



**8 April 2025**

## **MEDIA RELEASE**

### **\$33 MILLION FUNDING TO SUPPORT SOCIAL RESIDENTIAL HOMES TO TRANSITION TO THE NEW LICENSING FRAMEWORK**

The Social Residential Homes Bill was passed in Parliament on 8 April 2025. This is part of the Ministry of Social and Family Development's (MSF) ongoing moves to enhance the quality of care for residents in Social Residential Homes (SRHs).

2 Over the years, MSF has worked closely with operators to raise standards of care provided to SRH residents. This Act codifies the good progress made by the sector through a new licensing regime, with clear requirements to ensure quality of care across the sector, while strengthening safeguards for the safety and well-being of residents. Key provisions of the Act can be found in **Annex A**.

3 Along with the implementation of the Act, MSF will also invest in training and capability building to support the Social Service Agencies operating these SRHs.

#### **Transition Support Package for SRHs**

4 To support SRHs' transition to the new licensing framework under the Act, MSF and the National Council of Social Service (NCSS) have committed to a \$33 million Transition Support Package (TSP) for SRHs. This package provides funding for SRHs to invest in training and capability building of their staff, as well as to defray associated costs to meet the requirements under the Act.

#### **Training and Capability Building**

5 New training requirements will be introduced under the Act to equip staff with key competencies, such as fall risk assessment and suicide intervention, to provide better care to residents. In addition to NCSS' Professional Capability Grant, SRHs will receive additional funding for staff to attend these courses during the period of transition.

6 In recognition of the need for SRH operators to undertake change management efforts as part of this transition, MSF and NCSS have also included a one-off adjustment grant under the TSP. Such change management initiatives could include reviews of Standard Operating Procedures (SOPs) and processes, to ensure that Homes are able to adhere to requirements under the Act.

#### **Other Associated Costs**

7 Under the Act, it will be mandatory for SRH operators to install CCTVs within the SRH. This will complement operators' efforts to promote the safety, well-being and welfare of residents. The TSP provides SRHs with funding to defray costs arising from the installation of CCTVs.

### **Phased Implementation Approach**

6 For a start, MSF will license SRHs that provide long-term and 24/7 residential care to highly vulnerable residents. These SRHs are:

- a. Children's Homes
- b. Children Disability Homes
- c. Sheltered Homes
- d. Welfare Homes
- e. Adult Disability Homes
- f. Adult Disability Hostels

7 In drafting this Act, MSF has conducted nine closed-door engagement sessions with SRH operators and their board members in 2024, as well as a public consultation via REACH from 21 Nov 2024 to 2 Jan 2025. Majority of the respondents were supportive of the key provisions in the Act. A summary of responses to key feedback received through the public consultation can be found in **Annex A**.

8 The TSP will help SRHs prepare for the implementation of the Act, which is targeted for 2026. MSF will work closely with our partners towards the successful implementation of the Act.

9 For more information on SRHA, please visit <https://www.msf.gov.sg/srha>.

### **ISSUED BY MINISTRY OF SOCIAL AND FAMILY DEVELOPMENT**

**Annex A** – Key Features of the Social Residential Homes Act

**Annex B** – Summary of Feedback from Public Consultation on the Social Residential Homes Bill

**Annex C** – Frequently Asked Questions

**Annex D** – Translation of Key Terms

For media enquiries, please contact:

Alvin Ho  
Communications and Engagement Division  
Email: [Alvin\\_HO@msf.gov.sg](mailto:Alvin_HO@msf.gov.sg)  
Mobile: **80621354**  
Ministry of Social and Family Development

Lucia Yeo  
Communications and Engagement Division  
Email: [Lucia\\_YEO@msf.gov.sg](mailto:Lucia_YEO@msf.gov.sg)  
Mobile: **93989605**  
Ministry of Social and Family Development

## KEY FEATURES OF THE SOCIAL RESIDENTIAL HOMES ACT

1 The three key areas of the Act are as follows:

a. Clear standards for SRHs to deliver quality care

- ***Issuance of Codes of Practice (COP) to codify standards of care.*** Regulatory requirements relating to (i) SRH governance, (ii) management of the premises, (iii) resident management, and (iv) incident management, will be detailed in the COP. These requirements are being developed in consultation with SRHs and will provide SRHs clarity on the expected standards of care. MSF will guide SRHs to meet the requirements.

