



Blueprint for Developing Assisted Living: The Future of Ageing in Place in Singapore

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Executive Summary

Ageing populations is one of the most significant social transformations of the 21st century, and spells significant challenges for countries with falling birth rates such as Singapore. In Singapore, ageing in place has been the preferred model of long-term care, relying on family members to shoulder the caregiving responsibilities. However, changing demographics mean this model of care may no longer be tenable, particularly for seniors in the middle of the care continuum who require more help than their family can provide but do not need the intensive care offered at nursing homes. Yet, Singapore has a glaring lack of care options for this “middle” group of seniors who are partially dependent. The rapid growth of seniors, from 338,000 in 2010 to 639,000 in 2021, has not been met with a commensurate increase in the number of care facilities and options. With nursing homes becoming the default option for seniors who are unable to age at home, current nursing home beds, making up a total of 16,221 beds distributed across 77 nursing homes, are simply inadequate to cater to this growing population of seniors.

Assisted living may be the missing piece in long-term care which can cater to this segment of older adults. Given the promise of assisted living to plug gaps in Singapore’s long-term care landscape, the Roundtable on Assisted Living: The Future of Ageing in Place in Singapore was convened to discuss how Singapore can make assisted living affordable and accessible and develop a roadmap to develop a more complete long term care landscape in Singapore.

Overall, it was agreed in the roundtable that the variety of care options should be expanded to cater to different segments of the senior population based on their demographics, needs and preferences. There is a need for home-based assisted living to be expanded broadly to support seniors with difficulty in instrumental activities of daily living and/or one or two activities of daily living, whereas assisted living facilities target a smaller segment.

Given Singapore’s high population density, strengths in urban planning and policy capacity, there is strong potential to improve assisted living service delivery to be more efficient and effective through strategic planning of land use, service delivery and leveraging on technology. Assisted living should be sited within the communities to drive community building and engage isolated seniors. For assisted living services, a hub-and-spoke model was suggested, in which assisted living hubs located in eldercare centres project home-based services to seniors living in the neighbourhood. As for assisted living facilities, the retrofitting of existing buildings and field sites was preferred as it is more cost-effective and better integrates assisted living into existing communities.

While there is sustaining interest from the private sector to develop and operate assisted living facilities and services, several barriers prevent them from doing so, including the high cost of land, insufficient manpower, underdeveloped financing models, and lack of regulations addressing assisted living. The government will need to act as an enabler and market-maker by committing to significant reforms on the regulation, financing, and delivering of assisted living to encourage private players to enter the market. Furthermore, the financing of assisted

living could be made more flexible by allowing government subsidies and Central Provident Fund savings to be used.

Finally, for assisted living to reach its full potential in transforming Singapore's long-term care landscape, more thought must be given to examining the needs and preferences of the present and future generations of seniors. The understanding of their perspectives has to be deepened, and we should actively involve them in developing assisted living solutions which empower them to fulfill their aspirations for ageing.

Introduction

Ageing populations is one of the most significant social transformations of the 21st century.¹ Not only are seniors living longer than ever before, but they are also spending more years in poor health. As the world's population ages, it is essential to consider how housing and urban planning, healthcare, social care and the economy must be adapted to become more age-friendly.² This spells significant challenges for many countries, particularly those with falling birth rates such as Singapore. Singapore will become a super-aged society by 2026, when one in five Singapore residents will be age 65 and above.³ The silver tsunami, combined with declining fertility rates, has led to a precipitous drop in the old age support ratio from 13.5 in 1970 to 4.0 in 2021.⁴

In Singapore, ageing in place has always been the preferred model of long-term care, meaning that seniors age in their homes and communities for as long as possible. Family members have shouldered the caregiving responsibilities to support their elder relatives to age in place. However, given the increasing care burden and decreasing family support, ageing in place through family caregiving may no longer be tenable, particularly for seniors who are partially dependent. This is the group which requires more help than their family can provide but do not need the intensive care offered at nursing homes. Yet, there is a glaring lack of care options for this group of older adults in Singapore. While nursing homes are seen as the default option when family caregiving is no longer adequate, the 24/7 care and supervision nursing homes provide may excessively restrict freedom and undermine quality of life for those who can live independently with partial support. As such, there is a need to reimagine the provision of long-term care for this group of seniors in the "missing middle".

