

AGEING AND SOCIAL WELFARE IN SINGAPORE

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REFERENCES PREFACE

There are several reasons for choosing Singapore as the country for my research. First of all, I wanted to know first hand, its nature of social organization which allows Singapore to achieve such an outstandingly high level of economic development and political stability in the midst of rapid social change. Secondly, compared to Japan which adopted a Western welfare philosophy, Singapore's approach is different hence my interest in obtaining an accurate understanding of the essentials of Singapore's welfare philosophy. Finally, I wanted to study in detail the government policies pertaining to family welfare and the ageing problem.

In the first section of this article, I attempt to present data on the changes in the present family structure of this country. I wish also to touch briefly on the topic of social stratification.

In the second section, I will try to account for how government welfare policy reacts to the change in family structure. This policy foresees family support on three levels: government, community and the family. An attempt will be made to deduce how these three levels tackle the problems of an ageing society.

Section three introduces the home-based service provided by the Presbyterian Welfare Services (PWS). Case studies are also provided. I will examine how this service is suitable for Singapore.

In the concluding section, I will make some personal observations and highlight some key issues that this research has brought out.

SECTION I : SOCIAL CHANGE AND AGEING IN SINGAPORE

1) Social Change and Ageing

Today, many can expect to live to a ripe old age. In Singapore in 1993, the average life expectancy at birth was 76years. This vastly increased life expectancy is

the result of improved social conditions and health care. In a paper on population ageing in Singapore, life expectancy at birth has been reported to be increasing steadily over time (Cheung, p84-85). In 1990, life expectancy of an average Singaporean was 75 years, up from 69 years in 1970. The average 60-year-old man today can expect to live another 18 years compared to 14 years for his counterpart in 1970. The average 60-year-old woman today can expect to live another 21 years, compared to 18 years for her counterpart in 1970. This results in a rise in the proportion of elderly persons in the population.

In Singapore it is projected that by the year 2000, the number of elderly aged 60 years and over will increase significantly. In 1970 only 3% of the population was 65 years or more (Table 1.1). By 1980 this had increased to 5%. In the year 2000, the elderly population will have risen to 8% and from there to a fifth of the total population by 2030. The 'old-old' (75 years and above) in comparison to those 65 to 74 years old, will increase in proportion from 22% in 1987 to 24% in 2000 to 29% in 2030. (Table 1.2) Therefore within the elderly population, there is in fact a proportional increase in the 'old-old' and a decrease in the 'young-old'. (Kua, 1994, p2-3)

Table 1-1: Population of Singapore 1970-2030 (in thousands)

Age Group (years)	Year			
	1970	1980	2000	2030
0-14	804.8 (39%)	635.1 (27%)	671.1 (22%)	574.4 (18%)
15-64	1200.3 (58%)	1646.8 (68%)	2103.3 (70%)	2000.5 (62%)
65& above	69.4 (3%)	113.9 (5%)	220.7 (8%)	639.1 (20%)
Total	2075 (100%)	2414 (100%)	2995 (100%)	3214 (100%)

Source: Population Planning Unit, Ministry of Health, 1982

Table 1-2: Estimated Elderly Population of Singapore 1987-2030 (in thousands)

Age Group (years)	Year		
	1987	2000	2030
65-74	96 (78%)	141 (76%)	396 (71%)
75& above	46 (22%)	79 (24%)	242 (29%)
Total	142 (100%)	220 (100%)	638 (100%)

Source: Population Planning Unit, Ministry of Health, 1982

2) Family Change and Ageing

In a study of family structure in Singapore, Quah presents an analysis of changes in the structure of the Singapore family from 1947 to 1990 using data from population censuses and other official sources. (Quah p.49-104)

Eight important trends in family formation have been identified by Quah who has also pointed to corresponding policy implications. They are as follows:

Firstly, the exigencies of a modern society have not eroded the value of marriage. Secondly, the proportion of single Singaporeans over the age of 35 may be increasing. Thirdly, the participation of women in the labour force is increasing. This trend has been evident for the past 20 years and is confirmed by the 1990 figures. Fourthly, there is also an increase in the number of women who combine both home and job obligations resulting in a corresponding decline in proportion of women who prefer to be full-time homemakers. Fifthly, it is not surprising that the proportion of divorces continue to increase, considering the pressures under which married women live and the slow pace at which men's attitudes are changing to fit the new realities. Sixthly, parenthood is as important today as it has been in the past. Seventhly, the most preferred living arrangement is a two-generation family, living in their own dwelling. Finally, there is an increasing trend of cooperation by grandparents and other family members in childcare.

The last two trends indicate that some social roles could be modified to strengthen and encourage a continuation of the links that bind nuclear families into modified extended families. (Quah, p99-101)

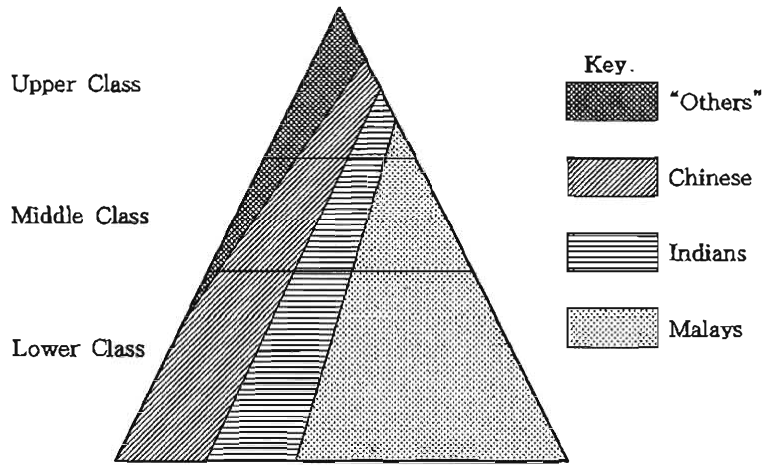
Among the eight important trends, I am particularly interested in how the increasing participation of women in the labor force together with the rapid increase of nuclear family formation and the co-operation of grandparents and other family members in childcare would change the family network in the future. As stated above, there will be important implications on inter-generational relationship and that between the sexes pertaining to the care of the elderly.

