

第 1 回現地セミナー（2016 年 10 月）



SOCIAL SUPPORT SYSTEMS FOR OLDER PERSONS IN MALAYSIA

“ SEMINAR ON SUCCESSFUL AGEING ” 2016

12 – 13th OCTOBER

KUALA LUMPUR MALAYSIA

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Department of Social Welfare
[Ministry of Women, Family and Community Development]



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DEMOGRAPHIC

In Malaysia, older persons are defined as those who are 60 years and above.
(UN-World Assembly on Ageing in 1982, Vienna.)

OLDER PERSONS 9.1% = 2.82 MILLION (2015)

Female:
50.9%



Male:
49.1%

LIFE Expectancy:
77.4 year



LIFE Expectancy:
72.5 year

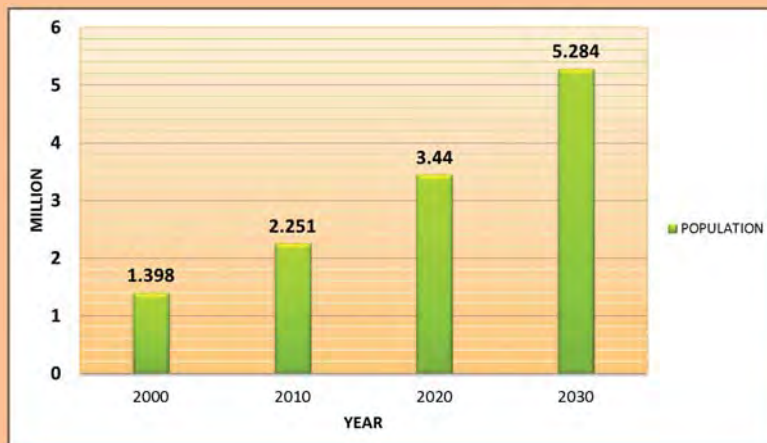
1980 – 67.1 years
2000 – 75.9 years
2020 – 80.4 years

1980 – 64 years
2000 – 71.3 years
2020 – 75.4 years

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POPULATION ON AGEING IN MALAYSIA INCREASE ...

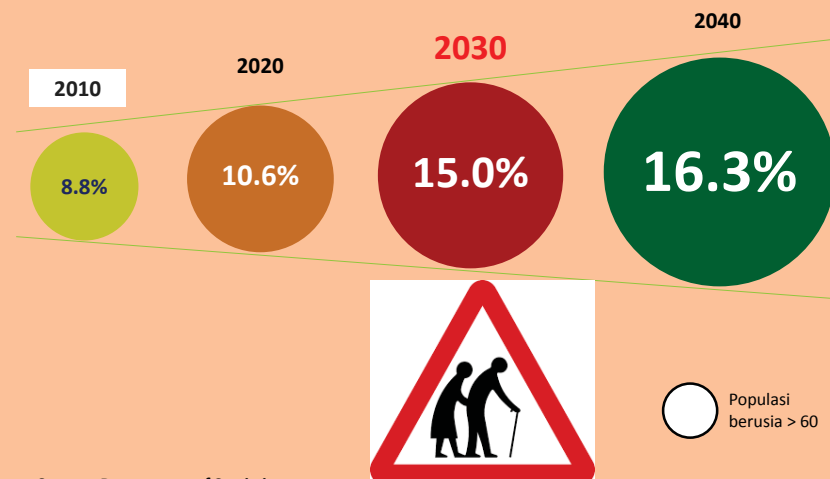
No. Of Older Persons (> 60 year) ('000)



Source : Department of Statistics

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Towards 2030 Malaysia an Ageing Nation



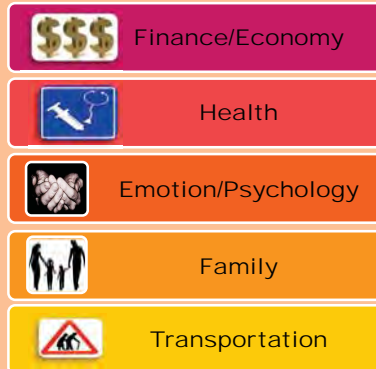
Source : Department of Statistics

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PRIORITY ISSUES FOR OLDER PERSONS

“We must be fully aware that while the developed countries became rich before they became old, the developing countries will become old before they become rich” - Gro Harlem Brundtland, WHO Director-General



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National Policy for Older Persons, 1995, 2011

- To enhance the respect and self-worth of the elderly in the family, society and nation
- To develop the potential of the elderly so that they remain **active and productive** in national development and to create opportunities for them to continue to live independently
- To encourage the establishment and the provision of specific facilities to ensure the care and protection of the elderly

Strategies

- Promotion & Advocacy
- Lifelong Learning
- Security & Protection
- Governance & Shared Responsibilities
- Participation & Unity across Generations
- Research & Development



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National Health Policy for Older Persons, 2008

Commitment to ensure the older persons will achieve optimal health through integrated and comprehensive health and health related services

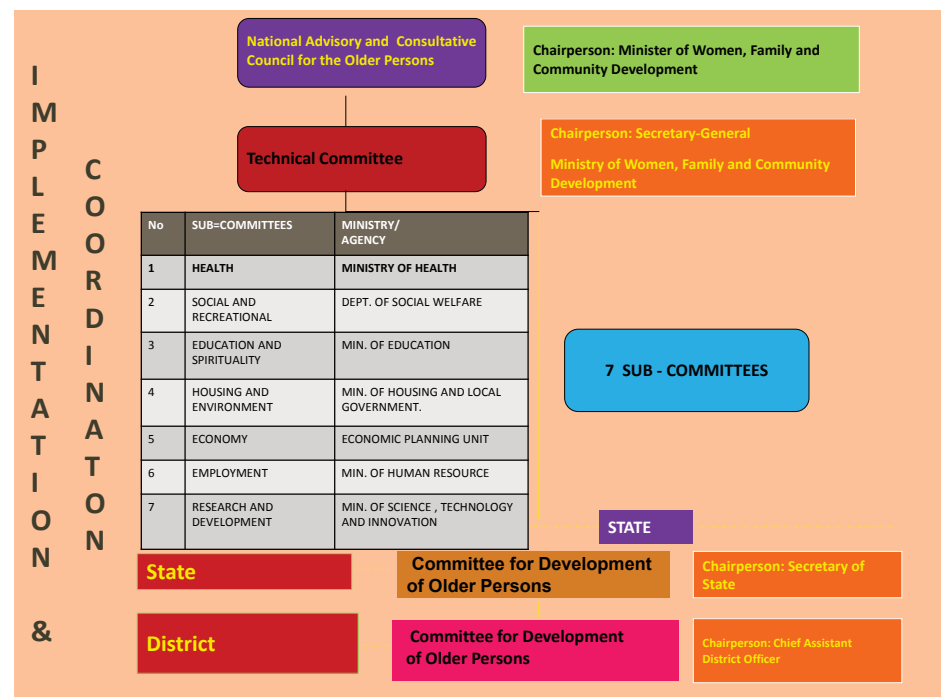
- To improve the health status of older persons
- To encourage participation in health promoting and disease prevention activities throughout the life course
- To provide age friendly, affordable, equitable, accessible, cultural acceptable, gender sensitive, seamless health care services in a holistic manner at all levels.
- To advocate and support the development of enabling environment for independent living (ageing-in-place)



