

Supporting elderly
without next-of-kin :
philosophy and principles

Philosophy and principles

- individual responsibility as much as possible
- support family in the care of their elderly
- national:
 - Planning ahead
 - Facilitate individual/family planning ahead
 - Tiered subsidises
 - “no one left behind”

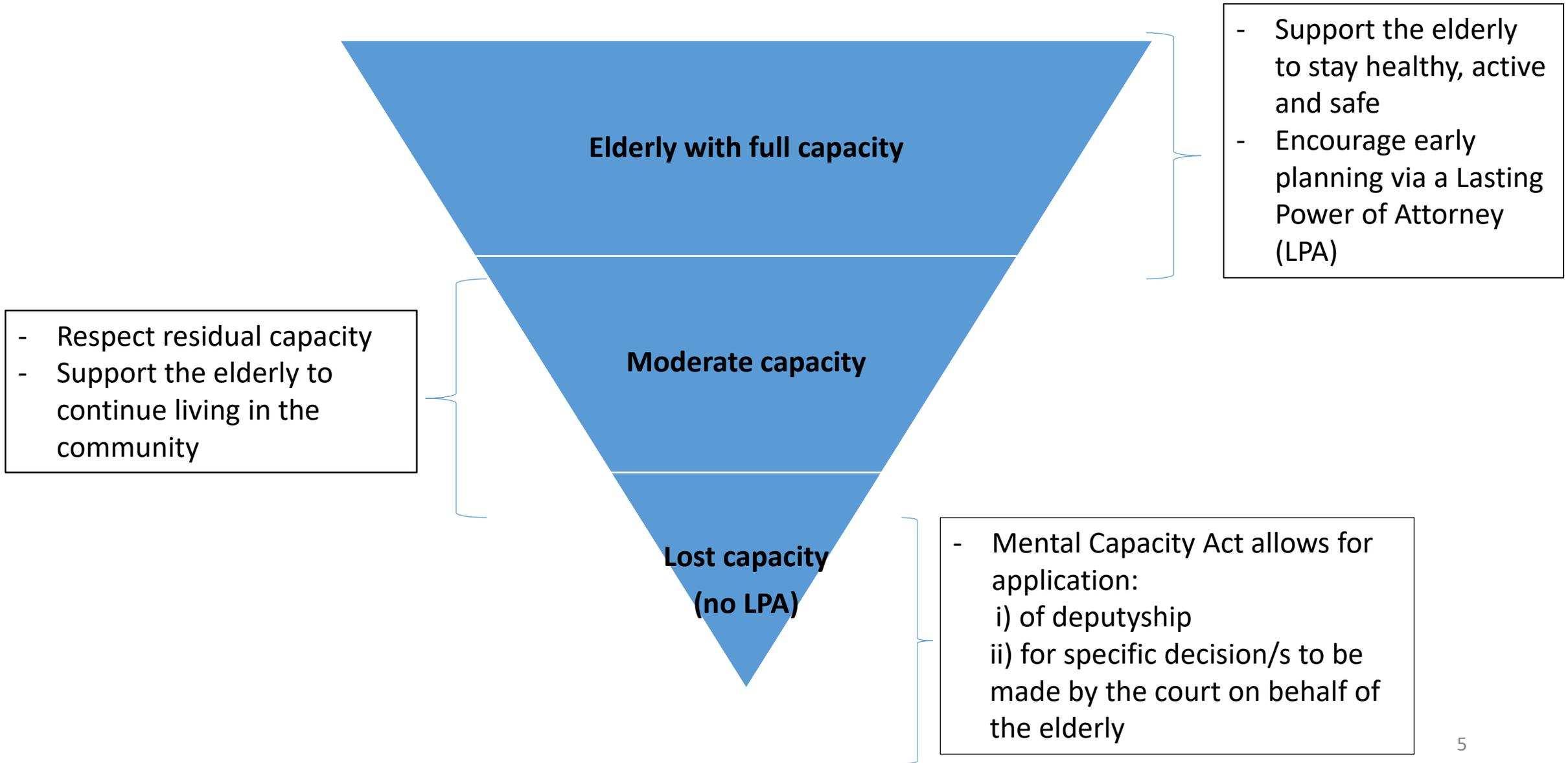
Ageing - our demographic realities

- By 2030, about one in four Singaporeans would be 65 years or older
- By 2030, only 2.1 working adults would be supporting one elderly citizen