Before examining how the government would react to its ageing society, let us consider the essential characteristics of Singapore's social structure which I shall describe briefly.

3) Social Stratification and Ageing

Singapore has a very short history compared with that of China, India or Indonesia. Just 170 years ago it was a small and relatively desolate island. When Stamford Raffles of the British East India Company landed on the island in 1819, the total population consisted of 120 Malay fishermen and 30 Chinese. The island measured about 225 square miles, so the population density was only 0.7 persons per square mile. By 1860 the Chinese constituted 61 per cent of the total population of 81,700 and became the majority while the Malays comprised only 20 per cent of the population. (Quah et al, p.138-140) In 1993, there were 2,873,800 Singapore

Figure 1: Ethnic Stratification in Singapore (per cent of working person)



Source: Quah et al, p.180

citizens and permanent residents living in Singapore. Chinese residents numbered 2,228,600 (77.5%), Malays 407,600 (14.2%), Indians 204,100 (7.1%) and persons of other ethnic group 33,500 (1.2%). (Ministry of Information and the Arts, p.29)

Singapore's immigration history shows clearly that the British, Chinese and Indians came to Singapore with the sole purpose of making money. Given this pattern structured by the colonial rulers, the Europeans, Chinese, and Indians had relatively more opportunities to amass wealth than the indigenous Javanese, Burmese or Malays. Thus, it is expected that the Chinese, Indians and those in the "others" category would achieve higher social class position than the Malays in Singapore. (Quah et al, p182)

In an attempt to obtain subjective information from respondents on the social class distribution of different ethnic groups, Quah and her colleagues posed the question: "Suppose we classified Singaporeans in the following six classes (See Table-2) in which class would you put yourself?" The obtained responses were interesting and is presented below. More than 8 of every 10 Singaporeans consider themselves "middle class". Those in the lower middle, 33 per cent, middle middle, 44 per cent and upper middle 5 per cent. About 17 per cent placed themselves in the lower class (upper lower and lower lower) and just 1 per cent saw themselves as in the upper class. (Quah et al, p27)

Singapore society is made up of a mixture of various ethnic groups. Each ethnic group had come to Singapore with its own social background occupying distinct economic niches in the then Singapore society. With the rapid economic development after the declaration of Independence, there has been a complete change in this country's social structure whereby now 80% of the population would place itself as "middle class". On the other hand, people who have not taken full advantage of singapore's educational opportunity including many single elderly are still at the

Table 2: Subjective Class Identification

Subjective Class	Per Cent	Number
Upper	1.0	23
Upper middle	5.0	81
Middle middle	44.0	701
Lower middle	33.0	515
Upper lower	12.0	194
Lower lower	5.0	88
Total	100.0	1,602

Source: Quah et al, p.27

lower level of society, living through the various forms of life's obstacles.

I must specially emphasize that the problems of the current cohort of elderly persons and the problems of the elderly in the 21st century will be different, reflecting different circumstances and social structure of tomorrow's society. It is necessary nevertheless, to anticipate the possible social welfare solutions under different structural conditions and to attempt to undergird this activity with a philosophical foundation which would be forward-looking in terms of long term sustainability.

SECTION II : SOCIAL SERVICES AND POLICIES FOR AN AGEING SOCIETY: SINGAPORE' WELFARE PHILOSOPHY.

In the foregoing section, I have discussed some current conditions in present Singapore society. I have also pointed to some implications for an ageing society in the changing family structure and social stratification. Next, I would like to discuss the social welfare policies pertaining to the elderly. However, before that, we must discuss the basic social welfare philosophy of Singapore.

The former Minister for Community Development, Mr Wong Kan Seng, in one of his speeches has characterised the philosophy thus:

Our experience in Singapore has shown that the economic, social and cultural development of our society is best achieved through a partnership between the Government, the community organisations and the people. The people affected must do their part to want to improve and should try to do so. The Government can play an enabling role by creating the conditions that are conducive to a better quality of life and the alleviation of social problems. The community must share the responsibility for the social wellbeing of the people.

In Singapore, we do not give out any dole or unemployment allowances. This is not said as a matter of pride but as a philosophy of government.

We believe in helping people to help themselves. We do not want to create the dependency mentality because once it sets in, we will be on a slippery road to a welfare state which we can ill afford to support. The well-used phrase is 'we do not give people fish but teach them how to fish'. However, public assistance allowance and shelter are given by the Government to those who are destitute and have no one, no family members or friends, to turn to for assistance." (Wong, 1989)

Hence, the Singapore government is determined not to undertake the responsibility of looking after and supporting the aged, unlike in European and American countries. This is the main difference between the two systems.

Singapore society is urban and rapidly changing. As it gets nearer to becoming an ageing society, it is clear that societal forces will exert great influences on human relationships within the family and in the neighbourhood community. The possible breakdown of traditional ties between family members and among neighbours need to be tackled. From a policy stand point, three approaches can be discerned:

Firstly, there is the basic thinking of the government in regards to social welfare as it is seen in the Central Provident Fund (CPF) system and housing policy in Singapore. Secondly, social service provisions at the locality level and community development can be clearly evidenced. Thirdly, the emphasis on the family assuming responsibility in the care of its own members, including mandatory material support, is currently being emphasised.