7 strategies identified:

- Health Promotion
- Provision of a continuum of comprehensive health care services
- Human resource planning and development
- Information system
- Research and development
- Interagency and inter-sectoral collaboration
- Legislation

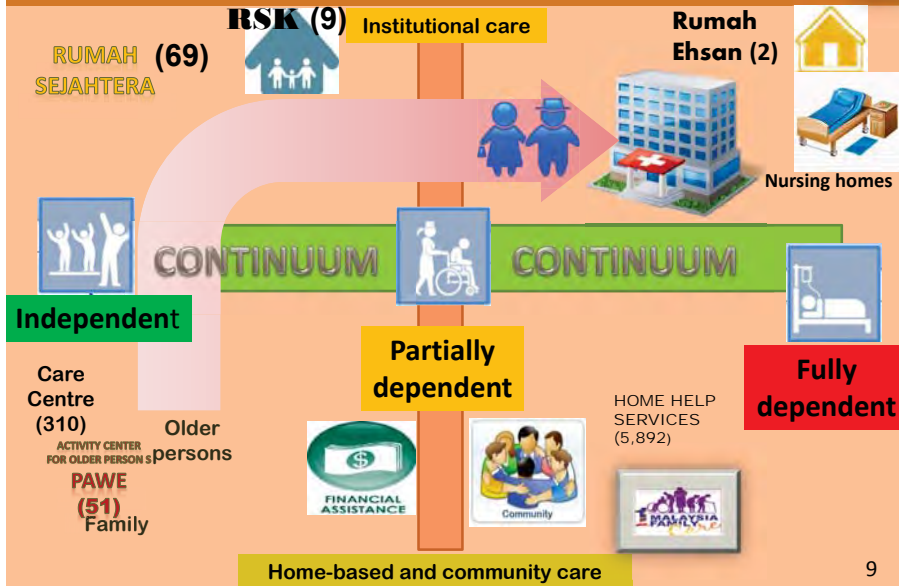
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SUPPORT SYSTEM FOR OLDER PERSONS



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ACTIVITY CENTRES (PAWE)



- **ACTIVITIES AND PROGRAMMES** provided at the centres: indoor/outdoor games, health services and therapy, religious studies, skills training and volunteer services, economic empowerment programme and lifelong learning.
- 51 Activity Centres for Older Persons throughout the country to organize activities and socialize with the community.
- Since 2007 till May 2016, these centres have benefited 30,165 Older Persons.

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HOME HELP SERVICES

- **OBJECTIVES** : to provide care for Older Persons who are living alone. Have been established throughout the country through smart partnership with NGOs
- Among the services provided: bringing the bedridden Older Persons to hospitals/clinics for health treatment and assisting the Older Persons to clean themselves in the aspect of personal hygiene.
- Currently, there are 2,150 NGOs volunteers providing services to 5,892 Older Persons.



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MOBILE CARE SERVICES (UPWE)



- **TRANSPORTATION** to bring Older Persons to hospitals/clinics for health treatment or other purposes is provided through this service.
- Medium for accessibility to Older Persons/Persons with Disabilities.
- The services have been operated by Central Welfare Council of Malaysia and supervised by Department of Social Welfare .
- From 2008 until Mac 2015, this service has benefited 15,449 Older Persons.

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INSTITUTIONAL SERVICES



1. HOME FOR THE OLDER PERSONS - RUMAH SERI KENANGAN (RSK)



- ❖ **THE OBJECTIVE** is to provide proper care and protection for the poor Older Persons, treatment and better quality of life.
- There are 9 Homes for the poor Older Persons, financed by the Government have benefited (1,800 residents) average at one time
- 310 homes operated by NGOs, and private sector with 7,000 residents (at one time)
- [Registered Under Care Centres Act 1993]

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2. HOME FOR THE CHRONICALLY ILL (RUMAH EHSAN)



- **THE OBJECTIVE** of these homes is to provide a comfortable and tranquil surrounding, care, treatment and shelter for those who are **bed ridden and those with chronic illnesses**.
- There are 2 homes operated by the Government throughout the country.
- These homes have benefited (240 residents average at one time)

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ASSISTANT SERVICES



FINANCIAL AID (BANTUAN ORANG TUA)

OBJECTIVE: To increase the quality of life of poor elderly for better living and to remain in their families/ communities



CRITERIA

- Aged 60 years old and above;
- No fixed income and
- In need

RATE : RM 300 per – month

Financial assistance for older persons amounting RM300 (about USD100) per month to assist the poor elderly to remain in their families/communities. The recipients of this financial assistance must be registered with the Department of Social Welfare, Malaysian citizens aged 60 years and above, and with household income below Poverty Line Income (PLI)

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ASSISTANT SERVICES



CARE ASSISTANCE FOR CAREGIVER OF BEDRIDDEN PWDs / BEDRIDDEN CHRONIC PATIENT

OBJECTIVE:

Help ease the burden of care expenses faced by family of caregivers

Promote better care to the target group and bedridden Chronic Patient.

Improving the quality of life of the target groups involved.

Avoid or minimize the entry of the relevant target groups to Welfare Institutions.

Improve family welfare



CRITERIA

Applicant is caregiver who is family member of PWDs / Bedridden Chronic Patient.

- Malaysian citizen residing in Malaysia.
- Is providing care to a PWDs family member / bedridden Chronic Patient full time
- **Household Income not exceeding RM3,000 per month.**
- Families in need and cannot afford

RATE : RM 300 per – month

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ARTIFICIAL EQUIPMENT/ SUPPORT EQUIPMENT ASSISTANCE

OBJECTIVE: Helping the needy who can't afford to buy equipment and enabling them to improve their capabilities and ultimately live a life without being fully dependent on others

CRITERIA

- Registered with JKM.
- Recommended by doctor or medical specialist
- Those not able to provide their own artificial device / support tool required.

RATE : Actual rate of artificial equipment



COMMUNITY BASED SERVICE



National Blue-Ocean Strategy 7 (NBOS 7): 1Malaysia Family Care

An outreach activity to providing holistic health and social support to Elderly, Disable and Single Mothers

Strategy :

Inter agency networking, sharing resources & encourage volunteerism



Health screening, assessment, consultation, treatment and referall (if needed)

2015

Elderly in the institution	9,467 had been screened & 6,276 receive intervention & referral
-----------------------------------	-----------------------------------------------------------------

Home bound bed ridden older person	2,029 had been screened & 3,612 receive intervention & referral
-------------------------------------------	-----------------------------------------------------------------

2,553 bed ridden care givers had been trained	19
------------------------------------------------------	----

OTHER SERVICES



RESPITE CARE

- Respite Care is an alternative service to the beneficiary / guardian to place temporarily, elderly care in an institution for a certain period , due to the demands of the job outside the region or country , or any reason that requires the elderly in institutions
- Respite Care Services include the care and protection to older persons as well as the management and provision of basic needs such as food, health and shelter in institutions
- Currently, DSW is promoting the service at RSK Cheras as a pilot project.