Assisted living (AL) may be the missing piece in long-term care which can cater to this segment of older adults. AL encompasses residential and/or services which enable seniors to reside at home for as long as possible. This can include assistance with personal care and housekeeping, healthcare and rehabilitation, social activities, senior-friendly home design, and assistive technology. AL seeks to cater to individual needs and preferences with regard to how they wish to age and be cared for. As such, AL is a dynamic model of care which may evolve over time to adapt to the changing needs and desires of present and future generations of seniors.⁵

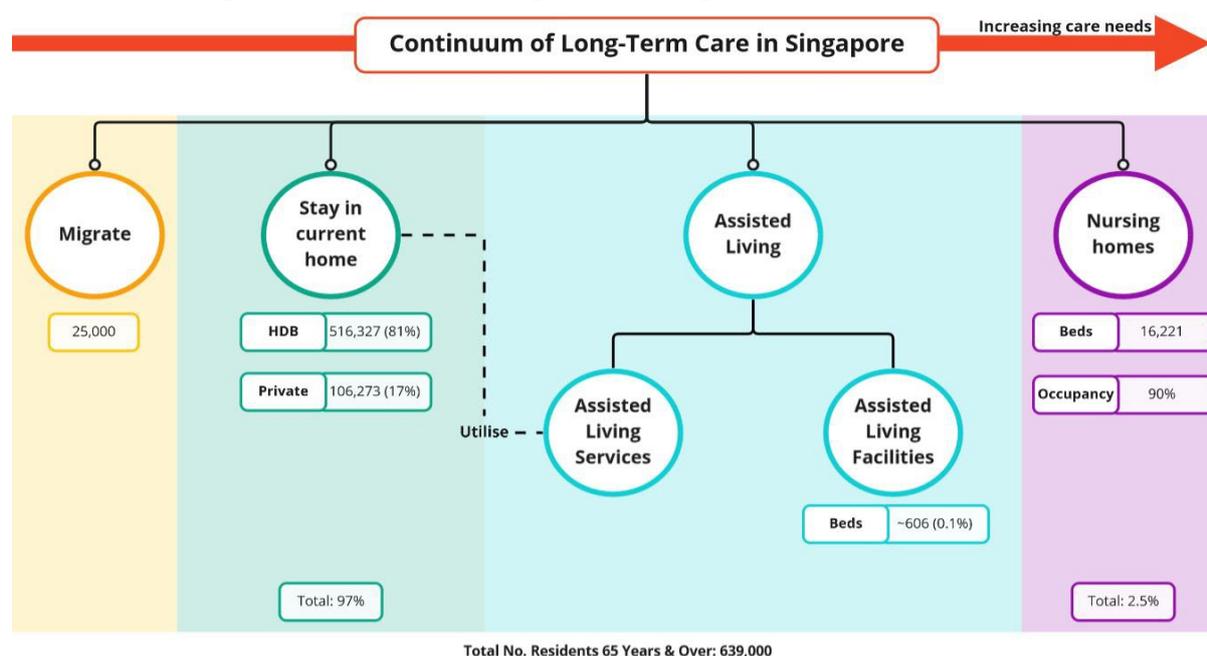
Given the promising potential of AL to plug gaps in Singapore's long-term care landscape, the Roundtable on Assisted Living: The Future of Ageing in Place in Singapore was convened on 18 April 2022 by the Leadership Institute for Global Health Transformation. The roundtable brought together close to 40 policymakers, practitioners, and multi-sectoral stakeholders to discuss how we can make assisted living affordable and accessible in Singapore, with a comparable quality to other advanced economies, and develop a roadmap for policymakers to flesh out and commit to a more complete long term care landscape in Singapore. In this vein, following the roundtable discussions, Ms Chua Mui Hoong penned an article in the Straits Times about turning HDB flats into assisted living units to meet this "missing middle". The article can be found at the end of this report.

This report summarises the roundtable discussions and is supplemented by desk research where necessary. Under the Chatham House Rule, the content of the discussions is summarised without attribution to the speakers.⁶

Overview of Singapore's Long-Term Care Landscape

As of 2021, there are 639,000 senior citizens and permanent residents in Singapore.⁷ Most seniors age in place at home (97%).⁸ A minority reside in nursing homes (2.5%) and even fewer live in AL facilities (0.1%).⁹ Finally, a small number of seniors choose to retire overseas (25,000).¹⁰ An overview of Singapore's long-term care landscape is set out in Figure 1.

Figure 1. Overview of Singapore's Long-term Care Landscape.^{6 a}



Ageing in Place at Home

As of 2020, most seniors live with their spouse and/or children (82.1%), but a significant proportion (10.2%, 2020) live alone.¹¹ 81% of seniors live in public housing and have the option of retrofitting their flats with senior-friendly features such as grab bars, slip-resistant flooring and ramps.¹² Under the Enhancement for Active Seniors (EASE) programme, the government subsidises around 90% of retrofitting costs for these seniors.¹³

Caregiving may be provided by family members or foreign domestic workers (FDWs). The caregiving burden has had adverse effects on caregiver well-being,¹⁴ particularly for FDWs who worked an average of 14.5 hours daily caring for elderly with little time off from work.¹⁵ FDWs were also inadequately supported in caring for persons with dementia, with many receiving

^a The number of AL facility beds was calculated from the number of AL beds at Red Crowns Senior Living, St Bernadette Lifestyle Village, Kampung Admiralty, IDeAL@115, Lentor Residence, and Apex Harmony Lodge as of May 2022. Other facilities were excluded due to the lack of data. Public facilities which have not been completed were excluded.