1) Central Provident Fund Provision and Housing Policies as Social Insurance Systems

The Singapore approach to welfarism has been labelled "supply-side socialism" by government leaders here. This entails massive subsidies, chiefly in housing, health and education. (The Sunday Times, Sep. 18, 1994) This firm line has helped keep government spending on social security and welfare payment to just 2.15 per cent of the total government expenditure, according to the 1993 International Monetary Fund Yearbook on Government Statistics. (The Sunday Times, Sep. 18, 1994) This is small beer when compared with the free flow in Western nations where social security spending accounts for more than 30 per cent of central government budgets each year. But more important than the amount the state spends is the philosophy that underlines the way it doles out benefits. Some sociologists describe Singapore's aversion to handouts as being in the "poor law tradition". Public assistance benefits granted by the state are means-tested stringently and their rate kept low. Interestingly, Singaporeans are averse to seeking financial aid from public or private charities because it is "socially embarrassing". This differs fundamentally from the belief underlying the welfare states of the West and Japan where benefits are regarded as an entitlement that all citizens enjoy as members of a community. BG Lee rejects

the latter view: "if we take the opposite approach that even if a person makes no effort, the Government will make up the difference and he will be alright, that will lead to a completely different set of incentives and outcomes. Very soon, you would have a lot of people on public assistance." (The Sunday Times, Sep.18,1994)

The publicly-mandated arrangements for providing social security in Singapore consist of the CPF system and an extremely limited programme of public assistance. Among the high income countries, Singapore is alone in adhering to the provident fund mechanism. Others use a combination of social insurance, social assistance and social allowance in their social security arrangements. While social insurance is usually targeted at income maintenance, the other two are targeted at poverty alleviation. (Asher, p.153-167) Singapore does have employer liability programmes similar to those found in many high as well as low income countries. The CPF system which began in 1955 has evolved since then to become the dominant social security institution in Singapore. Indeed, a wide range of schemes under it, including home ownership, investment, various types of group insurance along essentially commercial lines and others, have been introduced over the years. As a result, the mechanics of the system have become exceedingly complex. Nevertheless, it is possible to use the following four main features of the system as a basis for analysis:

The first main feature of the CPF system is its compulsory nature for employers and employees which is financed through mandatory contributions from both parties. A second feature of the system is the generous tax treatment it allows such that it has been called the 'World's best tax shelter for its contributors'. The third main feature of the CPF system is the increasing range of its schemes. After the initial schemes to finance home purchases, the CPF has provided cover for medical care (Medisave), group housing and life insurance, essentially on commercial lines (Table-3).

The fourth main feature of the CPF system is the changing importance of different categories of contributors.

The government's Review Committee on National Health Policies submitted a report in February 1992. The report did not envisage any significant departures from present health care policies, but recommended raising the age limit for Medishield from sixty-five years to seventy years, and allowing the purchase of additional health insurance through payment from the Medisave account. (Asher,p.164) The CPF Board has unveiled a scheme which partly addresses the longevity problem. Under the scheme, an individual can buy insurance to convert the minimum sum into a life-time annuity. The principle is that of private and voluntary provision, so the impact of the scheme is likely to be limited. (Asher,p.164)

With Singaporeans generally living longer, reflecting the growing standards of living and health care, the increase in the minimum sum could not have come at a

Table 3: Various schemes under the CPF system

Type	Scheme	Year introduces
Home ownership	Approved Housing Scheme	1968
	Approved Residential Property Scheme	1981
Investment	Singapore Bus Servies(1978)Ltd Share Scheme	1978
	Approved investment Scheme	1986
	Approved Non-Residential Properties Scheme(ANRPS)	1986
Insurance	Home Protection Insurance Scheme	1982
	Dependents' Protection Insurance Scheme	1989
	Medishield Scheme	1990
Others	Company Welfarism through Employers' Contribution (COWEC) Scheme	1984
	Medisave Scheme	1984
	Minimum Sum Scheme	1987
	Topping-up of the Minimum Sum Scheme	1987
	Financing of Tertiary Education In Singapore	1989
	Edusave Scheme	1992

Source: Asher, p. 156

more opportune time. The increase also helps to take into account the rate of inflation which could otherwise eat into the Minimum Sum Scheme if they remained unchanged. With today's minimum sum of \$35,400, we have three options: leave it with the CPF Board, deposit it with an approved bank or buy an annuity from an approved life insurance company. (The Straits Times, February 24, 1995)

As mentioned, the CPF system consists of many schemes today although not everyone will be able to take full advantage of the various schemes. Also, it should be noted that self-employed persons are not required to participate in the scheme although they are encouraged to do so. However, due to the existence of this system, the majority of Singaporeans are able to own their own house and not having to worry when they are old, a point to be taken note of. In the future, I would like to conduct research on this system.

2) Community Development and Voluntary Welfare Organization

a. Neighbourhood Policy and Community Development

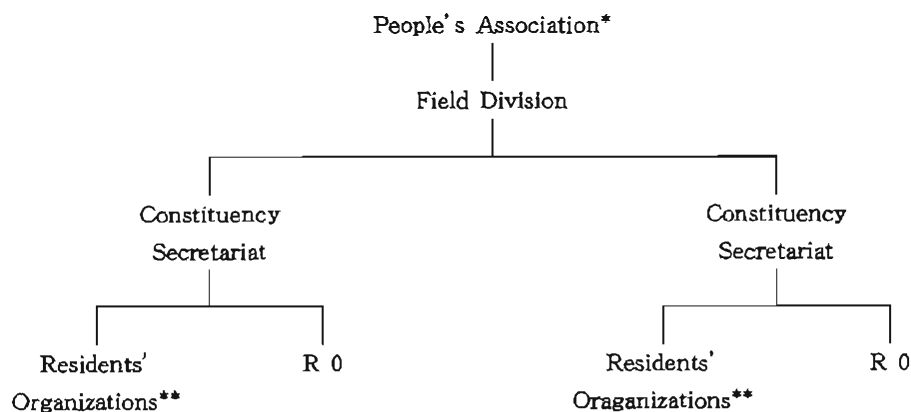
In Singapore, between 1947 and 1990 the population increased by 2.06 million. Such an increase in population during the last four decades has resulted in overcrowding in the city. In the face of this explosive demand for housing, the government of Singapore decided to defuse the situation by developing new towns in outlying areas to accommodate people in low-cost housing. To date, about 87% of Singapore's population live in the new towns and various public housing estates. The development

of new towns by the government can be viewed as an attempt to not only meet the housing needs of its people but also to maintain social and political stability were the new town concept was not translated into reality in the initial stages of the HDB's building programmes, the social consequences would have caused major upsets and these, if left unattended, might have become intractable for the government. The government has responded by establishing various channels for new town residents to participate in dealing with their neighbourhood need, articulate their concerns, provide views and suggestions on governmental policies affecting them directly or indirectly and receive feedback from policymakers.

