

# APPENDICES

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### Terms of Reference of the Committee on Ageing Issues

1. Identify the challenges of an ageing society;
2. Determine policy directions for Government and non-Government agencies in addressing the needs of an ageing population;
3. Steer and guide the comprehensive, holistic, and co-ordinated development of policies and programmes for the elderly;
4. Recommend ways to prepare Singapore for the effects of an ageing population; and
5. Recommend ways in which younger Singaporeans can better prepare themselves for active ageing.

### **Current Housing Schemes that Facilitate Seniors Living in Community**

Today, HDB has various schemes to promote extended family living and encourage married children and parents to live near one another to foster care of the aged parents. These include:

(a) Higher monthly household income ceiling for extended families to buy HDB flats

The purchase of new HDB flats is subject to a monthly income ceiling of \$8,000 for a nuclear family. Extended families are given the flexibility to purchase a new HDB flat subject to a higher monthly income ceiling of \$12,000. From August 2005, this flexibility was extended to the latter buying resale flats with the CPF Housing Grant.

(b) Higher-tier CPF Housing Grant Scheme

Under the Scheme, the Government gives an additional \$10,000, or a total of \$40,000, to a first-timer family buying a flat from the open market if the family opts to live in the same flat, same housing estate, or within two km of their parents.

(c) Priority under the Married Child Priority Scheme (MCPS)

Under the MCPS, married children are given twice the weightage in the balloting exercises if they apply for a flat to stay near or together with their parents. First-timers are also accorded twice the weightage as they are in greater need of housing. Hence, first-timer married children applying for flats under the MCPS would be given four times the weightage in the balloting exercise.

(d) Studio Apartment (SA) Scheme

The SA Scheme was introduced to provide another housing option for the ambulant elderly who are at least 55 years old with the financial means to live an independent lifestyle. The SAs are purpose-built small apartments of 35 or 45 sqm,

customized with elder-friendly features to facilitate independent living and mobility. The units are also furnished with full floor finishes, kitchen cabinets such that they are in “ready to move in” condition. Within the blocks there are also elderly features to facilitate the elderly residents’ mobility. In addition, spaces are provided for social and community facilities to be operated by VWOs and commercial enterprises.

HDB has completed a total of 936 units of SAs in 6 pilot projects in stand-alone blocks for sale and almost all the units have been sold. To achieve a better resident mix and to promote more social interaction between seniors and younger residents, about another 300 units have been integrated with other HDB flat types for sale.

(e) Subletting of Whole Flat Scheme

This Scheme allows flat owners to sublet their whole flat so that it can become a more liquid asset. This will encourage seniors to move in to stay with their married children and monetise their HDB flats, both to meet their post-retirement needs and alleviate the “asset-rich, cash-poor” phenomenon.

On the other hand, the scheme also enables a large enough HDB rental market to emerge to fill the gap between HDB subsidised rental housing for the very low-income at one extreme, and home ownership at the other. This will offer people who are not ready or able to commit to home ownership an outlet that does not oblige them to look to HDB for housing assistance.

### Current Housing Options

The bulk of housing options available to older persons today are publicly provided. Depending on their preferences and financial means, seniors could either buy or rent a HDB flat. The existing housing options are:

a) Rental flats

HDB provides subsidized rental housing for low-income citizen families who cannot afford other housing options. These rental flats are either one-room or two-room units. The monthly rents range from \$26 to \$33 for one-room units and \$44 to \$75 for two-room units for households with monthly income not exceeding \$800; and \$90 – \$123 for one-room units and \$123 – \$165 for two-room units for households earning \$801 to \$1,500 per month.

b) Homeownership Flats

Seniors can buy a flat of any size from HDB or a resale flat with or without the CPF Housing Grant. Average resale prices<sup>1</sup> ranged from \$165,000 for a 3-room flat to \$357,500 for an executive flat.

c) Studio Apartments (SAs)

HDB builds customized housing units for seniors too. These units are purpose-built with elder-friendly and special safety features that aid mobility and independent living. The SAs come in two sizes of 35 sqm (\$62,000 – \$67,000) or 45 sqm (\$79,000 – \$87,000)<sup>2</sup>.

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<sup>1</sup> Average resale prices are based on resale applications registered in Sep 2005.

<sup>2</sup> These are based on selling prices of SAs offered in the balloting exercises in Aug 2005.

d) Rent a Room or Whole Flat

Older persons can consider renting a room from eligible HDB flat owners. Monthly rentals for a room range from \$200 to \$500. Alternatively, they can also rent a whole flat from flat owners in the open market. Depending on the location and flat type, the monthly rental can range from \$300 to \$1,700 for a three-room flat; \$400 to \$1,800 for a four-room flat; and \$500 to \$1,800 for a five-room flat.