To calculate the proportion of seniors living in their own homes, assisted living facilities, and nursing homes, the number of beds at nursing homes and assisted living facilities were used rather than occupancy rates, since there was a lack of data on occupancy in AL facilities.

verbal abuse (55%) and physical abuse (36%) from persons with dementia.¹⁵ Aside from the inadequate training and support for FDWs to provide eldercare, Singapore's heavy reliance on FDWs is also not sustainable because FDWs are expected to become expensive in the long run. There is a limited supply of FDWs and strong competition among many countries to recruit them. Furthermore, the countries that FDWs hail from are rapidly developing, so the supply of FDWs will reduce or become more expensive.

Even among elderly who live with their family, social isolation can be significant. The Singapore Chinese Health Study reported that of 1,021 seniors identified as socially disconnected, 79% lived with their family.¹⁶

Nursing Homes

Nursing homes are perceived as the default option for seniors who can no longer age at home with family or FDW support. As of 2020, 77 nursing homes in Singapore provide a total of 16,221 beds, with an occupancy rate of around 90 per cent and a median waiting time of around one month.¹⁷⁻¹⁹ Compared to developed countries such as United States and Australia where nursing homes serve seniors in their last stages of ill health, with average stays of two to two and a half years, Singaporeans reside in nursing homes for a much longer period.²⁰ In a 2013 study of six Singapore nursing homes, 36% had lived there for six to 10 years or more.²¹

Migrating Overseas

Some Singaporeans choose to retire overseas. While this remains a small minority, the number of overseas Singaporean seniors has grown from 14,000 in 2010 to 25,000 in 2020.¹⁰

Assisted Living Facilities

In Singapore, AL facilities are still in the early stages of development and operate on a small scale. As of May 2022, there were only about 606 assisted living facility beds in Singapore.^b

Public AL Facilities

There are several types of public AL facilities, including Studio Apartments, 2-Room Flexi units, Community Care Apartments, Integrated Care Communities, and Senior Group Homes. Depending on the flat type, buyers must be age 55 or 65 and above with a monthly household income of not more than \$14,000.²² They are also not allowed to own or hold interest in any other property. Subsidies are available for eligible buyers through the Enhanced CPF Housing Grant or the Silver Housing Bonus.^{22,23}

Studio Apartments and 2-Room Flexi units were designed to give seniors the option of rightsizing their homes to finance their retirement. Shorter leases of 15 to 45 years may be taken as long as the lease covers the buyer till at least 95 years of age.²⁴ 20% of the 2-Room Flexi flats are set aside for seniors who live nearby or wish to live close to their children.²⁵ The 2-Room Flexi flats are available in 36 square meters and 45 square meters sizes, encompassing a living area, kitchen, toilet, bedroom, and household shelter. Units are installed with senior-friendly fittings such as grab bars.²³ Estimated prices range from \$110,000 for a 99-year lease, \$62,800 for a 40-year lease, and \$36,700 for a 15-year lease.²⁶

Image 1. Living Area and Kitchen Layout in Studio Apartments²⁷



^b The number of AL facility beds was calculated from the number of AL beds at Red Crowns Senior Living, St Bernadette Lifestyle Village, Kampung Admiralty, IDeAL@115, Lentor Residence, and Apex Harmony Lodge as of May 2022. Other facilities were excluded due to the lack of data. Public facilities which have not been completed were excluded.

Image 2. Screenshot of Living Area and Kitchen Layout in 2-Room Flexi Units²⁸



At present, there are two Integrated Care Communities, Kampung Admiralty and Integrated Dementia (Home-based) Assisted Living (IDeAL@115). One more Integrated Care Community at Yew Tee will be built in 2027. These integrated developments co-locate Studio Apartments with a range of healthcare, social and lifestyle facilities and amenities that seniors may need. For example, the Yew Tee Integrated Development will be co-located with a polyclinic, a kidney dialysis centre, retail spaces, a community club, and a hawker centre. Unlike other public AL facilities which are new developments built from scratch, IDeAL@115 retrofitted a block of one-room flats in Ang Mo Kio to serve its vulnerable, frail and low-income residents.²⁹ One quarter of its clients have dementia. Assistive technology such as fall detection devices and remote monitoring support residents to continue living independently, while a dedicated telehealth room enables residents to access medical and allied healthcare easily.

