued by relatively high turnover rates.

31. A separate study, released last month by the Lien Foundation, which evaluated eldercare manpower issues in Singapore, Korea, Japan, Hong Kong and Australia, found that Singapore's eldercare workers are the lowest paid, when compared to the post-tax salaries of care workers in the other four ageing economies<sup>14</sup>. Average tenures among workers in Singapore are low in LTC compared to hospitals. Around 55 per cent of foreign LTC workers, for instance, have worked in their current company for under two years. Building on the earlier study, **Care Where You Are** found that the sector needs to improve pathways for training and career advancement, and raise productivity through technology and job redesign to make working in the sector more sustainable in the long run.

### **Caregivers need respite too**

32. Another pressing need is respite care for family caregivers during emergencies or when they need a break from stressful, prolonged eldercare duties. Demand for respite care is likely to increase, not only as the number of seniors increases, but also because family caregivers are ageing themselves. It is available across Singapore at about a dozen centres run by VWOs, but applications must be submitted at least five working days in advance. Even then, respite care is mainly provided until about 8pm, and rarely on Sundays or for elderly who are bed-bound. At \$53 a day, it can be expensive for families just above the cut-off for subsidies. Options for overnight respite care (for periods of seven to 30 days) for the elderly who require higher levels of nursing care are more limited and offered mainly by private nursing homes. Applications must be submitted six to 12 weeks in

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<sup>13</sup> <http://www.lienfoundation.org/sites/default/files/Long%20Term%20Care%20Manpower%20Study%20FINAL.pdf>

<sup>14</sup> <http://www.lienfoundation.org/news/> Long Term Care Manpower Study, Lien Foundation

advance if applicants are seeking subsidies, although it takes about a month to process referrals.

33. Mr Keith Lee, director of health and senior care at AWWA, a large VWO which offers community care services, said it was encouraging to note that home and centre-based care has overtaken nursing homes as the main form of LTC in Singapore. “The report shows the importance and effectiveness of community-based health and social programmes that were put in place to support seniors to continue to stay at home,” he said.
34. Ms Peh Kim Choo, chief executive of the Tsao Foundation which has been championing community care since the early 1990s, said the report was both timely and important as the government goes about achieving its recently announced goals of shifting healthcare from hospital to community, from healthcare to health, and from quality to value. “Beyond asking the government to give more funding to elders and long-term care service providers in the community, what we need is an open and critical examination among stakeholders of what the expected outcomes of healthcare delivery are and what that means for acceptable standards, and how we can together achieve good health, affordably and sustainably, as the proportion of older persons in the population increases.”

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Annexes - Download a copy here: <https://tinyurl.com/CareWhereYouAre>

- A Factsheet
- B Care Where You Are study

#### **About the Lien Foundation**

The [Lien Foundation](#) is a Singapore philanthropic house noted for its model of radical philanthropy. It breaks new ground by investing in innovative solutions, convening strategic partnerships and catalysing action on social and environmental challenges. The Foundation seeks to foster exemplary early childhood education, excellence in eldercare and effective environmental sustainability in water and sanitation. It supports innovative models of eldercare, advocates better care for the dying and greater attention on dementia care.

Since 2005, the Foundation has harnessed IT for capacity building and enhanced the quality of care in healthcare nonprofits like hospices and nursing homes, and extended this to person-centred care for long-term eldercare providers in 2017. To advocate better nursing home care in Singapore, the Lien Foundation released [a report](#) featuring the voices of 50 nursing home and eldercare experts that revealed why Singapore’s nursing homes need a new narrative, and showed the reality of life in a nursing home with its social documentary, [Anita’s Nursing Home Stay](#). The Foundation also showcased the rich diversity of Japan’s senior services in a 10-part film series, [Genki Kaki](#). More recently, the Foundation redefined how overlooked and underused physical spaces could be reimagined for the elderly in a book, *Second Beginnings*.

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## Annex A : Factsheet

### A Snapshot of “Care Where You Are” Study

- **Predominant form of long-term care (LTC)**  
**14,000 vs 10,000**  
Home and centre-based care (14,000 users) has overtaken nursing homes (10,000 users) as the main form of LTC in Singapore (see #4). The capacity for home and centre-based care has doubled in recent years, and there are many sophisticated and newer models of care
- **Government spending on home and centre-based care**  
**2.5%**  
Despite the focus on helping seniors to age in place, \$240 million – or only 2.5 per cent of the Ministry of Health’s total budget of \$9.8 billion -- was spent on home and centre-based care in FY 2016 (see # 7)
- **Community care can be expensive**  
**\$900-\$2,200 per month**  
On average, costs before subsidies for centre-based care (including the Integrated Home and Day Care Programme) range from \$900 - \$2,200 per month<sup>1</sup>, while home-based care ranges from \$23 per hour for personal care, to \$95 to \$150 per visit for medical, nursing and therapy care (See #11)<sup>2</sup>

The full (unsubsidised) costs of looking after a severely disabled senior at home can be as much as \$3,100 per month including transport and consumables, higher than the median full cost of care for the same person in a VWO nursing home (see #10) This is for the IHDC programme which offers clients the flexibility to choose between home and centre based care.