OTHER SERVICES

K4K – COMMUNITY FOR COMMUNITY



PROGRAMME CREATED BY
COMMUNITY FOR COMMUNITY

Types of Community Program

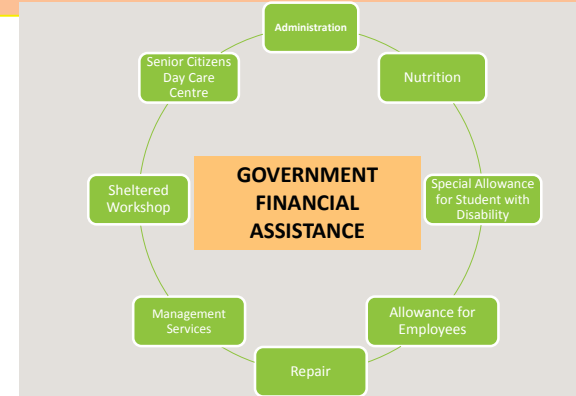
- Economic projects
- Social education program
- Skills training program
- Community services
- Spiritual education program



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OTHER SERVICES

STRATEGIC PARTNERSHIP WITH NGOs



To encourage and support NGO's that cooperate with the Government in meeting the communities in need



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ANNUAL GRANT FOR NGOs



Annual Grants are provided for NGOs that give services to the Older Persons.

In 2015, there are 25 NGOs that received financial assistant from the government with amount to RM

3,940,200.00



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THANK YOU



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Health & Social Care Needs of Older Persons in Malaysia



Tengku Aizan HAMID

Director / Professor
Malaysian Research Institute on Ageing
Universiti Putra Malaysia

Content

Profile and Statistics of Older Malaysians

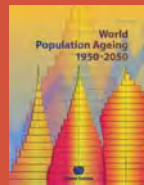
Health and Social Care Provisions in Malaysia

Emerging Needs of Older Malaysians

The Way Forward

Population ageing (UN, 2002):

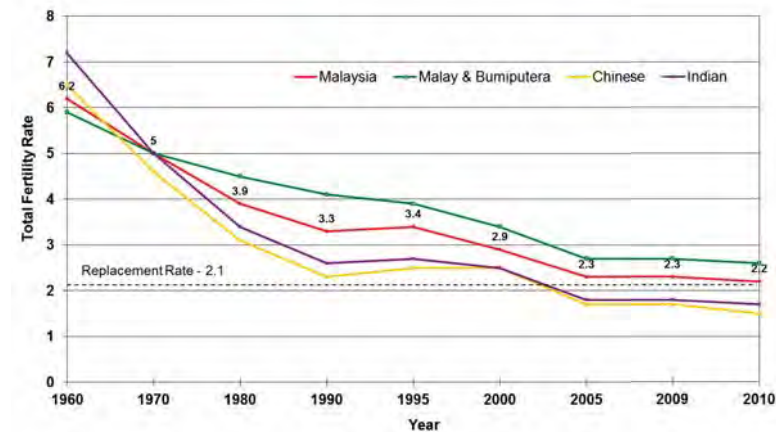
- Is Unprecedented
- Is Pervasive
- Is Enduring
- Has Profound Implications



<http://www.un.org/esa/population/publications/worldageing19502050/>

PROFILE AND STATISTICS OF OLDER MALAYSIANS

Decreasing Fertility



Source: Department of Statistics (various years)

TFR 2014

Malaysia 2.0

Malay & Bumiputera 2.6

Chinese 1.4

Indian 1.4

The mean age of mother at first birth has increased to 27.5 years in 2013.

Malaysian women are not only delaying childbirth but also have less children throughout their reproductive years.

Increasing Longevity

Life Expectancy at Birth and at 60 Years by Ethnicity, Malaysia, 1991 - 2015

Life Expectancy	1991		2000		2010		2015 (Estimated)	
	Male	Female	Male	Female	Male	Female	Male	Female
At birth								
Total	69.2	73.4	70.0	74.7	71.9	76.6	72.5	77.4
Malay*	68.8	71.9	69.0	73.3	70.7	75.4	71.2	76.1
Chinese	70.7	76.4	72.4	77.6	74.4	79.1	75.1	80.1
Indian	64.2	71.4	65.7	73.5	67.6	75.7	67.7	75.8
At 60 years								
Total	16.1	18.1	16.7	19.0	17.9	20.1	18.4	20.9
Malay*	15.7	16.9	15.9	17.8	17.1	19.4	17.6	20.0
Chinese	16.8	20.2	18.1	21.1	19.1	21.7	19.9	22.8
Indian	14.2	17.6	15.2	19.1	16.9	19.8	17.5	20.1

* Including other Bumiputera

Source: Department of Statistics (1997; 2002; 2015)

- People are living longer and Malaysians on average have a life expectancy level that is similar to other upper middle-income countries.
- Economic growth and public health development has added years to life.
- An older person aged 60 years old in 2015 can reasonably expect to live for another 17 to 23 years, depending on their gender or ethnicity.

- Malaysia is now at the 3rd stage of demographic transition
- Low birth rates (CBR), low death rates (CDR) with increasing longevity
- Non-communicable diseases (NCD) increasing
- All signs showing Malaysia moving towards an ageing society.

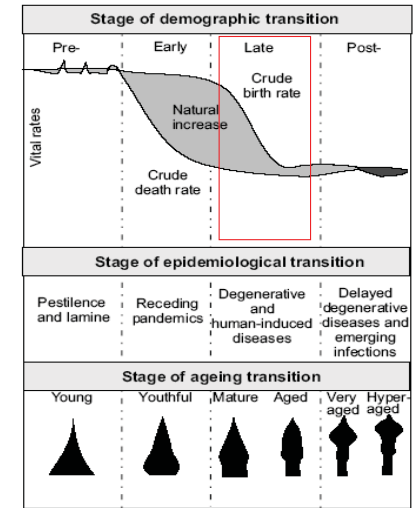
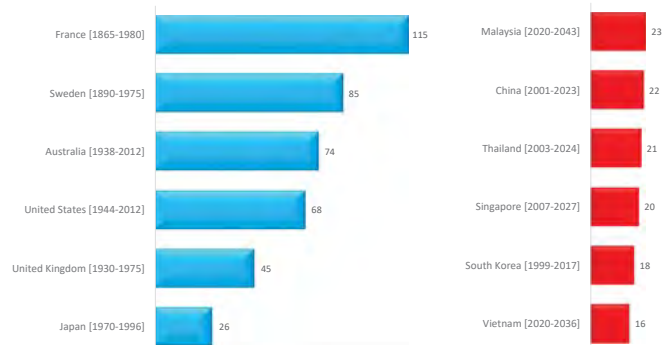


Fig. 3. The stages of demographic, epidemiological and ageing transition
Source: Andrews, G.J., Phillips, D.R., 2005. *Ageing and Place. Perspectives, Policy, Practice*, London, New York: Routledge, p. 48.