Image 3. Kampung Admiralty Integrated Care Community³⁰



Community Care Apartments are the first assisted living-modelled public housing in Singapore to integrate senior-friendly housing and care services to facilitate independent living while providing older adults with adequate care and support within a community. The first pilot project of 169 units at Bukit Batok will be completed in 2024, while the second pilot project of 200 apartments at Queenstown is yet to be launched.^{31,32} Similar to 2-Room Flexi units, Community Care Apartments have shorter leases of 15 to 35 years and come with senior-friendly fittings. Like Integrated Care Communities, Community Care Apartments are co-located with facilities and amenities that are age-friendly, including a senior activity centre, a garden, a fitness corner, a polyclinic and a nursing home. The key differentiating factor for Community Care Apartments is that residents will have access to care and support services, help with home maintenance, basic health checks, and 24-hour emergency response.³³ Personal care and household services, medical escort and transport, and social day care are also available as optional add-ons. Prices include the cost of basic care services and range from \$62,000 for a 15-year lease to \$124,000 for a 35-year lease.³³

Image 4. Community Care Apartments at Bukit Batok ³³



Image 5. Structural Layout of Bukit Batok Community Care Apartments ³³



Image 6. Open Layout with Sliding Partition Design in Bukit Batok Care Apartment ³⁴



Finally, Senior Group Homes target older adults living in rental flats who have limited or no family support and are at risk of social isolation.³⁵ The group homes comprise one- and two-room rental flats housing two to four seniors in each unit. Care coordination, monitoring and support, and social services are provided to meet the residents' health and social needs. A

nominal monthly fee of \$400 to \$700 is charged to cover the rent, utilities and other services rendered.³⁶

Image 7. Residential Features of Senior Group Homes³⁷



Private AL Facilities

The first private AL facility in Singapore, St Bernadette Lifestyle Village, was introduced in 2015. St Bernadette Lifestyle Village retrofitted private residential houses for senior co-living. Three villages, each housing eight to 12 seniors, provide meals, housekeeping, social activities, and 24-hour monitoring and support.³⁸ Medical support is provided by a care team which includes a resident doctor and nurse manager. Prices range from \$3,800 to \$5,350 a month for accommodation and services.^c Red Crowns Senior Living is another private AL provider retrofitting HDB flats and condominiums and providing caregiving, meals, housekeeping and social activities for senior co-living. As of May 2022, it serves 138 residents across 25 homes.^d Prices range from \$2,200 to \$4,500 depending on the room type.³⁹

Image 8. Bedroom Layout with En-Suite Toilet at Red Crowns (Bukit Timah Senior Care Centre)⁴⁰



^c Personal communication with St Bernadette Lifestyle Village, May 2022

^d Personal communication with Red Crowns Senior Living, May 2022

Image 9. Shared Kitchen Layout and Communal Dining Space at St Bernadette Lifestyle Village (Adam Road)⁴¹



AL Units in Nursing Homes

Some nursing homes also operate AL units, including Lentor Residence, Apex Harmony Lodge, and Allium Care Suites. Co-locating AL units with nursing homes can ease residents' transition from AL to nursing home if required. Lentor Residence, a private nursing home, has 208 AL beds for seniors who require a lower level of care.^e Apex Harmony Lodge, a nursing home for persons with dementia, has set aside 90 beds for AL.^f

Image 10. Room Types at Lentor Residence⁴²



Exclusive Ensuite Single Room

Ensuite Single/Double Room

Ensuite 8-Bed Room

AL Services

Singapore has a range of home- and community-based AL services. However, the availability of AL services is limited as there are only 10,000 home care places and 8,100 day care places.¹⁹ Home-based services include visits by doctors, nurses, or therapists (\$80-\$180 per visit), personal care by visiting care workers (\$24.50 per hour), meals on wheels (\$4.90-\$7 per meal), and medical escort and transport (\$40-\$150 per round trip).⁴³ Community-based services include social and recreational activities, elderly gyms, fitness classes, rehabilitation, and nursing care. These services are offered at public and non-profit eldercare centres across the island, such as senior activity centres, day care centres, community rehabilitation centres, and

^e Personal communication with Lentor Residence, May 2022

^f Personal communication with Apex Harmony Lodge, May 2022

active ageing hubs. Many community-based services are free for eligible seniors, except for day care (\$945-\$1575 per month), rehabilitation therapy (\$52-\$102 per session) and centre-based nursing (\$25-\$32).⁴³ Seniors may be eligible for up to 80% subsidy on home and day care services subjected to means-testing.⁴⁴ Subsidised services can be accessed via referrals from hospitals, polyclinics, General Practitioners (GPs) or an Agency of Integrated Care Link Office.⁴³ Alternatively, private providers such as Homage also offer home care, but government subsidies do not apply.⁴⁵

Image 11. Meals-on-Wheels and Medical Transport Services^{46,47}



Image 12. Home Care and Home Therapy Services^{48,49}



Blueprint for Developing Assisted Living in Singapore

Several recommendations emerged from the roundtable discussion. These have been organised into a blueprint for developing AL, with sections addressing the AL sector in general, followed by AL services and AL facilities. The role of stakeholders in developing AL and financing models are also explored.