Subsidies range from 30 per cent for Singaporean families earning a monthly per capita income (PCI) of \$1,800-\$2,600 per month to 80 per cent for Singaporean families earning a monthly per capita income of \$700 or below<sup>3</sup>

As of 2017, about 6.6 per cent of seniors – or 34,000 people – are severely disabled (see # 1)

- **High co-payment**  
**20% to 70%**  
Families may be forgoing home and centre-based care, despite being referred to it and in need of it, because even with means-tested subsidies, co-payment amounts of 20% to 70% are deemed too high. And families with per capita household monthly income of \$2,601 and above do not qualify for any subsidies at all. Families may settle for hiring a foreign domestic worker instead, though they are usually not trained to handle people with complex care needs (see #12 and table).

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<sup>1</sup> Excluding transport and consumables

<sup>3</sup>[https://www.moh.gov.sg/content/moh\\_web/home/costs\\_and\\_financing/schemes\\_subsidies/subsidies\\_for\\_government\\_funded\\_ILTC\\_services.html](https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/subsidies_for_government_funded_ILTC_services.html)

- **Less than 4% of private providers are regulated**

**2 out of 55**

Even as more private providers offering home and centre-based care services enter the market to meet demand, they remain unregulated and unlicensed. Currently, only two private providers (out of around 55 private homecare providers) are subject to some mandatory service requirements by MOH as the ministry only regulates those that receive government subventions (see #13) There is a need to monitor care quality, focus more on care outcomes and beef up safeguards in the sector.

*This study draws its findings from focus group discussions and in-depth interviews with more than 50 non-profit and private providers of home and centre-based care, including most of the large operators. 103 individuals participated, including family caregivers of older Singaporeans, representatives of relevant government ministries and affiliated agencies, academics and leaders of ageing-related non-government organisations.*

**B Ageing in Singapore**

1. Seniors in Singapore

- No. of Singapore residents aged 65 and above crossed the half a million mark in 2017
- Seniors in advanced age – 80 and above – have nearly doubled in a decade to more than 100,000. Another 100,000 are in their mid- to late 70s and their numbers are growing too
- By 2030, seniors will number nearly a million

	2017	2020	2030
<b>Seniors<sup>1</sup> (aged 65 years and above)</b>	517,000	610,000	900,000
<b>Severely disabled seniors<sup>2</sup> (aged 65 years and above)</b>	34,000	40,000	69,000

*Definition of severely disabled persons (according to government criteria)*

- Unable to perform three or more “activities of daily living” (ADL) from a list of six —feeding themselves; bathing; dressing; transferring themselves in and out of bed; using the toilet; and walking or moving about.

Source:

1-No. of seniors in 2017 and 2030 from <https://www.population.sg/articles/older-singaporeans-to-double-by-2030>; No. of seniors in 2020 from <https://www.straitstimes.com/singapore/health/30000-more-healthcare-workers-needed-by-2020-to-cater-for-singapores-ageing>

2-Current no. of severely disabled seniors from Ministry of Health

2. Landscape of Long-Term Care (LTC) services in Singapore

a) Nursing Homes

- For seniors who have limited family support a/o are unable to be cared for at home or in the community, a/o seniors who require significant assistance with their daily activities a/o skilled nursing on a daily basis

b) Palliative Care Services

- For seniors who require terminal or end-of-life care
- E.g. Inpatient palliative care, home palliative care and day hospice services

c) Centre-based Care Services

- For seniors with some family support but require care in the day in the vicinity of their home
- E.g. Day Care, Community Rehabilitation, Centre-based Nursing

d) Home Care Services

- For seniors who need to be cared for at home
- E.g. Home Medical, Home Nursing, Home Therapy, Home Personal Care

e) Informal Care

- By family members and foreign domestic workers, who are often the main caregivers

3. Types of Home and Centre-Based Care in Singapore

Home Care Services	Centre-Based Care services
<ul style="list-style-type: none"> <li>- Home Medical</li> <li>- Home Nursing</li> <li>- Home Rehabilitation</li> <li>- Home Personal Care</li> <li>- Meals-on-wheels</li> <li>- Medical escort/transport services</li> <li>- Home Palliative</li> </ul>	<ul style="list-style-type: none"> <li>- Community Rehab</li> <li>- Day Care</li> <li>- Dementia Day Care</li> </ul>