Mental Capacity Act

- a law to support dignified living
- passed in 2008 and came into force in March 2010
- allows pre-planning by introducing the Lasting Power of Attorney (LPA)
- allows application for appointment of deputy by Court for anyone who lacks mental capacity and without an LPA

Continuum of support for the elderly



Changing social and healthcare needs



Changing social needs

- Greater need for social support
- Greater risk of social isolation



Changing healthcare needs

- More hospital visits and longer hospital stays
- More chronic and long term care needs

Needs are also getting more intertwined

Keeping the elderly healthy, active and safe

- People's Association's Wellness Programme
 - started in 2008 and now in 87 constituencies
 - regular health screening, physical exercise programmes and social interest groups and lifelong learning program to keep seniors physically, mentally and socially active
 - several community partners (e.g Tsao Foundation) and RC Centres also have wellness programmes such as health screening and health talks, social activities, etc
- Promote active ageing through C3A
- Retired Seniors Volunteer Programme (RSVP)

Safer homes and towns

- Senior-friendly housing
 - Studio apartments
 - Multi-generation family friendly housing
 - HDB's EASE programme subsidies installations in-home, such as grab bars and non-slip flooring



- Senior-friendly towns
 - Silver Zones
 - Barrier Free Access



City for all ages – building senior-friendly communities



Healthy and Active

- Get screened early
- Manage their conditions well
- Exercise and lead healthy lifestyles



Part of a closely knit community

- Have friends and know where to get help
- Those who live alone are not lonely, and engaged by the community



Able to live independently and confidently

- Can get around their flat and town safely and confidently
- Those who need help will be cared for

Shifting towards care at home and the community

Younger Population

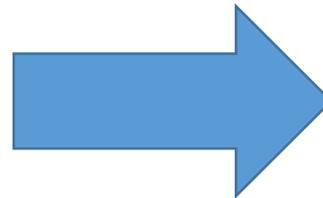
Acute, Episodic
Healthcare needs

- Acute-centric care
- Acute care as the focus of healthcare delivery
- Focus on acute care

Ageing Population

Chronic and long-term
Healthcare needs

- Enabling seniors to age-in-place;
- Greater focus on:
 - ✓ Preventive health and active ageing
 - ✓ Long term care



Supporting care at home

For elderly with care-givers:

i) Caregivers Training Grant

- Allows caregivers to tap on a \$200 annual subsidy to attend CTG approved training courses so that they can better care for their loved ones.

ii) Foreign Domestic worker (FDW) Grant

- \$120/month to help families who need to hire FDV to care for frail elderly and persons with at least moderate disability