In Singapore, public policy decisions are made by elected politicians in cooperation with top bureaucrats in the civil service. In view of the centralized systems of decision-making, conscious efforts have been made to gather public views on government policies through an elaborate network of intermediate organizations such as the Citizens' Consultative Committees (CCCs), Community Center Management Committees (CCMCs) and Residents' Committees (RCs). Among some of the existing channels which have been initiated by the government for the involvement of local residents are the RCs. Since the 1970s, the increase in the number of residents' organizations in the country has been phenomenal. Such a phenomenal increase is an indication of the government's interest in working to bridge the gap between the power-holders and the masses. (Vasoo, p.45-46)

In 1993 the work of the RCs have been transferred to the purview of the People's Association (PA) which has set up Constituency Secretariats to coordinate and support the work of the CCCs, CCMCs and RCs.

Figure 2: Organizational Set-Up of Residents' Organization in Singapore



*Updated from Vasoo

**These are Residents' Committees

Source: Vasoo, p.62

Neighbourhood leaders form the government's main link to its citizens and as such, play a vital role in any society. Since the 1960s', significant interest has developed and extensive research has been undertaken into the dynamics of neighbourhood leaders' participation in community development. The importance of mobilizing neighbourhood leaders for the good of the people has been recognized. Vasoo shows that both resident orientation and social support play an important role in influencing the participative behaviour of neighbourhood leaders. Social supports also seem to play a dominant part in the neighbourhood leaders' satisfaction with their involvement. (Vasoo, p.111-124)

b. Voluntary Welfare Organization and Social Welfare Services for the Elderly

The majority of the aged in Singapore are ambulant and healthy enough to look after themselves. It is important to prevent deterioration of their present level of physical fitness. Some of them encounter problems like boredom, loneliness and inadequate income. The following organisations play an important role in helping to solve these problems:

- 1 Senior Citizens' clubs run by the PA, CCCs, RCs and other voluntary bodies;
- 2 People's Association Retirees' Club;
- 3 Silver Talent Committee of the Singapore Professional Center;
- 4 Singapore Action Group of Elders (SAGE)

There are many welfare policies that cater to the aged who are healthier. Although these are very important areas for research, due to space restriction in this report, I would like to focus on the main social welfare service for the elderly needing care in their own homes.

a) Home Nursing Service and Medical Care

The Home Nursing Foundation (HNF) provides basic nursing care to the non-ambulant aged in their own homes. Many of the requests for home nursing care come mainly from those recently discharged from hospitals or through referrals from outpatient clinics or general practitioners. HNF has opened two "Senior Citizens' Health Centres" - one at the void deck of Block 151, Lorong 2, Toa Payoh and the other at the void deck of Block 10, Eunos Crescent. It is envisaged that ten such centres will be opened within the next five years at the rate of two per year. (Lim, p.28-30) The services provided in these centres.

- 1 Day care
- 2 Physiotherapy and Occupational Therapy
- 3 Health Education
- 4 Health Screening
- 5 Socialization and Diversional Activities

In addition there is the Hua Mei Mobile Clinic set up by the Tsao Foundation. This is the first to bring medical services right into the homes of the elderly sick in Singapore. The Hua Mei Mobile clinic and a home nursing centre have linked up with the new Geriatric Centre in Alexandra Hospital to reach out to elderly sick patients. The centre was opened by the Minister of State (Health) Aline Wong on 24 November 1994. Staffed by a three-person team - a geriatrician, a nurse and a social worker- it is the only home service team here which has a geriatrician. (The Straits Times 27 Nov.1994)

b) Day Care Centres

At present there are five day care centers in Singapore which specially cater to the elderly who require physiotherapy and basic nursing treatment. They are the Apex Rehabilitative Day Center at Bukit Merah View, the Day Care Centre at the Ling Kwang Home for Senior Citizens, the Ayer Rajah Day Care Center at Teban Gardens, the New Horizon Centre Day Care for Sufferers of Dementia at Toa Payoh and the St Andrew's Community Hospital Day Rehabilitation Centre at Eliot Road. (Ministry of Community Development, Dec 1993.)

c) Befriender Service

The Befriender Service, which is managed by the Ministry of Community Development is provided by a pool of concerned citizens who befriend, advise and assist senior citizens to cope with the daily demands of living in the community and who act as points of contact in times of need or crisis. The Befriender Service was thus conceived with the intention of relieving some problems of loneliness among senior citizens who are single and living alone, and assisting home-bound senior citizens to cope with the daily demands of living in the community.

The objective of the Befriender Service itself is to enable senior citizens to continue living in an environment that is familiar to them for as long as they are able to and wish to. The Befriender Service is now established in 12 constituencies. There are now 648 senior citizens in the programme and they are befriended by 248 volunteers. It is envisaged that the Befriender Service Project will be extended to all constituencies which may have a need for the service by 1990. (Lim.p.29)

d) Home for the Elderly

There are currently a total of 63 Homes for the elderly (made up of 3 Government Homes, 42 Voluntary Homes and 18 Commercial Homes). The Government Homes and Voluntary Homes admit mainly destitute elderly while the Commercial Homes charge a substantial monthly fee for those who can afford to pay. Perhaps some help should be given to that group of the elderly who are required to be admitted to a Home but who do not qualify for entry to a Government or Voluntary Home and are yet unable to afford the Commercial Homes' rates. Much training and knowledge are required of the staff of the Homes to enable them to handle the

ambulant elderly as well as the aged sick. For the ambulant elderly, sufficient activities should be organised to prevent their minds and bodies from deterioration. (Lim.p.29)

e) Respite Services

The provision of short-stay accommodation away from home with enjoyable recreational programmes for the aged will help to reduce stress on family members who provide long-term care of aged relatives.