Speed of Ageing in Selected Countries

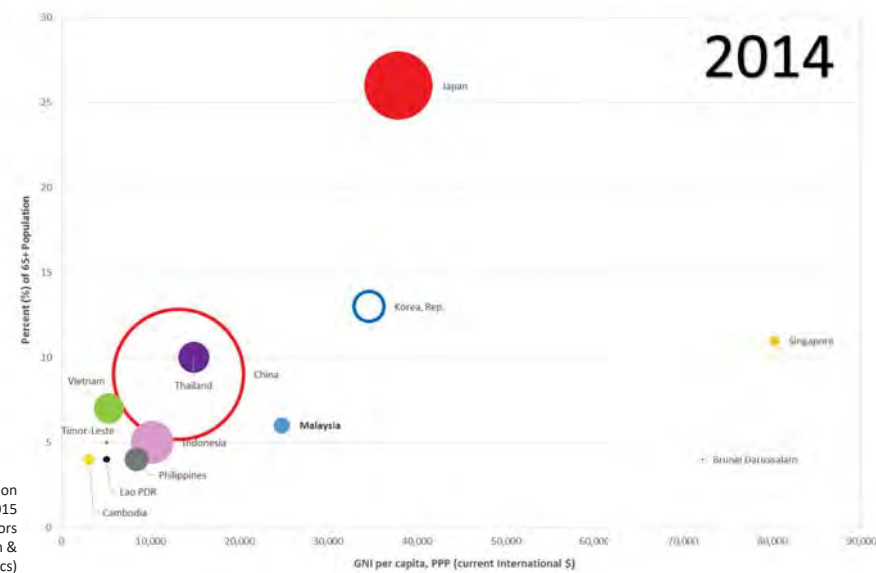
- Number of Years for 65+ Population to Double from 7% to 14%



Source: Kinsella & Gist, 1995; Author's calculation based on the International Data Base (US Census Bureau, 2013)

Ageing at Lower Levels of Development, 2004 & 2014

Source: Author's tabulation from World DataBank, 2015 (World Development Indicators & Health, Nutrition & Population Statistics)



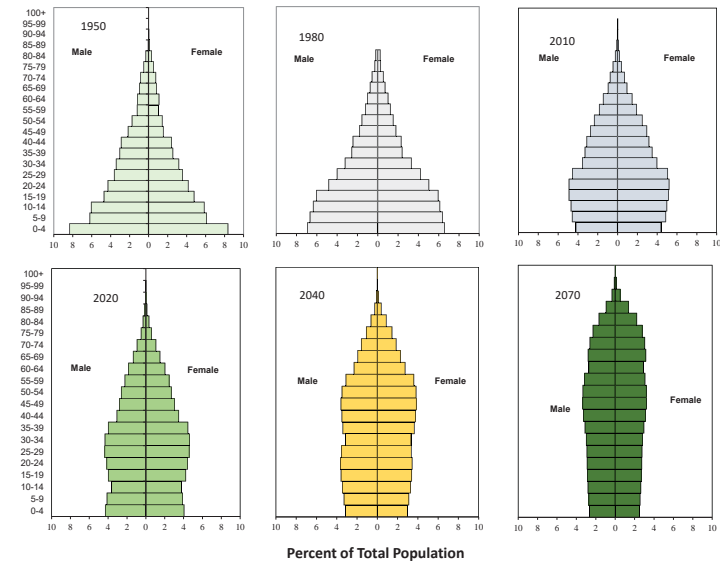
Population Projection by Age Groups, Malaysia 2010 - 2040

Year	0-14 (‘000)	%	15-64 (‘000)	%	65+ (‘000)	%	Median Age
2010	7,822.1	27.4	19,341.4	67.6	1,425.1	5.0	26.3
2015	7,733.4	25.4	20,971.9	68.8	1,779.9	5.8	28.2
2020	7,780.7	24.0	22,445.9	69.2	2,214.6	6.8	29.9
2025	8,009.5	23.4	23,533.4	68.6	2,751.3	8.0	31.5
2030	8,087.9	22.5	24,542.0	68.2	3,335.7	9.3	33.0
2035	7,893.4	21.1	25,606.1	68.5	3,889.9	10.4	34.5
2040	7,537.2	19.6	26,615.6	69.0	4,405.1	11.4	36.0

Source: Department of Statistics, Malaysia, 2010

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Age-sex Pyramid, Malaysia, Selected Years



Source: Author's illustration based on the World Population Prospects: The 2012 Revision (UN, 2013)

Changing Age Structure by Ethnicity

Population in Malaysia by Age Group and Ethnicity, 2005 & 2015

Ethnicity	2005			2015		
	0-14	15-59	60+	0-14	15-59	60+
<i>Number (in Thousands) '000</i>						
Malay & Bumiputera	5,553.5	9,416.4	977.3	5,625.9	10,808.3	1,242.8
Chinese	1,551.9	3,953.8	621.6	1,451.5	4,201.0	778.0
Indian	524.0	1,181.4	114.0	495.9	1,278.6	150.4
Others	115.5	148.7	13.1	94.3	126.5	11.4
Malaysian	7,744.9	14,700.3	1,726.0	7,667.6	16,414.2	2,182.4
Non-Malaysian	294.4	1,530.6	49.0	154.5	2,103.7	66.2
Total	8,039.5	16,230.8	1,775.5	7,822.1	18,518.1	2,248.6
<i>Percent</i>						
Malay & Bumiputera	34.8	59.1	6.1	31.8	61.1	7.0
Chinese	25.3	64.5	10.1	22.6	65.3	12.1
Indian	28.8	64.9	6.3	25.8	66.4	7.8
Others	41.7	53.6	4.7	40.6	54.5	4.9
Malaysian	32.0	60.8	7.1	29.2	62.5	8.3
Non-Malaysian	15.7	81.7	2.6	6.7	90.5	2.9
Total	30.9	62.3	6.8	27.4	64.8	7.9

Source: Department of Statistics Malaysia, 2014; 2015

- With the fertility and longevity patterns shown earlier, it comes as no surprise that the Malaysian Chinese are ageing faster than other ethnic groups.
- 1 out of 12 Malaysians are an older person in 2015.
- By 2020, it is expected that the number of older persons will increase to 3.3 million, making up about 11% of the total population then.