b. Stronger safeguards for residents' safety and well-being

- ***Mandatory suitability assessment for all licensees, key appointment holders, staff and vendors who have direct contact with residents.*** MSF will screen employees who are involved in the management, and/or day-to-day operations of the home. Through this process, both MSF and the SRH will be assured that employees have been vetted and that residents are not placed at undue risk of harm.
- ***Prohibition of unauthorised use of force or mechanical restraints in SRHs.*** As some SRH residents may exhibit aggression due to psychiatric conditions and other factors, the Act will set out clear parameters within which SRH staff may use reasonable force and restraints on residents for the safety of both residents and staff.
- ***A Board of Visitors (BOV) will conduct independent checks on SRHs for residents' welfare.*** The BOV will comprise independent persons and professionals, who will complement MSF's licensing inspections to ensure that residents reside in safe and sanitary premises. Selected SRHs have already benefited from such BOV visits and have found them helpful. Under the Act, MSF will extend this good practice to other SRHs.

c. Comprehensive enforcement framework to deter errant operators

- ***MSF may take regulatory action and pursue criminal penalties against errant and/or failing operators.*** This includes shortening or revoking a licence. The Act also sets out criminal penalties to deter errant operators. For instance, operating a SRH without a valid licence will constitute a criminal offence. Penalties for various offences will be proportionate to the level of probable harm caused.
- ***MSF may issue step-in orders to temporarily take over a failing operator's SRH to ensure continuity of care.*** Step-in orders will only be considered as a last resort, if issues cannot be resolved through capability building support, and other regulatory actions. Step-in orders may also be

considered if there is an imminent risk to residents' safety and well-being, and regulatory actions have failed because a SRH operator remains non-compliant despite repeated interventions.

## **SUMMARY OF FEEDBACK FROM PUBLIC CONSULTATION ON THE SOCIAL RESIDENTIAL HOMES BILL**

### **Introduction**

The Ministry of Social and Family Development (MSF) invited members of the public to provide feedback on the proposed Social Residential Homes Bill (SRHB) from 21 November 2024 to 2 January 2025 through REACH. The SRHB aims to uphold quality and consistent standards across all Social Residential Homes (SRHs). It will replace the Homes for the Aged Act (HFAA) that regulates Sheltered Homes. Existing provisions relating to care standards for SRHs in the Destitute Persons Act (DPA) and Children and Young Persons Act (CYPA) will be superseded by the licensing regime in the SRHB.

2 MSF received responses from a range of respondents, including SRH staff, residents, family members of residents in the homes, and members of the public. In general, respondents recognised the need for the regulation of SRHs to ensure the safety and well-being of residents. Majority of the respondents were also supportive of the key provisions in the proposed SRHB. Key feedback from the public consultation, and MSF's responses are summarised below.

### **Stronger Safeguards for Residents' Safety and Well-being**

3 Requiring prior approval from MSF before SRHs deploy individuals: Most respondents agreed that this provision is essential for ensuring residents' safety and well-being. Some wondered if there might be less autonomy and potential hiring delays. MSF will work closely with SRHs to streamline the approval process, and partner SRHs in recruitment planning.

4 MSF's ability to intervene in compromising circumstances: Respondents agreed on the need for a clear decision-making framework and investigation process and that this provision ensured residents' safety. , In situations where non-compliance with the licensing requirements endangers residents' safety or well-being, MSF will conduct a thorough investigation, taking into account factors such as the extent of harm to residents and whether the SRH and relevant personnel took reasonable steps to comply with the requirements. MSF will prioritise addressing lapses and preventing recurrence, with regulatory or criminal action taken as necessary based on the extent and severity of the breach.

5 MSF's authority to step in as a last resort: Most respondents agreed that MSF should have the authority to step in to maintain continuity of care, either by taking over operations, or transferring residents to another SRH. However, they were concerned about the scope of these powers and their potential impact on SRH's operations and residents. The public emphasised the need for a proper process to assess and decide on the need for MSF to step in. On the other hand, SRH operators, staff and Board members highlighted the importance of regular assessments and feedback to prevent escalation. They also stressed the need for a clear decision-making framework and careful management to minimise disruptions.

6 MSF acknowledges these concerns and will exercise step-in powers judiciously, particularly when an SRH operator's imminent operational failure poses a threat to residents' care. In such situations, MSF may work with other licensees to support or take over operations. Step-in orders may also be considered if there is an imminent risk to residents' safety and well-being, and regulatory actions have failed because a SRH operator remains non-compliant despite repeated interventions.

7 Independent Board of Visitors: Respondents supported empowering MSF to appoint an independent Board of Visitors (BOV) to assess SRHs' living conditions, care standards and supervision of residents. They emphasised the importance of trained BOV members with a clear understanding of SRH operations and a balanced perspective that considers both SRH residents and staff. They also highlighted the need for unannounced audits to ensure transparency.