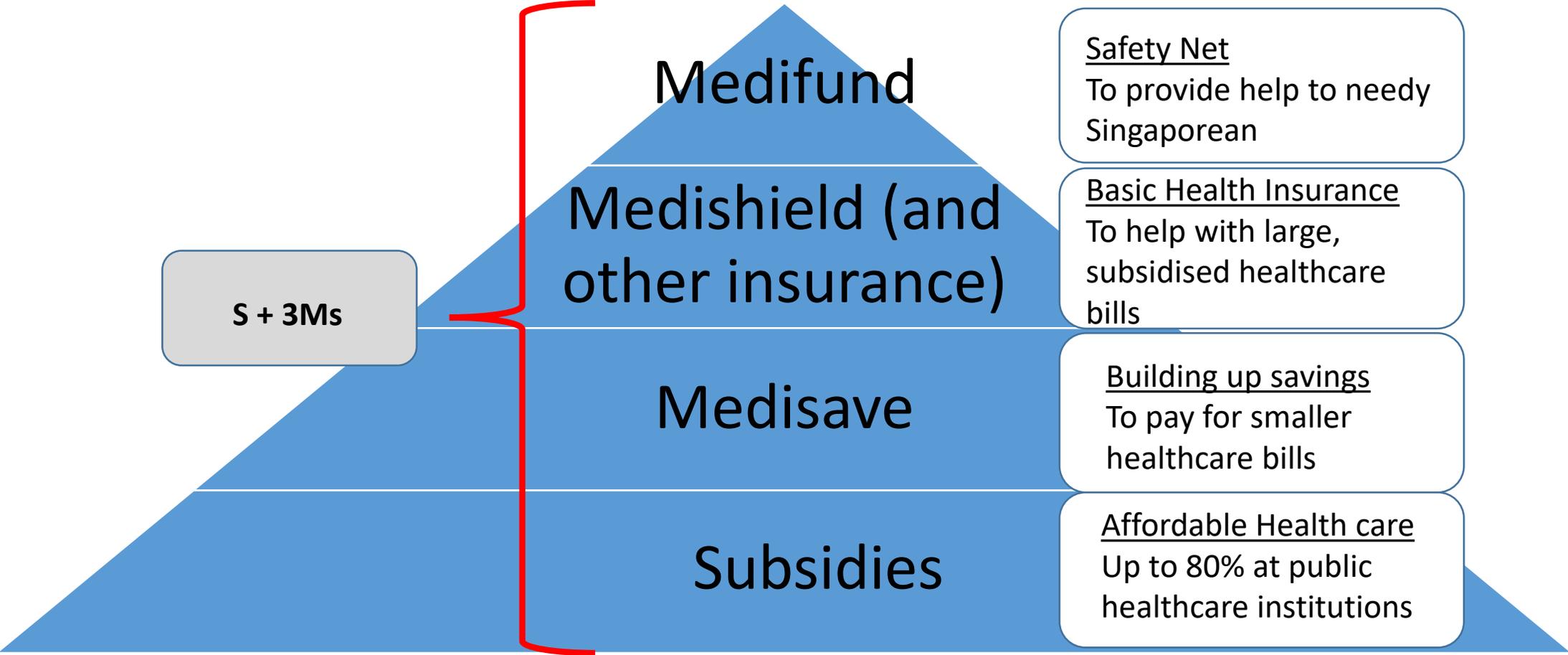
iii) FDW Levy Concession for Persons With Disabilities

- enables families to pay a lower monthly concessionary FDW levy of \$60 when employing full-time caregivers to help look after their loved ones with disabilities

Continue...

- Home care services to address health and social needs and support families in the care of their seniors
 - **Home Healthcare**
 - For frail or homebound seniors with no ready access to ambulatory health services
 - Physiotherapy and occupational therapy services
 - Care coordination
 - **Home personal care**
 - For frail or homebound seniors requiring assistance in ADL and/or IADL
 - Assistance with personal care and hygiene
 - Housekeeping, laundry
 - Mind stimulating activities
 - **Palliative care**
 - Enhancing end of life care

Providing affordable care for all Singaporeans



Expanding access to subsidised primary care

Polyclinics

All Singapore Citizens & PRs pay subsidised rates

Up to 75% for elderly and children
Up to 50% for working age adults

GPs

Singapore Citizens on Community Health Assist Scheme (CHAS) pay less when visiting CHAS GPs

Subsidy of up to \$18.50 per visit for common conditions (e.g cough and cold)
subsidy of up to \$120 per visit and \$480 per year for selected chronic conditions (e.g diabetes)

Elderly with full capacity without next of kin

- Encourage elderly to do early planning when they still have the capacity to do so via a Lasting Power of Attorney (LPA):
 - appoint a trusted person of their choice as Donee
 - appoint a professional Donee under the Professional Deputies and Donees Scheme (starting in 2018)

*the elderly can apply for a revocation of LPA by submitting the revocation form to the Public Guardian. However, if there is a need to revoke the LPA after the elderly loses capacity, an application for revocation would have to be submitted to court.

Elderly with moderate loss of capacity without next of kin

- Assist the elderly to continue living in the community with support from social services
 - case management, monitoring and counselling service.
- Community Kins Service
 - The service will provide an option for seniors who lack mental capacity and have no family support to be supported by community-based Voluntary Welfare Organisations in decision-making on healthcare, household and municipal-related needs, as they age in the community. This will be piloted for learning purpose.