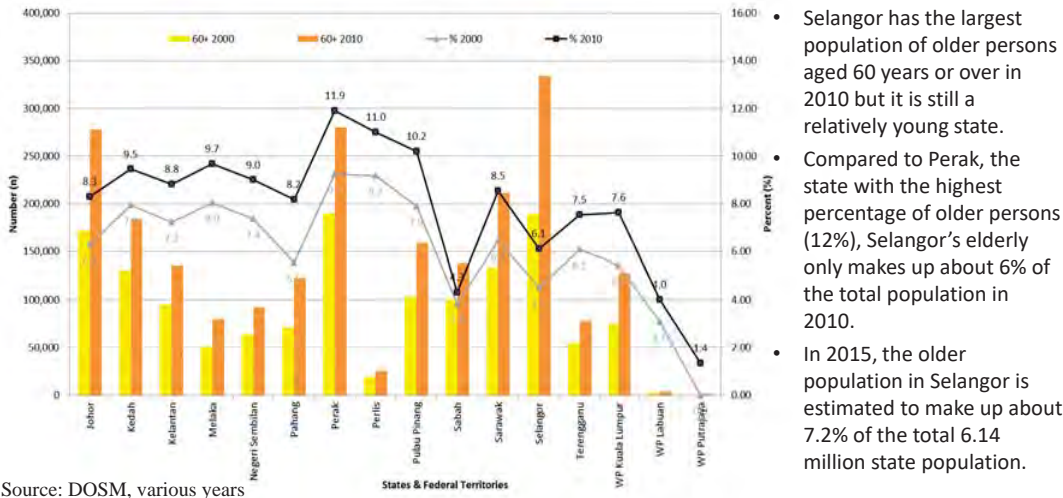
- 2035** 60+ population reaches 15%
- 2020** 65+ population reaches 7%
- 2020** Median age reaches 30 years old
- 2042** Proportion of 60+ exceeds proportion of <15
- 2017** Peak of proportion of 15-59 age group at 65.6%

Urban-Rural Distribution of Older Malaysians, 1970 - 2010

Year	Urban			Rural		
	N ('000)	Percent (%)	% in Urban	N ('000)	Percent (%)	% in Rural
1970	146.9	26.9	5.2	399.2	73.1	5.2
1980	245.2	32.9	5.5	500.0	87.1	5.8
1991	470.7	45.6	5.3	561.6	54.4	6.5
2000	785.3	54.1	5.4	686.4	45.9	7.5
2010	1,478.1	65.7	7.3	773.2	34.3	9.4

- After 2000, numerically, more older persons (60+) are found in urban areas. This is partially due to the reclassification of rural areas into urban ones as development picks up.
- However, the rural areas are ageing more rapidly because of inter-state migration of the younger population leaving for cities.

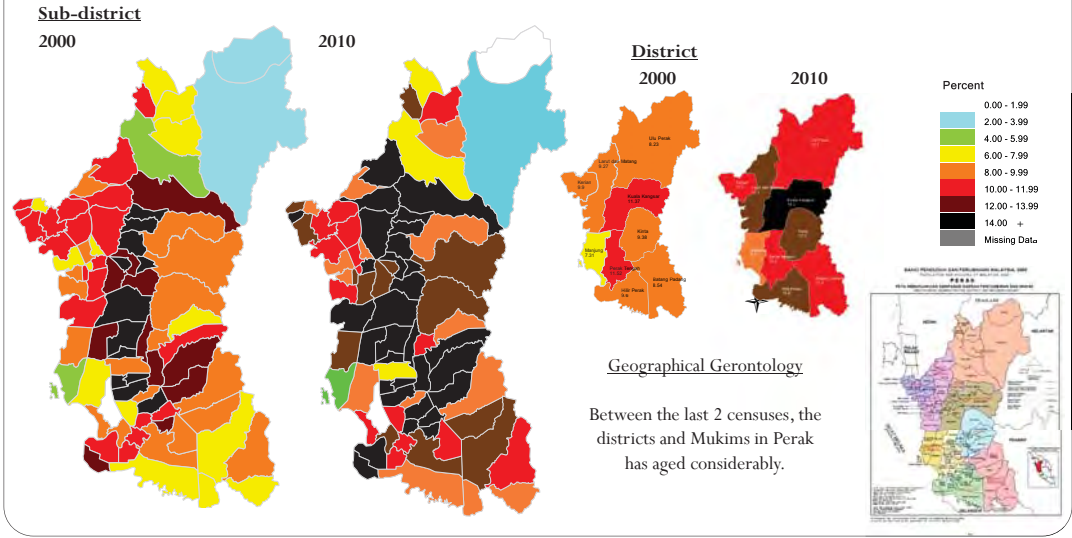
Geographical Distribution, 2000 & 2010



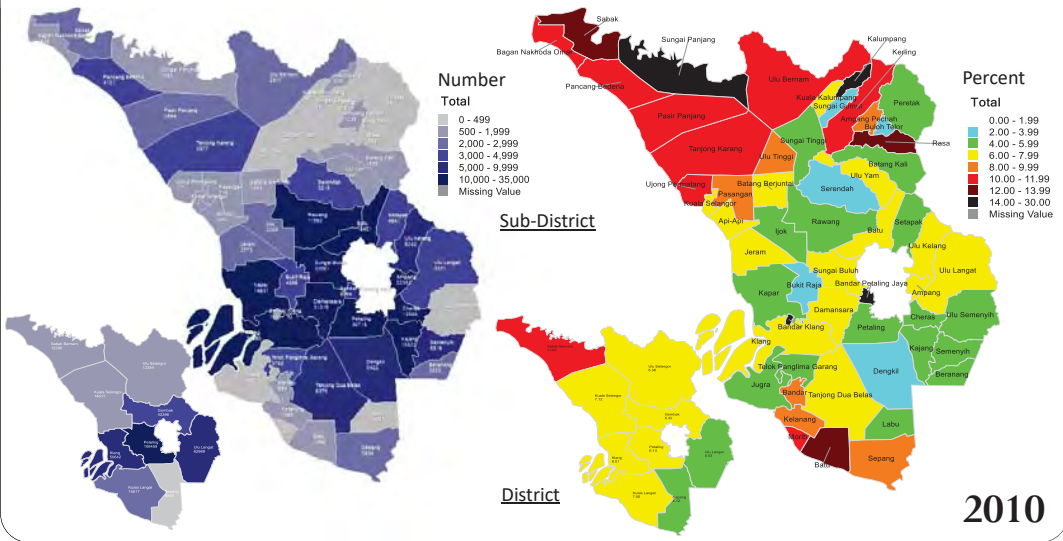
Source: DOSM, various years

- Selangor has the largest population of older persons aged 60 years or over in 2010 but it is still a relatively young state.
- Compared to Perak, the state with the highest percentage of older persons (12%), Selangor's elderly only makes up about 6% of the total population in 2010.
- In 2015, the older population in Selangor is estimated to make up about 7.2% of the total 6.14 million state population.