Besides the social welfare service for the aged that I have mentioned above, there are many others which I am unable to discuss because of space restriction. In general, social welfare services in Singapore will revolve more and more round the neighbourhood. However, community-based services such as home nursing care and home consultation must be supplemented by the provision of other home-help services, day care and respite service among others.

3) Value of the Family and Family Welfare Policies

Family is the foundation of society. It contributes to the formation of civilisations and the survival of the human species. The family not only provides love, food, shelter, but also security and a sense of belonging. Strong family bonds provide a sense of shared identity and a life-time of joy and fulfilment. Today, families are exposed to value systems which undermine family life. There is a need to recognise and promote values which uphold the importance of family ties and thereby contribute to the collective good. Singaporeans have identified five commonly shared family values:

- Love, Care and Concern
- Mutual Respect
- Filial Responsibility
- Commitment
- Communication

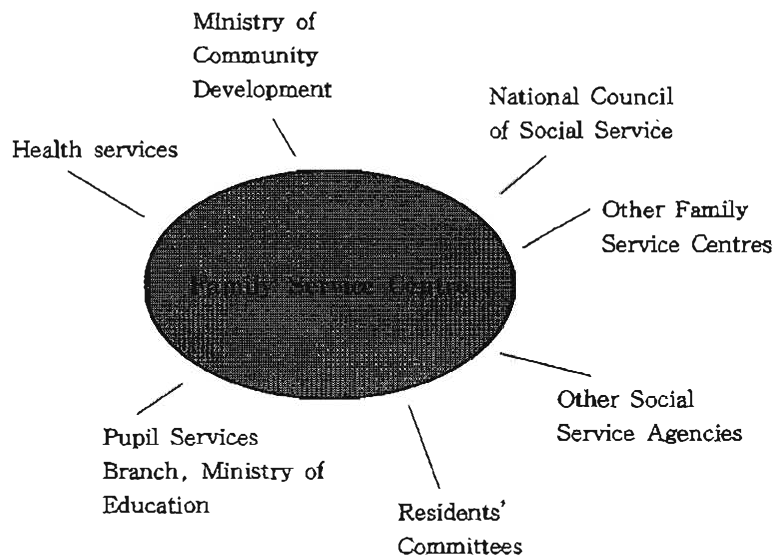
It is expected that in the coming months and years, the government would be promoting these values among the population. In fact, a sum of S\$1 million has been set aside for the promotion of these values.

a. Family Service Centre Projects

In 1989, the Advisory Council on Family and Community life recommended the establishment of Family Service Centers (FSCs). As conceptualised by the Advisory Council, FSCs "would serve as a means to provide family-focused type of services to destitute families. They would be well-placed to take on a preventive and developmental role in helping these families, particularly in relation to the children's growth and development. FSCs should harness volunteer participation and mobilise resources to provide help to those in need."(FRTC, brochure-1)

The Ministry of Community Development tested this idea through three FSCs, namely Tiong Bahru Family Service Center, Telok Blangah Family Service Center and Tampines Family Service Centre in 1991. The need to facilitate, support and enhance the work of these FSCs was identified by the Committee on Family Life, under the auspices of the National Advisory Council on the Family and the Aged. In response to the expressed need for an organisation to provide a leading role in the professional development of FSCs, the Singapore Association of Social Workers set up the Family Resource and Training Centre (FRTC) in September 1992 with the mission of 'developing, strengthening and enhancing the capacity of family-oriented service agencies' for service to clients. FRTC is primarily a resource agency set up in response to the need to facilitate, support and enhance the work of family service agencies. The main programmes provided are training and supervision, information and consultation and research. The FRTC also maintains a resource library.

Figure 3: Linkages between a Family Service Center and external organisations



Source: Orientation Seminar for Family Service Center, FRTC. 1994.

In the future, a major topic will be how the family service center is to cooperate with other organizations such as the Ministry of Community Development, the National Council of Social Service, other Family Service Centers, Hospitals, the Ministry of Education, Residents' Committees, and Voluntary Organisations to deal with family problems. For this reason, the function of the FRTC will become more important. In Japan, there is still no similar family social service organization and I think there will be a lot to be learnt from Singapore's experiment.

b. Parents Maintenance Bill and Family Court

The main function of this Bill is to establish the parents' right to the support of their children. Parents can sue their children for support. At the hearing, the Court will decide on the amount of maintenance due from the child or children and such a decision is binding on the parties involved.

- (1) Any person domiciled in Singapore who is unable to maintain himself adequately may apply to a District Court for an order that one or more of his children pay him a monthly allowance or a lump sum for his maintenance.
- (2) The court may make a maintenance order if it considers that it is just and equitable that the respondent should maintain the applicant.
- (3) Where there is more than one respondent the court may apportion the maintenance among the various respondents in such manner as may be just.
- (4) If the court is satisfied upon due proof that the applicant abandoned, abused or neglected the respondent, it may dismiss the application or may reduce the quantum of maintenance ordered by such amount as may be just.
- (5) Maintenance payable to any person under this Act shall not be assignable or transferable or liable to be attached, sequestered or levied upon for, or in respect of, any debt or claim whatsoever.
- (6) An application for variation of a maintenance order may be made by (a) the applicant; (b) a respondent; or (c) in respect of secures maintenance, the legal personal representatives of respondent.
- (7) In this Act, unless the context otherwise requires—"child" includes an illegitimate, adopted and step-child.

(Maintenance of Parents' Bill, No.13/1994)

The government has set up this Bill in view of the rapid ageing of the society. Moreover, the nuclearisation of the family has resulted in some parents being abandoned by their children, and the number of old people having to live alone has increased, raising the burden for the country.

