

Chapter 2

Focus on Ageing Issues

1. The issues of an ageing population are multifaceted and dynamic. Addressing the far-reaching and multi-disciplinary issues requires cooperation and coordination among various agencies. Thus far, the Government has adopted an inter-ministry approach in tackling ageing issues¹.

2. The most recent report that was published is the 1999 Report of the Inter-Ministerial Committee on the Ageing Population (IMC) which covered recommendations in six key areas – Financial Security, Employment and Employability, Housing and Land Use Policies, Health Care, Social Integration of the Elderly and, Cohesion and Conflict in an Ageing Society. Arising from the report, the Eldercare Masterplan (FY2001 – FY2005) was charted to develop a comprehensive network of community-based services.

3. The Committee on Ageing Issues (CAI) set up in December 2004 was tasked to build on the work done by previous committees. The CAI is an inter-agency forum that discusses and puts up proposals related to ageing issues. The CAI is co-chaired by Senior Minister of State for Information, Communication and the Arts, and Health, Dr Balaji Sadasivan, and Parliamentary Secretary for Community Development, Youth and Sports, and National Development, Dr Mohamad Maliki Osman, with representation from the Government, people, private, media and academic sectors. (The composition of the CAI is at [Appendix A](#) and its Terms of Reference is at [Appendix B](#).)

¹ Past inter-ministry platforms include Howe Yoon Chong's "Committee on the Problems of the Aged", 1982-1984; "Advisory Council on the Aged" chaired by Minister Jayakumar, 1988-1989; "National Advisory Council on the Family and the Aged" chaired by former Minister for Community Development, Mr Abdullah Tarmugi, 1989-1997; the "Inter-Ministerial Committee on Health Care for the Elderly" chaired by former Minister for Health, Mr Yeo Cheow Tong, 1997-1999 and the Inter-Ministerial Committee on the Ageing Population chaired by Minister Mah Bow Tan, 1999-2003 and Minister Lim Hng Kiang, 2003-2004.

DESIRED OUTCOMES

4. The CAI seeks to achieve the vision of "Successful Ageing for Singapore", such that all levels of society are well-prepared for the challenges and opportunities of an ageing Singapore. The CAI has the following desired outcomes:

- i) At the individual level, we want our seniors to be **healthy, active and secure**. They should age with respect and dignity, and lead independent and fulfilling lives as integral members of their families and communities;
- ii) At the family level, we want to see **strong, extended and caring families**. Family relationships of interdependence should complement the seniors' independence;
- iii) At the community level, we want a **strong network of community services**, opportunities for engagement and integrated communities. We want to foster a deep sense of community ownership and a high degree of participation in securing the well-being of the senior and the family; and
- iv) At the national level, we want to develop a **high level of national preparedness** for the ageing population, a competitive and vibrant economy as well as social cohesion and rootedness.

GUIDING PRINCIPLES

5. The principles established by the IMC in its 1999 report were as follows:

- i) **Contributions from Senior Citizens.** Seniors should be valued as contributing and participating members of society, and should be enabled to remain physically, mentally and socially active for as long as possible. Our national policies must cater to seniors who are well and healthy, not just those who are frail and ill.
- ii) **Care-Giving Primarily from Families.** We believe that the family is the primary care-giving unit and the bedrock of support for seniors. The family must be supported and strengthened in its ability to care for its older members to ensure that institutionalisation remains a measure of last resort.
- iii) **Collective Responsibility from All Sectors.** We should uphold the “Many Helping Hands” approach of involving the community, the family and seniors themselves in ensuring the holistic well-being of seniors. The starting point, however, must be individual responsibility to plan and prepare for old age. The family is the first line of care. The community is the second line of support to enable families in their care-giving role. The role of the State is to provide a framework that enables the individual, the family and the community to play their part.

6. The CAI reaffirms the three guiding principles instituted by the IMC. In fact, the last several years have confirmed the relevance and robustness of these three principles. Seniors are increasingly fit and capable; they are active contributors to society, and not simply passive members seeking support.