## **C Usage and Capacity**

**Home and centre-based care have overtaken nursing homes as the main form of LTC in Singapore.**

### 4. Usage of eldercare services

- As of late 2017, 14,000 people received subsidised home and centre-based care compared to 10,000 nursing homes users

	<b>2016</b>	<b>2017</b>
<b>Home and Centre-based Care</b>	12,000	14,000
<b>Nursing Home Care</b>	10,000	10,000

Source: MOH

### 5. Number of home and centre-based places in Singapore

	<b>2011</b>	<b>2017</b>	<b>2020 (targeted)</b>
<b>Centre</b>	2,100	5,000	6,200
<b>Home</b>	3,800	8,000	10,000
<b>Total<sup>1</sup></b>	5,900	13,000	16,200
<b>Nursing homes</b>	9,400	14,900	17,000

1- Figures exclude the capacity of private home and day care providers serving self-funded clients which is not tracked

### 6. Capacity may still be falling short of demand

- There are 28,000 nursing home, home care and centre-based care places catering to nearly 200,000 seniors aged 75 and above
- In 2015, MOH received 7,800 referrals for day care services (centre-based care) but there were only 3,500 day care places available then. The current capacity of 5,000 (see table above) still falls short of 2015 demand.

## D Financing the eldercare sector

Only **2.5 per cent** of the MOH budget was spent on home and centre-based care in FY 2016.

### 7. Singapore Government expenditure on long-term care

	2015	2016
<b>Home and centre-based care budget</b>	\$200 million	\$240 million <i>2.5% of overall healthcare budget</i>
<b>Long-term care budget<sup>1</sup></b>	\$600 million	\$800 million
<b>Healthcare budget</b>	\$8.7 billion	\$9.8 billion

*1-LTC budget includes capital and recurrent costs of building and running homes, centre-based care, and palliative and home care services*

### 8. Singapore spends significantly less on LTC than other OECD countries

- Singapore spends only **0.19%** of Gross Domestic Product on the LTC sector
- OECD countries spent an average of **1.4%** of GDP in 2014 on the LTC sector

Countries	Percentage of GDP spent on LTC
Singapore	0.19%
Australia	1.06%
Canada	1.13%
Great Britain	1.47%
Japan	2.00%
Korea	0.80%

*Source: Canada and Great Britain figures from 2015 OECD Figures from <http://www.oecd.org/els/health-systems/long-term-care.htm>*

*Australia, Japan and Korea figures from Lien Foundation's Long-Term Care Manpower Study, 2018.*

### 9. Ministry of Health's norm cost for Home Care falls short of the true cost of care by 20% to 37%

Service	MOH norm cost	True cost of care	Norm cost as a percentage of true cost
Home nursing (per visit)	\$109	\$139.43	78%
Home therapy (per visit)	\$129	\$205.09	63%
Home personal care (per hour)	\$22.67 (Tier 1)	\$28.67	79%
	\$22.78 (Tier 2)		

Source: Anonymised care provider

**E Cost of eldercare services**

**The full (unsubsidised) costs of looking after a severely disabled senior at home can be higher than the median full cost of care in a nursing home**

10. Cost of services before subsidies<sup>4</sup>

- Home and community care services for severely disabled can cost as much as **\$3,100 per month** including transport and consumables, if one uses **Integrated Home and Day Care (IHDC)** services
- This is more expensive than the **\$2,400 median nursing home fees** at charity-run nursing homes for the same group of elderly.

## 11. Costs for LTC services

## a) Centre-Based Care

Type of service	Cost (before subsidy)	
	Per Session/ Attendance	Monthly
Social / Maintenance Day Care	\$49	\$900 - \$1,500
Dementia Day Care	\$68	\$1,100 - \$1,700
Singapore Programme for Integrated Care for the Elderly (SPICE) and Integrated Home and Day Care (IHDC)	-	\$1,600 - \$2,200
Community Rehabilitation Centre	\$80	-
Senior Care Centres	\$80 - \$100 (per day)	

Source: Per session figures are from AIC/MOH as of April 2017. Source for other figures can be found on Pg 125 of Care Where You Are (Endnote no. 20)

## b) Home-Based Care

Type of service	Cost (before subsidy)
Home Medical	From \$150 per visit
Home Nursing	Average \$95 per visit
Home Therapy	From \$100 per visit
Home Personal Care	Average about \$23 per hour