In an unpublished report by some students at the Social Work and Psychology Department of the National University of Singapore, some problems in response to the Bill have been pointed out and I will list these issues for reference as follows:

- 1 undermining of family values;
- 2 weakening of family bonds;
- 3 obligation vs love;
- 4 concern for parents cannot be measured in financial terms;
- 5 what constitutes an adequate amount of care?;
- 6 legal fees may not be affordable to those who want to sue their children.

The Family Court has begun operating in March 1995. Set up as part of the Subordinate Courts, it does not, at the present time, hear divorce proceeding as these will remain in the High Court docket. Some lawyers who have been prominent

in the debate on reforming family law, support the women lobbyists' contention that a conciliatory approach is preferred to an adversarial stance when trying to resolve family matters and hence, transferring such hearings to the Family Court would be advisable. When passed into law, the Maintenance of Parents Bill should also go to the Family Court. (The Straits Times, January 13, 1995) Court-appointed social workers will soon conduct family conferences aimed at reforming juvenile offenders as well as mediate between parties in the Family Court on issues of child custody and support. (The Straits Times, January 15, 1995)

It should be noted that reliance on the law to handle family problems is at best clumsy although in a rapidly changing society where traditional norms are breaking down, it would seem to be unavoidable. Nevertheless, it is also necessary to re-evaluate the functions of social workers. In the near future, the Family Court, when it is fully functional, would probably hear juvenile delinquency cases, as well as cases involving family violence, divorce petitions and petitions for maintenance of aged parents. The Singapore Association of Social Workers (SASW) has already anticipated the enlarged role of social workers and has begun to familiarise social workers on relevant laws which will relate to their work. FRTC's chairman, Ngiam Tee Liang, has said that more complex family problems are being presented and counsellors need to know how to handle problems brought up by educated, more demanding couples. (The Straits Times, January 22, 1995)

SECTION III: HOME HELP SERVICE AT THE PRESBYTERIAN WELFARE SERVICES

1. Rationale

I started my research attachment with the home help service programme at the Presbyterian Welfare Services (PWS), spending two days a week from the middle of October 1994 to middle of March 1995. Two reasons prompted my decision. In Japan, it is increasingly being recognized that since elderly people continue to prefer to live with or near their families, more attention should be paid to providing community and home-based services. Such services have also gained impetus from the increasing work force participation of women. Secondly, the daily life situation of elderly persons cannot be easily reached by traditional casework. Medical and health protection schemes may also not filter down effectively to the day-to-day life situation of the elderly. Home help services, on the other hand, bring the helper into close intimate contact with clients, allowing him or her to understand first hand, the functioning of the family.

I would like to discuss three main points in relation to my attachment experience. Firstly, I would like to sketch the conditions that lead to the establishment of this service. Secondly, I would like to describe the range of services available at PWS. Thirdly, I will discuss the main concerns and prospects of PWS, introducing in the

process, three case studies to highlight the living conditions of single elderly persons with very low standards of living. In this connection, I would like to express my appreciation to the Singapore researchers and human service professionals who, unlike their Japanese counterparts, do not shy away from allowing a foreign researcher to study and report on the actual conditions of life among the very poor.

2. Why PWS Sarded the Home Help Service for the Elderly.

PWS is a welfare service with the mission to provide an accessible and affordable range of services to enable the elderly to lead a more meaningful and independent life in Singapore. (PWS, 1992) This project was jointly set up by the Presbyterian Welfare Services and the Ministry of Health in October 1992. It is supported by the Ministry of Health and the National Council of Social Service.

The population of the elderly has increased from 6 per cent to around 10 per cent over the last two decades. This is due to the declining birthrate and a longer life expectancy. There are also more women in the 'older age' group. Table-4 shows the sex and age distribution of elderly clients served by the PWS. About 44% are young old (below 75 years old) and 56% are old-old, 75 years old and above. Among the young old, there are more males: 67% compared to 29% for women. In the old-old, there are more females: 71% compared to 33% for males.

Table-4: Sex and Age Distribution

	Young Old (-74)	Old Old (75-)	Total
Men	22(67%)	11(33%)	33(100%)
Women	14(29%)	35(71%)	49(100%)
Total	36(44%)	46(56%)	82(100%)

Since women generally live longer than men, there are more widows in this group. Poverty is common among the aged widows too, because most of them have been dependants. They have little or no income, no CPF of their own, and may not even own their homes. In Singapore today, the main financial security for old age is contributions to the CPF. Since the average elderly woman of today either did not work, or worked in low-paying jobs, they are unlikely to have much savings. They will continue to be financially dependent on their spouses (if they are married) or their children who may be filial and financially able. As they get older and their health begin to fail, rising medical cost makes the future look a little daunting, even though their children can help through their Medisave. (Wong et al., p.65) Those who live alone or with another elderly person or have physical handicaps have priority to join the scheme. Those who live on less than \$250 a month have top priority. Most are in their 70s and 80s. Only a few have families who earn between \$800 and \$1400. PWS was the first organisation to provide a

comprehensive range of home help services for the elderly. (The Sunday Times, December 1993)

3. What PWS Provides in Home Help Service

a. The role in home help service

Let us look at a diagram illustrating the components in the continuum of care in respect of the elderly, as outlined by Roberta Greene. (See Table-5)

Greene's diagram illustrates how certain services for the elderly can fit into more than one category—for example, nutrition programmes can be offered either in the home or out in the community, at a senior center. (Greene, p.177)

Monitoring services usually involve telephone calls to make sure an elderly person is alive and well and to provide support and reassurance.

Homemaker services involve housecleaning, laundry, shopping, minor home repairs, yard work, and other routine chores. Home health aides provide medically-oriented care, under supervision of a skilled nurse and home doctor. Nutrition programmes can ensure that the elderly are meeting their nutritional requirements for good health.