Developing the AL Sector

Much work is required to develop the hardware of AL, as many challenges cannot be overcome simply by tweaking software. Most pressingly, there is a lack of options catering to seniors in the middle of the care needs spectrum, namely those who have difficulty with instrumental activities of daily living (IADLs) and/or one or two activities of daily living (ADLs).⁹

Expanding the Variety of Care Options

There exists a broad spectrum of elderly who differ in their care needs, family situation, finances, and preferences on how they wish to age. As there is no one-size-fits-all solution, the variety of care options must be expanded to cater to different segments of the senior population. At the same time, the long-term care system needs to be nimble to meet the dynamic needs of seniors which will evolve over their lifespan. Further research is needed to segment the older adult population in terms of their needs, preferences and backgrounds.

Giving older adults choices on how they wish to age empowers them to age with dignity and choice. Providing a range of care options will allow seniors to choose who they want to live and interact with and how they prefer to spend their time. Options should cater for socio-economic status, culture, religion, and lifestyle preference. For example, there should be affordable options meeting minimum care standards and premium options which cater to the middle- or upper-income groups. Demographics and preferences may differ between current and future generations of seniors, so options should evolve to cater to each generation. Seniors should be engaged in order to understand their aspirations for ageing and be actively involved throughout the development of AL solutions, from ideation to implementation.

Ensuring Stability

The general sensing was that stability and familiarity are important to older adults, who wish to age at home for as long as possible. Keeping seniors at home is also the cheapest model of care. As much as possible, they should not be uprooted from their homes and communities. Rather, AL should be constructed or developed in existing communities and co-located facilities should be leveraged to facilitate easy transitions for seniors as they move along the care continuum.

⁹ Activities of daily living refers to basic self-care and routine tasks, indicative of how independent seniors are. Examples include eating, dressing, and personal grooming.

Instrumental activities of daily living, on the other hand, involve more complex tasks that require more thinking and organizational skills. They include cooking, cleaning, doing your own shopping, and managing finances.

Community-Building

One key role of AL is to promote social engagement among the seniors. AL providers should drive community building by going door-to-door to engage and understand the seniors in their community, particularly those who are underserved, disconnected from the community, and lacking essential care services. To encourage seniors to participate in community programmes, activities should be co-created with seniors and cater to their preferences. The integration of AL into existing communities should also be designed with social engagement in mind. For example, an elderly-friendly bar established on the ground floor of an AL facility in Japan serves as an effective social space for seniors to mingle with others in the community.⁵⁰

Promoting Independence

Seniors wish to retain their independence and sense of purpose even as they age. AL should support seniors' desires to live independently, contribute to the community, and maintain relationships with those closest to them. Novel technologies can be leveraged on to help seniors retain their independence. For example, wearables can monitor seniors' wellbeing and assistive devices can help with ADLs. An automated bathing device can help elderly shower safely and independently,⁵¹ while a gripping device can assist them in opening jars.⁵²

Instead of promoting dependence and helplessness, providers should consider giving seniors more opportunities to be active and engage with the activities and chores in the AL facilities.

Strengthening Care Assessment, Care Navigation and Continuity of Care

Care assessment, navigation and continuity of care were identified as challenging areas in the implementation of AL. Care assessment needs to be more holistic, able to detect changes in seniors' needs in a timely manner, and point seniors to the appropriate care options. Many agreed that care navigation needs to be improved. Barriers hindering seniors from accessing help include large amounts of paperwork, means testing and long waiting times. Processes should be streamlined to reduce hassle for seniors and account for multi-dimensional challenges such as their physical, cognitive and literacy barriers. Seniors should also be given more assistance navigating the healthcare and long-term care system. Finally, continuity of care should be strengthened to prevent abrupt transition between different care settings. Community case management was suggested as a potential solution. Case management by care workers could strengthen assessment processes, help seniors navigate the care system, and ease transitions between care settings.

Raising Awareness About AL

Among seniors and caregivers, there is a lack of knowledge on AL. Nursing homes are seen as the default option for those who can no longer age in place with family and/or foreign domestic worker support. It is crucial to raise awareness about what AL offers. Examples may be taken from successful AL models in other countries. For example, the Genki Kaki video series produced by the Lien Foundation sought to raise awareness on the potential of AL for Singapore by sharing what AL facilities and services in Japan are like.⁵³

Scaling Up Effective AL Models

AL models are currently operating on a very small scale in Singapore, with many AL facilities implemented as pilot projects (e.g., HDB's Community Care Apartments). In view of the

looming silver tsunami, there is a need to be bold and ambitious in scaling up AL models that are proven effective so that Singapore is able to meet the escalating needs of a fast-growing senior population.