For seniors who want to opt for private housing, they can consider the following housing options:

e) Executive Condominiums

These are developed by the private sector and sold under strata titles. They are similar to private residential developments except for eligibility conditions such as income ceiling and citizenship for their purchase and restrictions on transfer of ownership in the initial years, etc.

f) Private Housing

These are residential developments by the private sector which are either for sale or rental. The selling prices start from \$400,000. The monthly rentals for a room range from \$250 to \$1,000.

### Eldercare and Healthcare Services

#### **Community-Based Developmental Programmes**

##### **Mutual Help Scheme**

The programme provides opportunities for mutual exchange of help and care amongst our seniors through structured and informal activities. Programmes which include health monitoring, peer counselling, befriending, active ageing, community security and road safety as well as team-based activities are available at Senior Citizens' Clubs run by grassroots organisations.

##### **Neighbourhood Links**

Neighbourhood Links are located at selected HDB void decks island wide. They serve as physical nodes in the community where seniors can obtain information on social services, volunteer their services, interact and form mutual help groups. Intergenerational bonding is also encouraged through social recreational activities organised by the centre.

##### **Senior Activity Centres**

These are centres set up to improve the living conditions of seniors residing in one-room rental blocks. The objective of the Senior Activity Centres is to provide a support network for the older residents. The services provided include maintaining a register of older residents, managing the alert alarm system, forming mutual help groups, providing information and referral services and promoting social interaction among the residents in the neighbourhood.

## **Community-Based Support Services**

### **Befriender Service**

The programme recruits and trains volunteers to befriend, advise and assist the isolated and vulnerable seniors. These seniors may be homebound, have little or no family / social support, and are at risk due to physical health, social and psycho-emotional reasons. The volunteers visit the seniors on a regular basis and may assist them with simple household chores, running of errands and ad hoc escort services. Where possible, the volunteers also accompany the seniors for group outings and participation in social and recreational activities.

### **Caregiver Support Services**

The Caregiver Services, provided by Care Coordinators sited in social service agencies, support the role of the family as the first pillar of care for our seniors so that they can continue living in the community for as long as possible.

### **Community Case Management Service**

The service serves to co-ordinate the provision of a range of services without the need for the senior to go to different service providers for consultation regarding his / her multiple and complex needs.

### **Counselling Service**

This is an avenue for older persons who may have personal and family problems and / or disputes to seek help. The service provides face-to-face counselling on family relationships, psychological and emotional problems; as well as information and referral assistance to seniors and their caregivers. Its seniors helpline is operated by volunteers trained in para-counselling.

### **Day Care Centres**

These centres provide day care services to seniors who are frail and require supervision when their family members are at work or school. The centres provide meals, maintenance exercises, social and recreational activities.

### **Day Rehabilitation Centres**

The centres provide services such as physiotherapy and occupational therapy to seniors who suffer from medical conditions that impair their functional status. Day Rehabilitation Centres aim to restore, improve and / or prevent any deterioration of functional abilities through exercise and training programmes.

### **Dementia Day Care Centres**

Providing day care programmes for seniors who suffer from dementia, the centres also impart coping measures to both the seniors and their carers.

### **Home Help Service**

The service supports seniors who are frail to continue living in their own homes by providing meal delivery, laundry service, housekeeping, personal care hygiene and escort service to hospitals / clinics.

### **Home Hospice Medical & Nursing Services**

Under this service, homebound persons who are expected to deteriorate within weeks / months are provided with medical and nursing palliative care.

### **Home Medical Service**

Medical care to homebound seniors through home visits is provided. Medical care includes comprehensive assessments, development of care plans, management of medical problems (both acute and chronic), as well as referral for specialist treatment where appropriate.

### **Home Nursing Service**

Home Nursing Service provides nursing care for homebound or bedridden older persons who require nursing procedures, such as wound dressing, injections, change of feeding tubes and urinary catheters, and checking of blood pressure and blood sugar levels.

## **Residential Support Services**

### **Chronic Sick Hospitals, or Community Hospitals**

The hospitals provide long-term skilled daily nursing and frequent medical care to seniors with advanced, complicated medical conditions and poor functional ability (i.e. highly dependent or unable to perform activities of daily living).

### **Hospices**

Providing care to terminally ill persons suffering from advanced and progressive diseases like cancer, Hospices also offer emotional support for the residents' families and carers.

### **Nursing Homes**

The homes cater to seniors with medical conditions requiring long-term daily nursing care and who are unable to perform activities of daily living. Typically, they do not have any carer to look after them at home or the carer is unable to provide the nursing care required. In addition to typical nursing care services like wound dressing, injections etc, other services provided include medical care, physiotherapy, dietary services and dental care. Some Nursing Homes also provide care for persons with special needs such as those with dementia or psychiatric conditions.

### **Sheltered Homes**

These are residential facilities that cater to the needs of the fairly ambulant seniors who have no alternative forms of accommodation. These homes provide some support services to assist and enable senior citizens to maintain their independence within the community.