As it can be seen, home help service makes an important contribution to the existing range of social welfare services and should not be regarded as less professional simply because it is frequently less formally organised. In fact the skills should be taught alongside the more traditional case work, groupwork and community organisation in the social work curriculum.

b. Home Help service at PWS

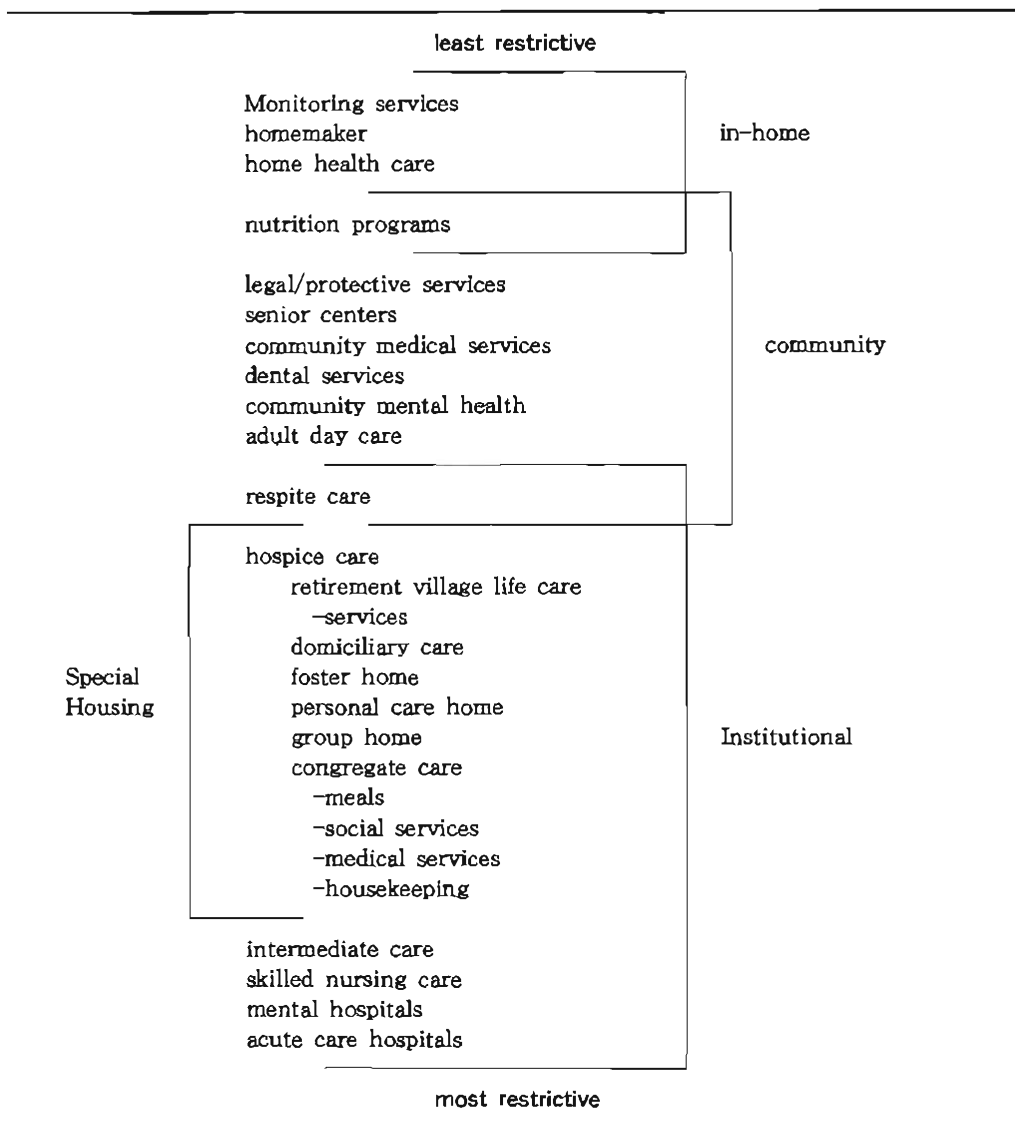
The main objective of this service is to render comprehensive care for those individuals and families who are incapable of looking after themselves or maintaining the normal functioning of households. Home bound elderly persons constitute the main target group. The range of services available are:

- meal delivery;
- escort to hospitals and clinics;
- laundry;
- purchase of necessities;
- home management (regular cleaning of the homes); and
- personal hygiene (bathing, nail-clipping)

The PWS started its full range of home help programmes for the elderly in 1992 as a joint pilot project with the Ministry of Health. There are now about 82 people on the list.

Its target outreach areas are Postal Districts 1 to 10, but most of those receiving

Table 5: Components of Long-Term Care of the Elderly



Source: Greene, p.327

help live in Bukit Merah, Redhill, Chinatown and Beach Road. There are also a growing number of requests for help from Queenstown and Clementi.

It costs about \$17,000 per month to run the programme which works out to about \$280 per elderly person. (The Straits Times, January 17 1995)

In my study of the cases being assisted at PWS, about 40% are living alone and 25% are living with roommate (s). It is clear that 65% of the total are not living with family. Only 12% are living with son/daughter, of which 9 persons live with their sons, and one is living with his daughter. (See Table-6)

In Japan, there is still a strong tendency that the job of taking care of aged parents lies with the (eldest) daughter-in-law. Traditionally taking care of the aged is considered to be a woman's job in the "イエ (家)" (family) system. Having heard that welfare problem is women's problem. I was surprised to find that sons are involved in taking care of their parents here in Singapore.

Table-6: Living Condition

Age Group	Living Alone	Living with Friends (roommate)	Living with son daughter	Living with spouse	Others*	Total
Young Old	15(42%)	9(25%)	3(9%)	7(19%)	2(5%)	36(100%)
Old Old	18(39%)	11(24%)	7(16%)	3(5%)	7(16%)	46(100%)
Total	33(40%)	20(25%)	10(12%)	10(12%)	9(11%)	82(100%)

*Non-related others or Other Relatives

Table-7: Mobility Condition

Age Group	Mobility Status			Total
	A	SA	NA	
Young Old	9(25%)	21(58%)	6(17%)	36(100%)
Old Old	4(9%)	35(76%)	7(15%)	46(100%)
Total	13(16%)	56(68%)	13(16%)	82(100%)

A: ambulant SA: semi-ambulant NA: non-ambulant

Table-7 shows the mobility status of the elderly clients at PWS. Although 84% of them are somehow able to move around by themselves, 16% of them are unable to without any help.