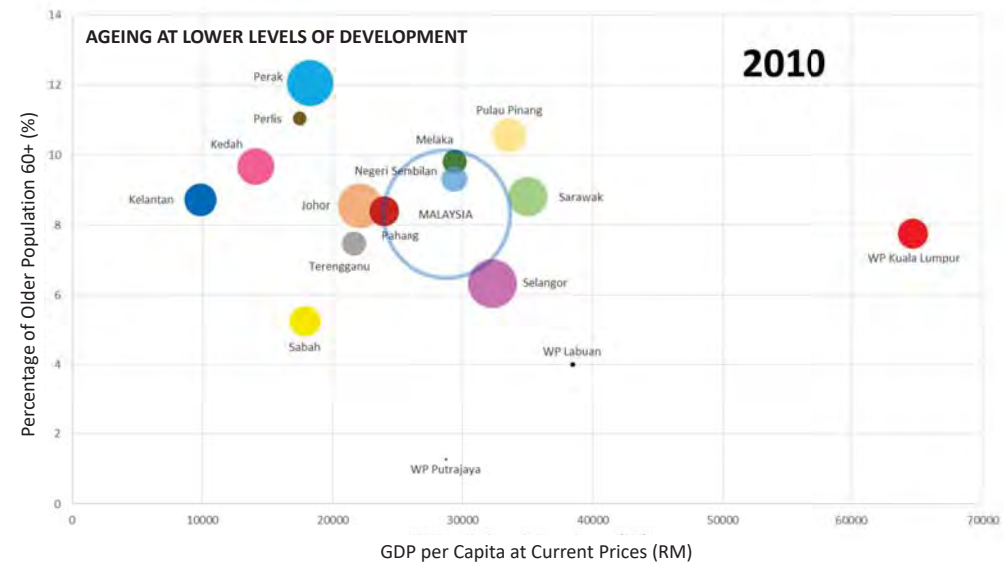
Percentage Distribution of older persons (60 years or over) Perak Darul Ridzuan



Number & Percentage Distribution of Older Persons (60+) Selangor Darul Ehsan



Population Ageing and State GDP, 2010



Educational Attainment of older Malaysians, 1970-2020



BASIC PROFILE OF OLDER PERSONS

IN MALAYSIA

Education Level	1970	1980	1991	2000	2010	2020*
No schooling	75.0	73.2	63.1	51.3	56.5	17.4
Primary	22.3	23.1	31.5	37.4	20.1	38.1
Lower secondary	1.3	1.8	2.4	4.9	7.1	18.0
Upper secondary	1.2	1.5	2.1	4.4	12.5	18.6
Tertiary	0.3	0.4	0.9	2.0	3.7	7.9
Total	100.0	100.0	100.0	100.0	100.0	100.0

- Due to fewer opportunities for education in the past, older persons today received little formal education. The differences is even more severe between the sexes.
- This trend, however, will improve dramatically over the years.
- Older persons today are better educated and are more likely to possess different ideas about old age than their predecessors.

Source: Department of Statistics, 2005

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Marital Status of Older Malaysians by Sex, 1991, 2000 & 2010

Feminization of Ageing

Source: Department of Statistics Malaysia, various years

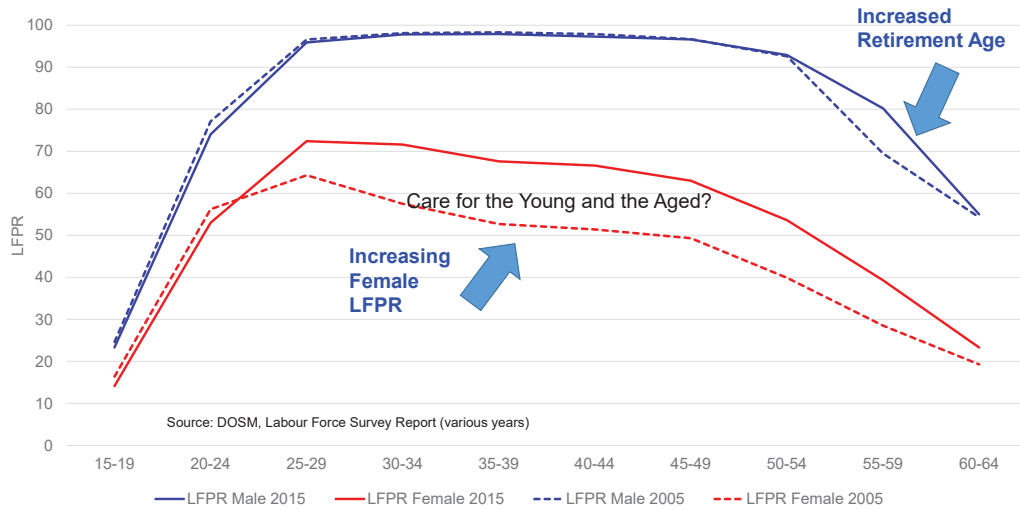
* Preliminary figures

Age Group / Marital Status	1991		2000		2010 *		
	Male	Female	Male	Female	Male	Female	
60-74 (1.77 mil)	Never Married	2.1	1.5	2.2	2.0	4.3	4.9
	Currently Married	87.4	49.7	88.3	56.0	86.3	60.1
	Widowed	9.3	45.2	8.6	39.3	8.8	34.0
	Divorced/Separated	1.3	3.6	0.6	2.6	0.6	1.1
75+ (0.48 mil)	Never Married	2.0	1.5	1.9	1.4	8.0	6.3
	Currently Married	71.1	24.0	73.0	27.3	70.6	34.3
	Widowed	24.8	70.2	23.4	68.0	20.9	58.6
	Divorced/Separated	2.1	4.3	1.6	3.2	0.5	0.8
60+ (2.25 mil)	Never Married	2.0	1.5	2.2	1.9	5.0	5.2
	Currently Married	84.1	44.0	85.5	49.9	83.2	54.2
	Widowed	12.4	50.7	11.3	45.5	11.2	39.6
	Divorced/Separated	1.4	3.8	1.0	2.7	0.6	1.0

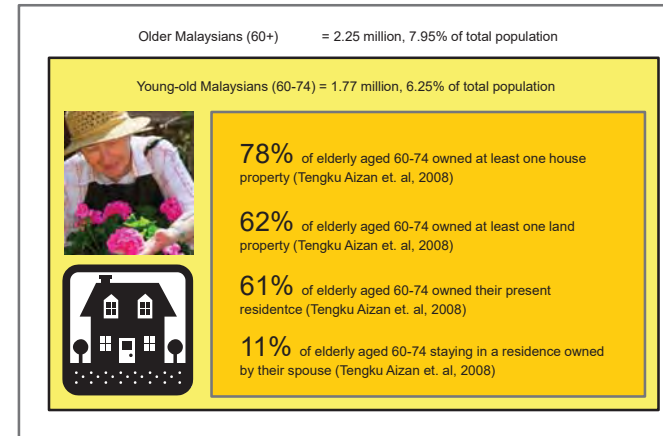
Common Ailments affecting the Elderly in Peninsular Malaysia, 2015 (LRGS - TUA)

Diseases	Total Prevalence (N = 2,319)	60-64 (n = 665)	65-69 (n = 665)	70-74 (n = 517)	75+ (n = 472)
Diabetes	23.8	25.3	26.0	23.6	19.1
Heart Diseases	8.8	6.2	9.0	9.9	10.8
Hypercholesterolemia	25.7	25.9	27.8	28.4	19.3
Hypertension	45.7	41.7	46.2	50.7	45.1
Incontinence	4.7	4.7	4.8	4.4	5.1
Asthma	5.0	5.6	4.4	4.1	6.1
Gout	3.6	2.1	2.9	5.4	4.7
Stroke	1.3	1.4	1.2	1.4	1.1
Joint Pain	10.5	8.4	9.2	11.4	14.4