7. The continued importance and role of the family for care-giving remains clear. However, given the trend of smaller families and the increasing number of singles, the CAI notes that the role of the family as the first line of care will be increasingly challenged. We will need to find ways to strengthen and help families to fulfil their roles.

8. Given the growing number of seniors from 8.1% in 2005 to 18.7% in 2030, the principle of collective responsibility ensures that measures developed to address the ageing population would be sustainable in the long run.

9. In addition, the CAI also recognises that efforts to support an ageing population can help other groups as well. For example, a barrier-free environment caters not only to the needs of seniors; it also benefits families with young children in prams, and persons with disability. The gains from an accessible environment are thus magnified. Therefore, where appropriate, the recommendations in this report incorporate the needs of other groups.

STRATEGIC FRAMEWORK

10. This report has been organised under four strategic directions to harness the opportunities and address the challenges posed by the ageing population. A life course perspective is adopted to take into account life trajectories and role transitions of people as they age. The strategic directions are:

- i) Housing for Seniors: Elder-friendly housing;
- ii) Accessibility for Seniors: Barrier-free society;
- iii) Caring for Seniors: Holistic affordable healthcare and eldercare;
and
- iv) Opportunities for Seniors: Active lifestyles and well-being.

11. ***Housing for Seniors: Elder-friendly housing.*** Community-based living is preferred over institutionalization as a familiar surrounding amongst loved ones and different age groups provide emotional and mental support to seniors. As a one-size fits all solution will become increasingly unattractive and unfeasible, there has to be a greater variety of housing options to cater to a more diverse cohort. More importantly, the residences must be fitted with senior-friendly features to enhance ease of mobility and quality of life.

12. Another dimension to achieve a high quality of life is that home ownership should not compromise one's financial security in old age, resulting in an 'asset-rich, cash-poor' phenomenon. Individuals should be able to monetise their assets and at the same time, retain a roof over their heads.

13. ***Accessibility for Seniors: Barrier-free society.*** Barrier-free accessibility is important to seniors because it provides safe and unhindered access from their homes to public amenities and communal facilities, and allows them to participate in community and private activities just like any other person. We need to step up our efforts towards barrier-free accessibility in buildings, transportation and interfaces so that the built environment will be able to meet the mobility needs of an ageing population.

14. ***Caring for Seniors: Holistic affordable healthcare and eldercare.*** Complementing community-based living and barrier-free accessibility is a robust and integrated healthcare and eldercare system. There is a need for collaboration between relevant agencies to ensure all eldercare policies remain client centric. Services and programmes should be rationalized and streamlined wherever feasible so that the transition between step-down healthcare facilities and community-based eldercare facilities is smooth.

15. Services offered are only as good as the people delivering them. Therefore, it is necessary to develop a holistic manpower development strategy to attract, retain and build capability of staff in the healthcare and eldercare sectors.

16. ***Opportunities for Seniors: Active lifestyles and well-being.*** Seniors' needs are not generic. To cater to the more diverse group of baby boomers, we need to offer sufficient choices in leisure activities, engagement and volunteer opportunities, as well as learning options. These serve to tap the energy and experience of our seniors. We should also help seniors to keep healthy and start their preparation for old age early so that they can fully participate in their family and society in their latter years.

17. An additional strategic issue is that of ***Employability of Older Workers.*** Singapore's burgeoning ageing population, especially with the coming of the baby boomers who possess a wealth of knowledge and experience, is a valuable resource to society. Besides, seniors today and of the future want to feel valued and be able to continue to contribute to their family, community and society. Many have expressed the desire to work² beyond the official retirement age and to stay active for as long as possible. They should thus be facilitated to contribute meaningfully to society.

² NSSC 2005.

18. Employment and employability of seniors are complex issues. Recognising the urgency of the matter, the Tripartite Committee on the Employability of Older Workers has been formed in March 2005 to study the subject. The Tripartite Committee has presented their recommendations in January 2006. Therefore, this topic will not be addressed in this report.