Developing AL Services

Home-based AL service provision is underdeveloped in Singapore, with significant gaps observed in services aimed to facilitate IADLs. Indeed, many seniors who live in AL facilities would much rather remain at home than move to an AL facility to access the services they required. As such, there is a strong need to broadly expand home-based AL services to support seniors to age at home and reduce the need for them to move elsewhere to receive care.

Given Singapore's high population density and strengths in urban planning and policy capacity, there is strong potential to develop efficient and effective AL services across the country. Seniors' and caregivers' needs should be identified to develop a nationwide strategy for delivering AL services and facilities.

Implementing a Hub-and-Spoke Model

Under the hub-and-spoke model, AL services could operate as community-based hubs delivering hyper-localised services. Home care services could be projected from a central node (e.g., a senior care centre) to seniors living in the neighbourhood. The only challenge that may emerge when implementing this model is the difficulty in finding stable and large enough communities of elderly to site and scale up AL facilities and services as large elderly communities may be dispersed in the future through en bloc schemes.

Bundling Services to Achieve Economies of Scale

Rather than offering each service "à la carte", AL providers could offer services as a bundle to achieve economies of scale. Not only is it more expensive to deliver services à la carte, there is also a tendency for seniors to be underserved since they are reluctant to pay more for additional services. For example, the itemized prices of services offered at HDB Community Care Apartments can be costly (e.g., \$20-\$40 for a load of laundry). As such, the take-up rate may be low and may not be viable for operators running these services. To avoid overservicing those who do not need so many services, the senior population should be segmented based on their care needs so that appropriate care packages can be offered.

Preventing Over-Competition

The delivery of AL services is currently fragmented and therefore inefficient and costly. For example, one HDB block may be serviced by multiple care providers. These providers must compete for operational resources (e.g., physical space, services) and customers. While creating a level field has benefits, the government needs to intervene to prevent over-competition which will compromise the ability of the providers to sustain or scale up their operations.

Building AL Providers' Capabilities to Deliver Community and Home-Based Care

Capacity building for AL providers is needed so that they can deliver appropriate and effective community and home-based care. To address gaps in IADL home care services, the Agency of Integrated Care plans to upskill senior activity centre workers to provide home-based IADL

services for seniors living in the community. While some nursing homes have been encouraged to expand their services to community care, their specialization in institutional care provisions serving seniors with highly complex care needs may pose limitations in their capabilities to provide more generic community care that aims to preserve the well-being of the seniors in the short-term.

Developing AL Facilities

Though AL facilities cater to a smaller segment of the senior population, they have several advantages. First, there are more opportunities for social bonding and companionship, which are essential to maintaining seniors' well-being. Second, monthly rental models give seniors the flexibility of accessing AL facilities without having to monetise their houses.

Retrofitting Existing Buildings into AL Facilities

The retrofit model is attractive for land-scarce Singapore as it leverages on existing buildings and infrastructures and may be more cost-effective than constructing new facilities from scratch. Retrofitting can also help AL facilities to better integrate into the existing communities. For example, selected HDB blocks could designate space for AL facilities, which could also provide respite as well as day and night care to nearby residents.³⁸

Designing AL Facilities to Foster Community-Building

AL facilities should be intentionally designed to foster the spirit of community-building. The size of each AL facility should be kept small enough to build meaningful relationships among residents, and group applications can allow seniors to live in the same development as their family or friends.

Balancing Social Interactions with Privacy

While social interaction is essential to preserve seniors' wellbeing, the ability to retreat to their own private space is equally important. AL facilities should provide a variety of unit sizes so that seniors have adequate space to carry out their private activities (e.g., a sitting room to host guests, a study). For HDB flats, the 2-Room Flexi layout may not suit all seniors. The limited space provides less options for the residents to design their living environment catering to different purposes.⁵⁴

Tapping into the Potential of Existing Caregivers

Lastly, there is great potential for expanding a caregiving model that is akin to the 'AirBnB' model in matching potential caregivers to seniors who require care services. For instance, caregivers currently taking care of a senior may be open to taking care of other seniors with compensation. Efforts to connect seniors and caregivers are already underway: Inspired by the 'AirBnB' platform, Red Crowns founder Mr Joshua Goh plans to build a platform known as 'RetireGenie' which matches seniors with roommates and caregivers.²⁰

Easing the Transition of Seniors into Co-Living

Seniors may encounter difficulties adjusting to co-living, given the different personalities and living styles of other residents. A three-month trial period is offered by Red Crowns to

encourage seniors to adapt to living with others. While there have been occasional frictions, seniors were overall satisfied with the arrangement.

Managing Caregiver Workload to Ensure Senior Needs are Adequately Met

When matching seniors to co-living spaces, caregiver workload should be taken into account to ensure that residents' ADL and IADL care needs are adequately catered to. To ensure that caregivers' workload remains manageable, a limit of two wheelchair-bound seniors per household may be considered.