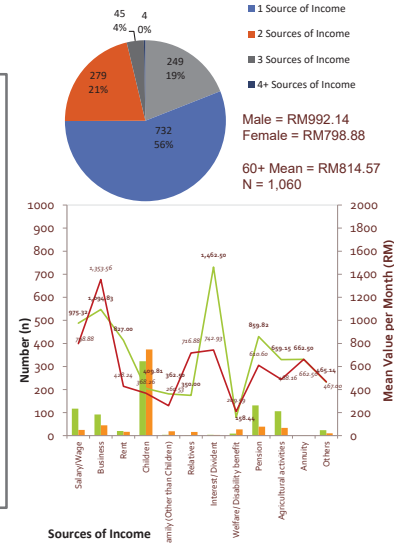
Labour Force Participation by Sex, 2005 & 2015



ASSET RICH, INCOME POOR



Age 60 and Above



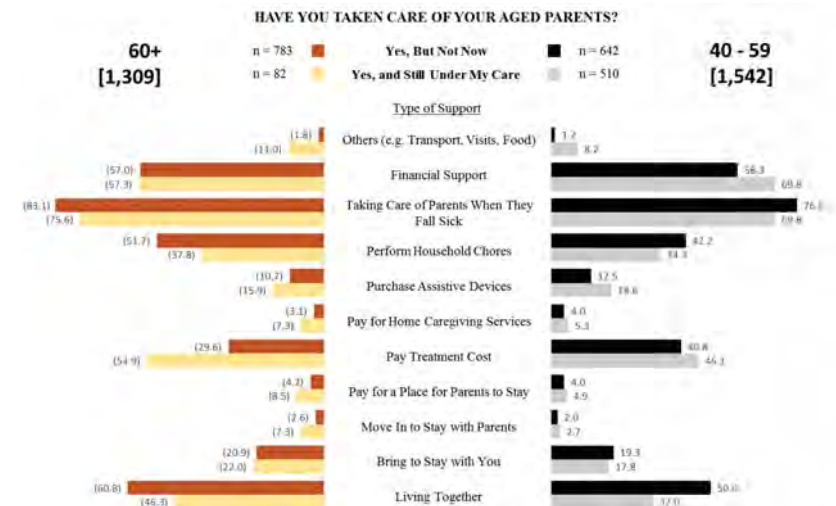
Cash Transfers from Children, 2008

Older women, older Malaysian Chinese, older persons in urban areas and non-working elderly are more likely to receive money from their children.

Source: NPE data

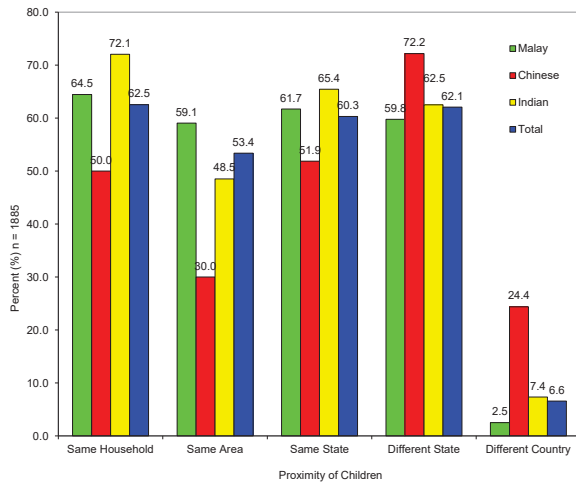
Selected Variables	Money from Children		χ^2	p	
	No	Yes			
Sex					
	Female	282	372	8.142**	0.004
	Male	334	321		
Ethnicity				15.991**	0.003
	Malay	374	366		
	Chinese	69	120		
	Indian	40	32		
	Other Bumiputera	130	171		
	Others	3	4		
Location				4.145*	0.042
	Rural	344	348		
	Urban	272	345		
Marital Status				1.939	0.614
	Not Married	204	255		
	Now Married	412	438		
Work Status				30.913**	0.000
	Not Working	379	525		
	Now Working	237	168		
Co-residence				3.123	0.077
	Living Alone	37	27		
	Living with Others	579	666		
Home Ownership				1.921	0.166
	Children or Others	167	212		
	Self or Spouse	449	481		

Type of Support for Aged Parents by Respondents' Age Group, 2008

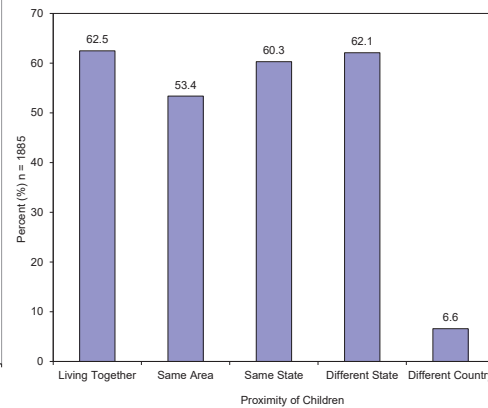


Availability of Adult Children by Ethnicity, 2008

* Do you have at least one child living in the ...

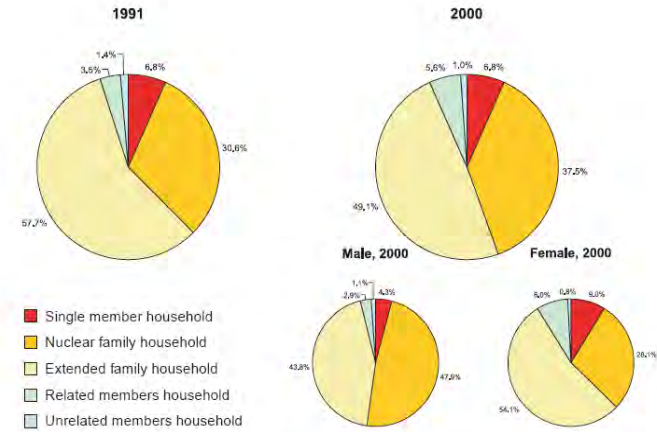


- Most elderly (62.5%) live with their children or have other children living in the same area (53.4%).
- But there are significant ethnic differences.



Source: Nurizan et al. [Patterns of Social Relationship and PWB of Older Persons in Malaysia, 2008]

Living Arrangements of Older Persons, 1991 & 2000

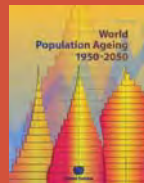


Percentage Distribution of Older Persons by Household Types in Past Censuses

Source: Pala, J., Population Ageing Trends in Malaysia, Monograph Series No. 1.