Elderly with no capacity without next of kin

- Mental Capacity Act (MCA), allows for the following :
 - application to the court by an individual who wishes to act as deputy for the elderly
 - application to the court for specific court orders eg for nursing home placement or release of funds for the elderly person's care
 - application for a Deputy of Last Resort by the Public Guardian (if there are safety and welfare concerns eg abuse of the elderly)

Challenges in supporting elderly deemed to be without capacity

- the elderly needs to give consent for a formal assessment of his/her mental capacity
 - under the MCA, a deputy can be appointed to make decisions only when the elderly lacks the mental capacity to make decision for himself because of an impairment, or a disturbance in the functioning of the mind or brain.
 - case example: Mr Lim has refused to seek treatment although his legs were gangrenous and may need amputation. He was suspected to have dementia and may not be able to make a proper judgement of his situation. However, Mr Lim has refused to cooperate with Institute of Mental Health when they wanted to assess him. In this case, Mr Lim has not been diagnosed with any mental condition and the MCA cannot yet be applied.

Safeguards under MCA to protect the elderly with no capacity

- Court determines elderly's mental capacity, applicants' suitability for deputyship and powers to be granted to deputies
- supervision of deputies by the Public Guardian, after court appointment
- investigation by the Public Guardian upon receiving alerts (including complaints) about the way in which a deputy appointed by the court is exercising his powers

Safeguards under MCA to protect the elderly with no capacity

- if there is evidence of abuse or neglect towards the person who lacks mental capacity (P), and it is necessary for the state to intervene to protect the interest of P, the Public Guardian can apply to revoke the powers of the deputy and appoint a Deputy of Last Resort
- Director of Social Welfare or the Public Trustee can be appointed to manage personal welfare or property and affairs matters respectively, if P has no other suitable family member to be appointed as deputy

Deputy of last resort - what does DSW do?

- Make decisions on personal welfare:
 - where the elderly should live
 - who they could have contact with and what form of contact
 - healthcare (medical & dental treatment)
- Work with partners to ensure adequate protection for the elderly (eg PPO application for cases where there had been violence towards the elderly)

Case example

Mdm A

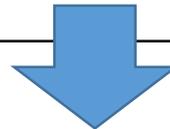
- aged 59
- has severe dementia
- requires assistance in her activities of daily living
- has previously applied PPO against Mr B

Mr B

- aged 61
- caregiver for Mdm A
- deputy for Mdm A: granted Personal Welfare and Property & Affairs powers
- unable to accept Mdm A's condition and believed that her dementia was reversible
- incidents of mishandling Mdm A and inflicting pain on her while tending to her daily needs
- was experiencing care-giver stress but not open to receiving any help

The couple

- socially isolated
- their 2 children were estranged from Mr B and too afraid of him to intervene on their mother's behalf
- no support from extended family members



Application was made to Court to suspend Mr B's personal welfare powers and to appoint DSW as Deputy of Last Resort.

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What DSW did as Deputy of Last Resort:

- made decision for Mdm A to reside in a home for her safety and wellbeing
- worked in partnership with Mr B to ensure Mdm A's safety and well-being
- involved Mr B in matters concerning Mdm A within safe boundaries (as a means of recognising and acknowledging his concern for Mdm A):
 - financial matters
 - medical and dental care (on condition that it doesn't contradict medical advice)
- facilitated Mr B's contact with Mdm A via supervised access

Key principles in exercising the role of Deputy of last resort

- Allowing choice where still possible
 - Assume that the elderly has capacity to make choices in a few matters
- Giving all practicable help
 - Ensure that all practicable steps have been taken to help the elderly make a decision (without success) before concluding that the elderly is unable to do so
- Unwise decision
 - Distinguish between making an unwise decision vs inability to make a decision

Continue..

- Best Interest
 - Consider the wishes of the elderly who has lost capacity
 - Balance the need to Protect the elderly vs supporting self-determination
 - Consider the different opinion of professionals caring for the elderly
- Least restrictive
 - Choose action or decision that is least restrictive of the person's rights and freedom to act

Summary

Support for elderly is based on the following philosophy and principles:

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