The Role of Stakeholders in Developing AL

Both the public and private sectors have roles to play in developing AL in Singapore. Some roundtable participants called for a national commitment by the government that every senior who needs AL would be able to live in a community care apartment or access home care services. However, others noted that such a large-scale commitment would not be feasible unless it was funded by increased tax revenues. Since this is unlikely to be feasible in the short-term, the expansion of AL would need to rely largely on the private sector. While the private sector can step up to fulfill demand for assisted living options of reasonable quality and affordability, private players tend to expect market certainty before they are willing to enter the market. As a market-maker and enabler, the government needs to create space for the private sector to take risks and experiment with various AL models. Once there are successful examples of private sector involvement in AL, more private players would be interested to join the sector.

The government's role is two-fold. First, they should organize the AL sector by bringing together the relevant stakeholders (e.g., operators, developers, investors, insurers). Incentives may be provided to encourage private sector stakeholders to participate. Second, the government should ensure the viability of private AL models.

This includes financial viability. A key barrier to entry identified by the private sector was the high cost of land in Singapore. Other than AL sited in nursing homes, AL uses residential-zoned land which is expensive in Singapore. In contrast, land for nursing homes is zoned as health and medical care, which is cheaper than residential land. One suggestion was for the government to zone land for assisted living. However, the trade-off is such that the rezoning of land for AL would limit residential land supply. Further study is required to determine the impact of rezoning land for AL and determining the land price which would be financially viable for private sector providers. Pricing the land to be affordable enough for the private sector to enter is critical. The parcel of land set aside by the government in 2019 for a dementia care village in Sembawang only attracted one bidder, and the sole bid was rejected by the government as it was deemed too low.^{55,56} The lack of interest from the private sector was due to their assessment that the land price was too high for their ventures to be financially feasible.

Aside from financial viability, the government should also ensure that key ingredients facilitating the growth of the AL sector are put in place. One key ingredient is the manpower required to support the expansion of AL services and facilities. There has been a perpetual manpower crunch in the long-term care industry in Singapore. While the long-term care sector in Singapore has been highly dependent on foreign labour, global demand and competition for healthcare and long-term care workers have resulted in many leaving Singapore for

greener pastures. There is a need to enlarge the pool of workers by training the local workforce and attracting more foreign workers to support the long-term care sector's growth.

Another ingredient necessary for the AL sector to develop is regulation. Regulations are important to protect seniors and operators. As AL is still nascent in Singapore, existing regulations do not take into account the needs of the AL sector and will need to be updated, in particular regulations for land use, manpower, and fire safety.^{38,57} For example, there are regulatory challenges to operating AL facilities in HDB flats as companies cannot own and rent out HDB units. To operate within the regulations, Red Crowns Senior Living acts as a concierge service rather than an assisted living facility operator.

It is important to strike a balance between protecting seniors and ensuring that regulations are not overly restrictive for the AL operators to expand their services. In countries such as the United States and Australia, governments have refrained from imposing overly onerous regulations which may pose high barriers to entry and make operations financially unfeasible. Providers have to be flexible and be aware of the constraints that regulations may impose on solutions. For example, private AL facilities in Singapore are constrained by laws limiting the number of unrelated people living in one residence and number of FDWs per household.⁵⁸⁻⁶⁰ At present, there is a lack of fire safety policies addressing AL facilities and it is unclear whether retrofitted residential homes should be classified as residential or institutional under the current Fire Code.⁶¹ If AL facilities are classified as institutions like hospitals and nursing homes are, they would have to adhere to much higher fire safety requirements compared to residential houses. This would impact building design and may result in AL facilities becoming less home-like and more institution-like.

There is potential for public-private partnerships (PPPs) to invigorate growth and innovation in the AL sector. The Covid-19 pandemic gave rise to many PPPs in healthcare to deliver Covid-19 vaccination and testing quickly, on a large scale. The success of these PPPs could bring about momentum and goodwill into developing PPPs in AL. For PPPs to be successful, the government must create space for more risk-taking and innovation in these partnerships. If many differing requirements are imposed by government agencies, the space for innovation would be constrained.

Financing of AL

It makes financial sense to develop AL. Long-term cost savings can be achieved from reduced demand for acute and nursing home care, the slowing of functional decline among older people, and the prevention of frequent falls. Yet, there is much room for the development of an optimal financing model for AL such that AL becomes affordable for seniors who need it. For example, while the lump sum upfront payment model is preferred by providers as it removes the risk of rent arrears, seniors may not be able to afford to pay such a large sum upfront and may prefer a monthly rental model.