Out of the total of 82 clients, 75 of them are receiving meal delivery service, (including those who require a special diet, vegetarian food or only lunch). In this service, there are 2 teams of 2-3 staff each who deliver lunch and dinner, everyday from Monday to Friday, except National holidays. There is a full-time cook to prepare nutritionally balanced meals. Two administrative staff members supervise and coordinate the whole project.

The meal delivery service serves the second purpose of providing companionship to elderly person as well as to monitor their well-being. However, due to the long list of clients to be covered in the meal delivery, this cannot be effectively done. In addition, it is found that old Housing and Development Board flats do not have suitable facilities like lifts to every floor to cater to the elderly and the disabled. This makes it difficult and tedious for meal delivery or for escorting elderly persons to the hospital. Fortunately, newer apartments are now provided with these facilities. It is hoped that in future, other home help equipment will be made

available to elderly clients.

Finally, I would like to give a short write-up of three representative cases found in PWS. In the interest of confidentiality, real names are not provided.

Case A: Mr. and Mrs Tan

Mr. Tan was born in 1920 and is a Chinese (Cantonese). Mrs Tan was born in 1921. She is also a Chinese (Cantonese). Because of senile dementia, she is quite disoriented. She needs someone to care for her. Mr. Tan was admitted to Singapore General Hospital for head injury after a traffic accident. He is married with 3 children. He stays with his wife. He used to care for his wife but now that he is not able to walk steadily, he cannot continue to do so. The Tans have a son who is a labourer with a shipyard. He is living apart with his own family. He is willing to pay for the meals to be provided for his parents. The Tans' daughters are married out and have their own families to care for.

Case B: Mrs. Lee

Mrs. Lee was born in 1911 and is a Chinese (Hokkien) widow. She was referred to PWS by the medical social worker of Tan Tock Seng Hospital in Dec 1992. She had an ulcer each in both legs which would not heal because of her diabetic condition. She was living independently until one of her legs had to be amputated recently. With no relatives and living in a one-room rented flat, she had to rely on the services of PWS to deliver her meals, to bathe her, to do the laundry for her and to escort her to the hospital and clinics for follow-up treatments. These services have greatly enhanced her daily coping and eased her sense of helplessness. There is also a volunteer to visit her regularly.

Case C: Mrs. Chan

Mrs. Chan was born in 1925 and is a 69-year-old Chinese (Hokkien). She sustained a right intertrochanteric fracture after a fall in 1992. Both she and her son refused to have an operation done. As such she will never be able to walk again. She is staying with her second son who is an odd jobber.

In the day, she would be alone at home. As such, the family has requested for meal delivery service for lunch during the weekdays. Her son buys her dinner when he comes home from work in the evening. Her other children, two sons and three daughters, are married and staying apart. She is not able to stand up, sleeps on the floor and performs most of other activities on the floor.

These are classical examples in the PWS. All cases have conditions whereby there is a requirement to visit the hospital regularly but the families are not able to look after them. Most of these cases are poor and have problem paying hospital bills.

It is evident from the foregoing discussion that the PWS is providing a much needed service bridging the gap between institutional care and family care. It is anticipated that as the population ages, this service will gain prominence.

CONCLUSION

I have presented some demographic data in the first section showing a gradually ageing population against a backdrop of increasing labour force participation rate of women among other changes in the structure and function of the family associated with the growing independence of women in Singapore society.

In the second section, I have tried to present data to show Singapore's welfare philosophy and how this operates. Japanese researchers may not know that Singapore encourages a tri-partite cooperation in the welfare sector: the government, through its housing policy, tax system and Center Provident Fund provision among other strategies, provides a social security net for the population; the community is encouraged to respond by setting up welfare service and community development projects through a network of human service organizations that are either wholly-funded by private means or partly supported by the government; finally, the family is also encouraged to look after its members' welfare. Within the short time available to me, it is not possible to explore the depth and scope of such an approach, particularly in a culturally and economically heterogeneous society such as Singapore, and would hence look forward to future opportunities to explore these issues more thoroughly.

In the last section of this paper, I have examined a home-based welfare scheme in detail. My fieldwork at PWS leads me to three important points which I would like to elaborate on in this section.

First, how will home-help service such as is provided in the PWS evolve in the future? Will such a service replace the care provided by family members? Women being the main caregivers even in this cosmopolitan city, how would they balance these obligations with the demands at the work place? Most certainly, traditional roles within the family must change. This is a challenging issue to investigate at a future opportunity. In the mean time, because of the cultural strength of Singapore's multi-ethnic community and because of strong government emphasis on the family, I am hopeful that the family will continue to play a major caring role for its members.

Notwithstanding the continued importance of the family, home-help service will continue to grow in importance, not only as a service to the poor but to the

middle class as well. It would be a pity if in its growth, it becomes more bureaucratic and impersonal. Home-help service is a very intimate form of service which brings the caregiver into daily close contact with the client and his or her family. It is an excellent first line of defence in any family crisis. In its integration into the wider human service network, the proximity to the family that home-help service offers must not be lost.

This leads me to my final point, the training of home-care personnel. This should not be left to chance. Such personnel should be carefully selected and trained so that they would not focus merely on the tasks to be performed but be sensitive to the needs and feeling of the clients they are serving.

Singapore has shown that the partnership between the Government, the community and the family can work in providing an effective social service network. What is important is the political will as well as efficient coordination and communication between the three parties involved. Without doubt, Singapore can evolve into a prosperous ageing society in the next century without some of the problems that beset other welfare state countries.

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