Source: Home nursing figure is from AIC/MOH, as of April 2017, Source for other figures can be found on Pg 125 of Care Where You Are (Endnote no. 21)

<sup>4</sup> ElderShield Review Committee Report, p.50. Retrieved from [https://www.moh.gov.sg/content/dam/moh\\_web/careshieldlife/files/ElderShield%20Review%20Committee%20Report.pdf](https://www.moh.gov.sg/content/dam/moh_web/careshieldlife/files/ElderShield%20Review%20Committee%20Report.pdf)



12. Co-payment amounts for home and centre-based care are high
- **Families may be forgoing home and centre-based care, despite being referred to it and in need of it, because co-payment amounts are too high**
  - After factoring in means-tested subsidies, LTC services still require co-payment of 20% for the lower income family, 40 to 50% for the lower-middle income family, 70% for the upper-middle income family and no subsidies for families with a monthly per capita household income of \$2,601 and above.
  - LTC services could take up 23-63% of a family’s per capita monthly household income (PCI) (refer to table below)
  - For middle-income families and families who do not qualify for any subsidies at all, it can be cheaper to hire a domestic worker

<b>Average out-of pocket payment</b> (after subsidies, with no ElderShield or CareShield Life)						
Type of long-term care	Lower income family (\$700 PCI <sup>1</sup> )		Lower-middle income family (\$1,101 - \$1,800 PCI)		Upper-middle income family (\$1,801 - \$2,600 PCI)	
	\$	% of PCI	\$	% of PCI	\$	% of PCI
Social Day Care	\$180	26%	\$360 - \$450	23 – 33%	\$630	24 – 35%
IHDC Pkg 2	\$323	46%	\$647 - 809	40 – 59%	\$1,132	44 – 63%

1 - PCI – Per Capita Monthly Household Income

Refer to Tables 3.5, 3.6 and 3.7 on pages 97, 98 and 99 of the Care Where Your Are study for a more detailed breakdown of the average co-payment

## **F Governance for Centre-based and home care**

**Home and centre-based services are not licensed and the Ministry only regulates providers that receive Govt subventions**

13. Lack of regulation for private care providers
- There is a need to improve governance for private home and centre-based care
  - Around 60 private providers offering services, of which 55 are in home care
  - Only 2 receive government subventions and are subject to MOH’s service requirements
  - Licensed care professionals, like doctors and nurses, are regulated by their respective professional bodies
  - Any disciplinary action for professional misconduct is taken only against the individual and not against the errant employing agency
  - Guidelines for home and centre-based care lack enforcement power
  - Lack of regulation of care workers, e.g. home personal care
  - Lack of public data auditing quality of care

**G A Leading Example – the U.K’s governance of the its long-term care sector**

*Learning points for Singapore*

<b>Consolidate piecemeal legislation</b>	<b>Include social care and private providers that do not receive government subventions</b>	<b>Independent body to oversee regulation and complaints</b>	<b>All home care providers are regulated</b>	<b>Govern decisions over how referrals are made</b>	<b>Ratings given to care providers by accreditation agency are made public</b>	<b>Care recipients have greater control over type of care and financing they use</b>
<ul style="list-style-type: none"> <li>- Enhance user understanding</li> <li>- Allow coordination across different aspects of care</li> </ul>	<ul style="list-style-type: none"> <li>- Important to regulate social care in Singapore, e.g. befriending services and home personal care for vulnerable older Singaporeans</li> <li>- Government should have greater oversight towards care delivery by private providers</li> </ul>	<ul style="list-style-type: none"> <li>- Separate from policy development and funding functions</li> <li>- Enhance transparency and confidence in these processes</li> </ul>	<ul style="list-style-type: none"> <li>- Regardless of whether they serve government subsidised or self-funded clients</li> <li>- Enhance care quality assurance</li> </ul>	<ul style="list-style-type: none"> <li>- Care recipients have a right to know how decisions affecting their care are made</li> </ul>	<ul style="list-style-type: none"> <li>- Enable more informed consumer choice</li> </ul>	<ul style="list-style-type: none"> <li>- E.g. through government-disbursed personal budgets</li> </ul>

## **H Recommendations from the study**

1. Boost public spending on community care to ease the cost burden on users and providers
2. Catalyse informed collective conversations on care financing and the social compact
3. Reconsider the eligibility criteria for long-term care insurance
4. Recalibrate norm costs to match real costs of services
5. Cap the fundraising burden on non-profits
6. Strengthen the regulatory framework, especially for private providers
7. Make useful data available for care providers
8. Expand and improve respite care options
9. Broaden financing options
10. Encourage strategic partnerships
11. Boost eldercare careers
12. Sharpen care competencies
13. Empower care recipients and caregivers