The financing of AL should be differentiated considering the continuum of senior demographics and needs. Financing options should cater to different segments of seniors based on:

- Income level. The key question is what model of financing will be affordable to the middle-income segment who may not qualify for means-tested subsidies. The middle-

income group, who may require additional support, will be the sandwiched adults who bear the burden of caring for both their parents and children, even while they themselves are ageing.

- Demographics. Financing options need to take into account the variety of living situations that seniors may be in, such as living alone or with family, friends, an aged spouse, or a foreign domestic worker.
- Level of support needed. Three dimensions of support should be considered: Housing/hospitality, medical, and social.

How should AL be financed in Singapore? Various possibilities were discussed.

First, seniors can monetise their property. Due to the high cost of housing in Singapore, many Singaporeans spend the bulk of their savings on buying their homes, becoming asset rich but cash poor. Since most Singaporeans own their homes, they can monetise their flats by renting out rooms or selling their flats and downgrading to smaller flats. The sales proceeds or rental income can contribute to financing long-term care. While reverse mortgaging has been explored to some extent,⁶²⁻⁶⁴ there is a lack of interest from banks to expand reverse mortgage loan products as they do not wish to underwrite these loans.

However, there is a strong reluctance among Singaporeans to sell their homes. Reasons include wishing to leave the house as a legacy to their children. In view of falling birth rates, the desire to leave a legacy for children may be less relevant among future generations of seniors. Instead, co-living with friends might become the preferred option. While Singapore is a nation of home owners, most Singaporeans own leasehold property and are really tenants by nature. A mindset shift may be helpful to view homes as leased accommodation rather than assets for investment.

Second, Central Provident Fund (CPF) savings and government subsidies could be made more flexible to allow them to be used for either AL or nursing homes. This flexibility could be extended to allow the use of CPF and subsidies for AL facilities in neighbouring countries. Channels could also be provided for family to draw on their CPF to provide for their senior relatives' long-term care. Flexible policies for financing long-term care could be accompanied by "guardrails" to ensure that the money is spent on appropriate care. Another example of a flexible financing model that could be considered is Dover Park Hospice's monthly subscription model. Palliative care patients pay a flat monthly rate regardless of how many days the patient chooses to spend in home, day, or inpatient care.

Third, risk-pooling can be leveraged through the introduction of long-term care insurance (LTCI). However, further study is needed to explore how long-term care in Singapore can be financed through insurance, the acceptability of LTCI among Singaporeans, and the financial viability of LTCI. A government-run LTCI scheme like the Japanese model might not be financially sustainable in Singapore as it is very costly, and it is not realistic to expect the Singapore government to fund 50% of long-term care costs as how it is being done in Japan. Instead, the government should encourage private insurers to develop LTCI products by providing incentives and ensuring the financial viability of LTCI. Insurers may not be interested in providing LTCI to an ageing population unless it is shown to be financially viable. The government will need to underwrite the LTCI until there are enough data points to give confidence to the private sector. For example, when Medishield Plus was first proposed, the government had to work with NTUC Income to develop the first Medishield Plus plan and

show its financial viability so that other insurers would be willing to join. One method to improve the financial viability of LTCI is to bridge the gap between Singaporeans' health span and life span. Singaporeans' average life span is 83.5 years, but their health span is only 74.5 years.^{65,66} This suggests that the last 10 years of their lives are spent in poorer health conditions with higher frequencies of healthcare utilisation and amount of expenditures. Bridging the gap between the health span and life span would reduce the percentage of seniors requiring intensive and expensive care, thereby reducing costs for insurance companies, making it more viable to insure long-term care.

Conclusion

This report aims to provide an overview of Singapore's long-term care landscape and summarise the robust roundtable discussions on how AL could be developed to plug gaps in Singapore's long-term care system.

Overall, the roundtable's consensus was that there was a glaring lack of options to address the needs of seniors on the middle of the long-term care continuum (i.e., those with difficulty in IADLs and/or one or two ADLs). AL shows much promise as a long-term care option for seniors in the "missing middle", namely those who have difficulties in IADL and/or one or two ADLs. Given that seniors value stability and prefer to age in their own homes, there is a critical need to scale up home-based AL services to support these seniors. In contrast, AL facilities cater to a smaller segment of seniors.

Given Singapore's high population density, strong urban planning and policy capacity, it has great potential to deliver effective and efficient long-term care which caters to various segments of the senior population. However, the AL sector faces several barriers to growth, including the high cost of land, insufficient manpower, underdeveloped financing models and lack of regulations addressing AL. For AL to reach its full potential in diversifying service provisions in Singapore's long-term care landscape, significant policy reforms will be needed to overcome these barriers and create a space conducive for private players to enter the market.

Finally, as we take steps towards incorporating AL into the future of ageing in place, more thought must be given to the needs and desires of present and future seniors. There is a pressing need to expand our understanding of their perspectives and preferences, and we should actively involve them in developing AL solutions that are able to provide conducive environments for ageing-in-place to happen.

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