8 MSF acknowledges these concerns and will select BOV members based on relevant expertise, providing them with sector-specific insights – including knowledge of the residential care contexts and the challenges faces by SRHs. MSF will continue to facilitate constructive dialogue between BOV members and SRHs to review findings, drive improvements, and uphold residents' safety and well-being.

9 Use of restraints: Most respondents emphasised the need to clearly define the circumstances under which restraints may be used, such as in cases of self-harm or potential harm to others. They highlighted the importance of clear guidelines to protect both SRH's residents and staff, including de-escalation techniques, non-restrictive intervention options, and proper staff training.

10 MSF acknowledges this feedback and will ensure the Bill specifies the permitted circumstances for the use of restraints. Only staff who have received the necessary MSF-approved training will be authorised to apply restraints.

### **More Comprehensive Enforcement Framework**

11 Penalties for egregious offences: Most respondents agreed on the need for penalties to deter serious breaches and safeguard the safety and well-being residents. Respondents emphasised the need for clear guidelines on what constitutes serious offences and a rigorous investigation process which considers systemic factors beyond individual or institutional negligence to assure the affected operators and staff of a fair proceeding.

12 MSF recognises these concerns. The investigations would be done thoroughly with all aspects of each case duly considered and assessed. To support SRHs in meeting requirements, MSF will also offer upstream support, including staff training to assist SRHs in meeting regulatory requirements.

13 MSF's power to investigate potential offences: There was broad support to empower MSF to investigate potential SRHB contraventions. A handful of respondents suggested appointing an independent party or providing more information on the investigation process to provide assurance to affected SRHs and staff.

14 MSF's Investigation Officers are trained and have extensive experience and specialised expertise in conducting fair and effective investigations for potential offences in the SRHB. Offences that warrant the investigation or intervention by other Law Enforcement Agencies such as the Police will be referred to them when assessed necessary.

### **Appeal Mechanism for SRH Operators**

15 Appeal mechanism for SRH operators: Most respondents supported putting in place a mechanism for SRH operators to appeal against MSF's decisions under the SRHB.

### **Supporting SRHs in Transitioning to the SRHB Framework**

16 Respondents provided additional feedback on the operational challenges faced by SRHs. These include high staff turnover that affects continuity of care and the requirement for more resources to manage the administrative burden from compliance requirements.

17 Respondents also emphasised the need for staff training on handling challenging situations, de-escalation techniques, and regulatory understanding. Respondents suggested that MSF should look into adequate provision of such approved training programmes and ways to improve staff retention.

18 MSF remains committed to supporting SRHs as they onboard the SRHB regulatory framework. As part of ongoing efforts to strengthen the residential care sector, MSF will

- pilot job redesign for care workers in selected Adult Disability Homes and Welfare Homes.
- Provide more funding for staff training. By improving working conditions and career pathways, SRHs can provide better quality of care for residents.
- offer pre-licensing checks for first-time licensees, to help identify areas for improvement prior to implementation.

19 Through these initiatives and continued collaboration with the sector, MSF aims to ensure better care for the SRH's residents and improved working conditions for the staff. By building a strong, robust and effective regulatory framework, MSF will also continue to work closely with SRHs to streamline processes and leverage on technology to minimise administrative burden.

### **Conclusion**

20 MSF would like to thank all stakeholders and members of the public who provided feedback on the proposed SRHB. The input has been invaluable in refining the legislation to better meet the needs of SRH residents and staff. MSF remains committed to addressing the concerns raised and implementing suggestions where appropriate, ensuring that all SRHs uphold high-quality, consistent standards.

## FREQUENTLY ASKED QUESTIONS

### 1. How are Social Residential Homes defined?

Social Residential Homes (SRHs) are premises that are used to provide residential accommodation, and any of the following to residents:

- a. Care;
- b. Biopsychosocial intervention; or
- c. Support to carry out daily activities.

Care refers to the act of looking after an individual to ensure their well-being.

Biopsychosocial intervention refers to any measure that helps residents to improve their quality of life. Examples include: (i) psychological therapy, (ii) family counselling, and (iii) physical therapy.

Support to carry out daily activities refers to any assistance provided to residents who are partially or completely unable to carry out daily activities, such as (i) dressing, and (ii) moving around.

### 2. There are other premises that meet the SRH definition under the Act. Why are they not under the new licensing regime?

For a start, MSF will licence SRHs with residents that are highly vulnerable, and are heavily reliant on the home for 24/7 care. About 60 SRHs will come under the SRHA when it is implemented.

Other premises that fall under the SRH definition may be licensed by MSF in future. MSF will consult relevant operators before introducing any further changes.

### 3. What is the impetus for the Social Residential Homes Act?

Over the years, MSF has been working with the SRHs to raise the standards of care across SRHs. SRHB is a proactive step taken by MSF to codify these standards to uplift the quality of care across the SRH sector, while strengthening safeguards for the safety and well-being of residents.

