

Reimagining ageing in place for the 'missing middle'

The elderly who are partially dependent and do not require intensive round-the-clock care in nursing homes need more facilities and options.

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For *The Straits Times*

Singapore has always espoused the philosophy of "ageing in place", meaning that seniors are encouraged to age in their own homes or within the communities where they live. Our policy approach leverages filial piety and leans on family members as the key pillar of support for the elderly.

The responsibility of ensuring that seniors can "age in place" has been largely shouldered by family members who care for their elderly relatives. In 2020, 473,700 households, amounting to 34.5 per cent of all resident households, had at least one elderly person living with them.

However, this approach may no longer be tenable in view of Singapore's changing demographics and epidemiology. Singapore is ageing fast. The proportion of Singapore residents who are seniors is estimated to double from 16 per cent in 2021 to 33 per cent by 2050.

This is compounded by the fact that life expectancy has increased from 78 years in 2000 to 83.9 years in 2020. Increased lifespans have led to seniors spending more years with deteriorated physical and mental capacity and being at greater risk for age-related diseases such as hearing loss, eye diseases, diabetes, dementia and chronic obstructive pulmonary disease.

Indeed, a study published in 2014 by Dr James Thompson and colleagues from Duke-NUS Medical School predicted that the number of elderly people requiring assistance for activities of daily living – such as washing, toileting, dressing, feeding and mobility – would rise from 31,738 in 2010 to 52,626 in 2020 and then 82,968 in 2030, reaching 7 per cent of Singapore's senior population.

With rising numbers of seniors and falling fertility rates, there is also an increasing trend of seniors living alone or with only their aged spouses. Households in which all members were 65 and above



A senior citizen with her caregiver at a foodcourt. Many families employ foreign domestic workers to alleviate some of the caregiving tasks needed for the elderly to age in place, but this has not been an ideal arrangement. It is imperative that we continue to develop assisted living services and residential facilities as an option that all seniors can access and afford, the writers say.
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doubled from 52,200 (4.6 per cent) in 2010 to 128,200 (9.3 per cent) in 2020. Many of these household members require support from younger relatives, volunteers or community services to ensure that they are able to age in place.

LACK OF CAREGIVERS

As the silver tsunami rises, the caregiving burden on Singaporeans is expected to increase, particularly if we continue to rely on family members as primary caregivers.

The local workforce is already facing a manpower crunch arising from the ageing population alongside falling fertility rates. Increasing caregiver demands will only exacerbate the manpower crunch as working adults need to take time away from work to care for their elderly relatives.

In the 2021 Labour Force survey, one in four cited family responsibilities as the main reason for not working and not looking for a job.

Furthermore, the caregiver role has become increasingly demanding, with caregivers expected to juggle more tasks and complex roles.

The caregiver role now encompasses round-the-clock assistance with self-care, housework, health and medical tasks, coordination of the senior's care with hospitals and community services, provision of emotional support and decision-making on behalf of the senior.

These unrelenting demands

have been hard on caregivers: A review in 2021 conducted by SingHealth's Dr Loo Yu Xian and his colleagues found that caregiving had adverse effects on the well-being of 23 per cent to 59 per cent of caregivers in Singapore.

For cost reasons, many families resort to employing foreign domestic workers (FDWs) to help alleviate some of the caregiving tasks needed for the elderly to age in place.

Nonetheless, this has not been an ideal arrangement for both the elderly and FDWs for many reasons. Language barriers, cultural differences, lack of caregiver training for FDWs, poor household communication and lack of supervision have undermined the well-being of the elderly and caused much stress for FDWs. In some cases, these issues have resulted in abuse and neglect of the elderly or FDW, as we have witnessed in recent years.

CARE NEEDS OF 'MISSING MIDDLE'

Where ageing in place is not tenable, the predominant alternative is admission to residential facilities such as nursing homes.

This extreme alternative creates a mismatch of care needs and service provision for seniors in the "middle" – those who are partially dependent and need partial support but do not require the intensive round-the-clock care provided by nursing homes.

There is a glaring lack of facilities for this group of seniors falling in the middle of the long-term care

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continuum. We need to address this "missing middle" by providing living options which enable these seniors to continue ageing in place while maximising their autonomy, dignity and safety.

Assisted living is a unique senior living model that could address this "missing middle". Assisted living encompasses residential facilities and/or services to enable the elderly to continue to reside at home for as long as possible.

It targets those who need some assistance with daily activities and healthcare tasks but do not require round-the-clock nursing care. These services may be offered in the elderly person's home or in a

residential facility.

Assisted living communities are designed to be home-like and offer care that meets individual needs and preferences. Seniors enjoy more autonomy in requesting medical care and services when needed. This approach supports seniors' retention of a measure of independence and privacy while offering safety and companionship among seniors in the same community.

The caregiving services provided can help to alleviate family members' caregiver burden, creating space for families to spend quality time with their elderly relatives doing things they enjoy.

While assisted living was initially popularised in North America, it has since been adopted in places in Asia with ageing populations such as Japan, Taiwan and Hong Kong.

In Japan, a wide variety of senior living options are available, differentiated by the amount of support and services they provide. For example, to support ageing in place, home visiting services by nurses or care workers are widely available. For seniors with higher medical needs, assisted living facilities provide 24/7 standby nursing support and on-call doctors.

The Japanese assisted living facility Yuimarl Fuku in Osaka is an example of how assisted living is anchored in person-centred care.

The design of the facility was informed by a 1½-year engagement with seniors to understand their needs and what they were looking for in an assisted living community. In its

day-to-day operations, instead of pre-planned activities, staff engage residents to co-create programmes which meet their needs and aspirations.

ASSISTED LIVING: THE GAPS

Assisted living is still in its infancy in Singapore but recent progress has been laudable. The Housing Board has launched a pilot project of 160 community care apartments in Bukit Batok which is expected to be completed by 2024.

These community care apartments will provide care and support services, 24-hour emergency response, and wellness and social activities. Caregiving support for activities of daily living, housekeeping and meal services are also available.

Private assisted living facilities entered Singapore in 2015 but have not expanded beyond a few providers such as St Bernadette Lifestyle Village and Red Crowns Senior Living. Home personal care and nursing are available through the Agency for Integrated Care, which had the capacity to serve up to 10,000 seniors in 2020.

However, the availability of these services and facilities has fallen far short of the number of seniors who may benefit from them. In 2020, more than 50,000 required assistance with their daily living activities. This means that the bulk of the remaining 40,000 seniors likely relied on their family or FDWs to support their day-to-day activities.

While the potential to expand assisted living in Singapore is immense, there are regulatory gaps that need to be addressed. Given the novelty of assisted living in Singapore, several areas of ambiguity still exist, including the licensing of assisted living facilities, manpower qualifications, ratio of care staff to residents, and governance of liability. A minimum standard of care is also needed to differentiate assisted living from nursing homes. These regulatory gaps could be addressed in the upcoming Healthcare Services Act.

There is an urgent need to expand our imaginations of what ageing in place can look like in Singapore. The current model of relying on family members as the first line of defence in long-term care is no longer practical with the changing demographic structures.

Assisted living services and residential facilities can bridge the gap for seniors in the "missing middle" who require more caregiving support than their family can provide, while enabling them to age in place. It is imperative that we continue to develop assisted living services and residential facilities as an option that all seniors in Singapore can access and afford.

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