We are not introducing this Act in response to any instances of abuse or neglect in the SRHs.

### 4. How many SRHs are currently licensed by MSF?

Sheltered Homes (14) are currently licensed under the Homes for the Aged Act, while the Children's Homes (19) and Children Disability Homes (3)<sup>1</sup> are currently licensed under the Children and Young Persons Act.

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<sup>1</sup> Note that there are only 21 unique homes licensed under the Children and Young Persons Act. One home operates both a Children's Home and Children Disability Home.

**5. For the unlicensed SRHs, how are they managed by MSF?**

Welfare Homes, Adult Disability Homes and Adult Disability Hostels are currently not licensed. They are managed by MSF through funding agreements. As such, these funded Homes are expected to fulfil a prescribed set of requirements and Key Performance Indicators under the service model, to receive funding from MSF to deliver care to its residents. If the requirements for the funded Homes are breached, MSF may take the Home to task by withholding or reclaiming funding.

If an egregious offence is committed in an unlicensed SRH, other criminal penalties under other legislation may also apply to the individual. Examples include the Penal Code (e.g. for grievous hurt or harm caused) and the Children and Young Persons Act (e.g. for sexual exploitation of a child).

**6. Would the SRHA result in a significant increase in regulatory costs for SRHs?**

We do not expect the regulatory costs arising from the SRHA licensing regime to be significantly higher than that incurred by SRHs currently licensed under the Homes for the Aged Act, and the Children and Young Persons Act. This is because the SRHA requirements build upon existing legislation and/or service models administered by MSF today.

Nonetheless, we recognise that some SRHs operators have expressed concerns on the cost of complying with the new requirements under SRHA. Therefore, MSF has provided a Transition Support Package to better support SRHs as they transition to the new licensing regime under the Act.

**7. How will the SRHA lead to capability improvements for the sector?**

Under the SRHA, operators will have a clear, common licensing framework to guide their operations and standards of care for residents. MSF will also enhance the training requirements that SRH staff must fulfil, to uplift the quality of care provided to residents. The SRHA is part of other ongoing sector-wide moves that MSF is making to build capability in the sector. These include:

- a. Supporting Social Service Agencies (SSAs) to attract new talent through awards/scholarships and upskill their in-service staff with training subsidies under the Professional Capability Grant;
- b. Partnerships with SSAs to bring in more mid-career professionals through the Career Conversion Programme and SkillsFuture Career Transition Programmes, which are designed to equip mid-career individuals with the knowledge and skills required to join the sector;
- c. Review of salary guidelines for the sector to ensure that salaries of social service professionals are competitive with comparable roles in competing markets; and
- d. Job redesign to improve the value proposition of social service roles and overall manpower efficiency.

**TRANSLATION OF KEY TERMS**

<b>Term</b>	<b>Chinese</b>	<b>Malay</b>	<b>Tamil</b>
Social Residential Homes Bill	社会福利院法案	Rang Undang-undang Rumah Kediaman Sosial	சமூக குடியிருப்பு இல்லங்கள் மசோதா
National Council of Social Service	国家福利理事会	Majlis Khidmat Sosial Kebangsaan	தேசிய சமூக சேவை மன்றம்
Transition Support Package	过渡时期援助配套	Pakej Sokongan untuk Peralihan	நிலைமாற்றம் ஆதரவு தொகுப்புத் திட்டம்
Homes for the Aged Act	养老院法令	Akta Rumah Warga Emas	முதியோர் இல்லங்கள் சட்டம்
Children and Young Persons Act	儿童与青少年法令	Akta Kanak-kanak dan Orang Muda	சிறுவர் மற்றும் இளையோர் சட்டம்
Children's Homes	儿童之家	Rumah Kanak-kanak	சிறுவர் இல்லங்கள்
Children Disability Homes	残障儿童福利院	Rumah Kanak-kanak Kurang Upaya	உடற்குறையுள்ள சிறுவர்களுக்கான இல்லங்கள்
Sheltered Homes	庇护所	Rumah Perlindungan	பாதுகாப்பு இல்லங்கள்
Welfare Homes	福利院	Rumah Kebajikan	நல இல்லங்கள்
Adult Disability Homes	残障人士之家	Rumah Tumpangan untuk Orang Dewasa Kurang Upaya	உடற்குறையுள்ள பெரியவர்களுக்கான இல்லங்கள்
Adult Disability Hostels	残障人士训练宿舍	Asrama untuk Orang Dewasa Kurang Upaya	உடற்குறையுள்ள பெரியவர்களுக்கான விடுதிகள்