Population ageing (UN, 2002):

- Is Unprecedented
- Is Pervasive
- Is Enduring
- Has Profound Implications



<http://www.un.org/esa/population/publications/worldageing19502050/>

CURRENT HEALTH AND SOCIAL CARE PROVISION

National Policy for Older Persons, 2011



Ministry of Women, Family & Community Development

VIPAA, 1982
MIPAA, 2002

NPE, 1995

NPOP, 2011



Ministry of Health

NHPOP, 2008

Commitment to ensure the older persons will achieve optimal health through integrated and comprehensive health and health related services

National Health Policy for Older Persons, 2008

- To improve the health status of older persons
- To encourage participation in health promoting and disease prevention activities throughout the life course
- To provide age friendly, affordable, equitable, accessible, cultural acceptable, gender sensitive, seamless health care services in a holistic manner at all levels.
- To advocate and support the development of enabling environment for independent living (ageing-in-place)

Strategies

Promotion & Advocacy

Lifelong Learning

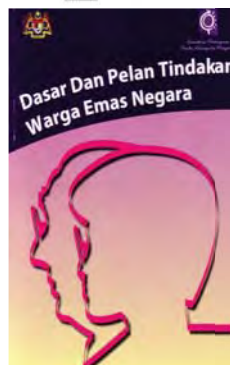
Security & Protection

Management & Shared Responsibilities

Participation & Unity across Generations

Research & Development

- To enhance the respect and self-worth of the elderly in the family, society and nation
- To develop the potential of the elderly so that they remain active and productive in national development and to create opportunities for them to continue to live independently
- To encourage the establishment and the provision of specific facilities to ensure the **care and protection of the elderly**



Strategy B5
Enhancing the living environment for the elderly

The proportion of the population aged above 60 years is increasing, from 7.9% in 2010 to 8.8% in 2014. This figure is expected to grow to 10.6% by 2020. Better quality of life and advances in healthcare has resulted in longer lifespans in 2013, 72.6 years for men and 77.2 years for women in Malaysia. Many of our senior citizens are thus in a position to continue contributing to society even in their golden years. During the Plan, concerted efforts will be undertaken to enhance the quality of life of the elderly.

Improving supportive environment for the elderly

Initiatives to improve the support environment for the elderly include providing elderly-friendly infrastructure and improving care services. More day care centres for the elderly will be established in collaboration with NGOs to enable them to live with family members who are working. In addition, elderly care centres and Home Help services will also be expanded. Awareness programmes on elderly care will be strengthened to shift the elderly community to action in adopting active and healthy lifestyles.

3-27

Chapter 3
Enhancing inclusiveness towards an equitable society

Focus area B
Empowering communities for a productive and prosperous society

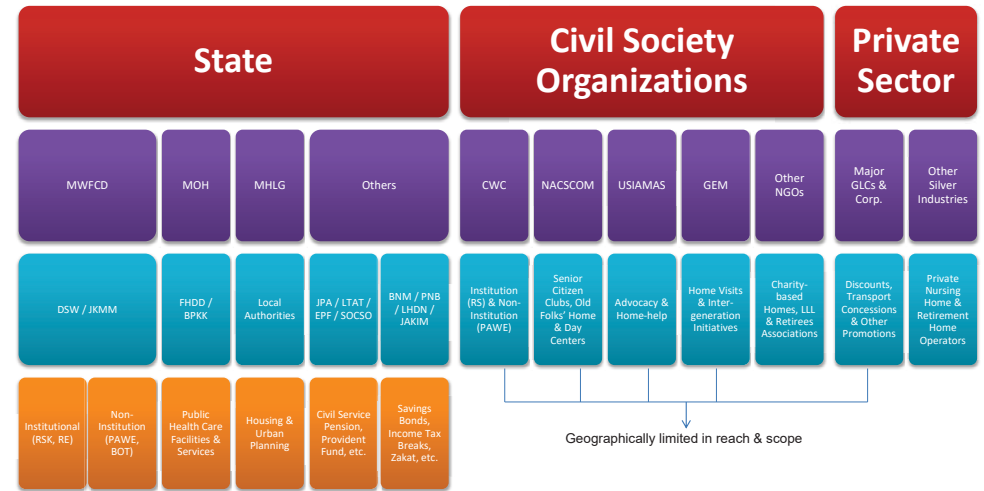
Social protection for the elderly poor will be streamlined and integrated to ensure better quality of life. The provision of assistance will be continued based on basic needs. The low-income group, particularly in the informal sector, will be encouraged to participate in voluntary savings and retirement schemes to ensure economic protection in their old age.

Promoting active ageing

The capacity of the Institute of Gerontology, Universiti Putra Malaysia will be enhanced to conduct more research to support active ageing. The University of the Third Age (USA) Programme will be expanded to provide opportunities for the elderly to continuously learn and acquire knowledge and skills in collaboration with universities, community colleges and Pusat Aktiviti Warga Emas. In addition, NGOs will also be encouraged to implement self-help based learning programmes.

A national campaign to promote social awareness on volunteerism among retired professionals will be launched to encourage the elderly to participate in community-based activities. This will allow them to remain active by contributing their knowledge, skills and experience to benefit the community. CBOs and NGOs will be encouraged to attract more retired professionals to participate in voluntary community development programmes.

Multisectoral Support for the Aged



Current Types of Social Care Provided by the Government

Agencies	Services
Department of Social Welfare	1. Institutional care & shelter
	2. Financial aid (BOT) and caregiver
	3. Provide assistive devices / prosthetics & Transportation (Unit Penyayang Warga Emas)
	4. Day care/centre(s) (PAWE) *
	5. Support Home-help programme (KBDR)*
	6. Regulation of Care Centres (i.e. old folks' homes, etc.)
	7. Provide grants to related Organizations
Prime Minister Office	The E-Kasih Programme (coordinate & consolidate all types of aid)
JPA	Pension with free medical treatment for civil servants
LHDN	Tax exemption for adult children who pay for their parents treatment
Local Authorities	Enforcing the uniform Building by Laws, 1994 (require for the access of disabled persons)

* Cooperate with NGO

Social Protection System

- Mapping of Malaysia's Pension System according to WB's 5 pillar model (Holzmann, 2015, p. 3)
- Coverage of informal sector workers is a problem.
- Issues - Adequacy of EPF and sustainability of civil service pension.

Table 1: Malaysia's Pension Programs – Mapped

	Name of Program Institution	Benefit Type	Financing Type
Pillar 0: Basic benefits through social pensions or at least social assistance	<i>Bantuan Orang Tua</i> (Cash benefits)	Basis cash benefit of RM300 per month	General revenue
	<i>Rumah Seri Kenangan</i> (retirement homes)	In kind benefit	General revenue
	<i>Pusat Jagaan Harian Warga Emas</i> (elder daycare centers)	In kind benefit	General revenue
Pillar 1: Mandated, unfunded, defined benefit or contribution schemes	Civil Service Pension Fund	Old-age, disability, survivorship	General revenue
	SOCSO	Work injury, disability, survivorship	Employer contribution; Employer and employee contribution
Pillar 2: Mandated, fully funded, occupational or personal schemes	LTAT (armed forces)	All benefits	Employer and employee contribution
	EPF (private sector)	Lump sum/phased withdrawal	Employer and employee contribution; Voluntary contribution by self-employed
Pillar 3: Voluntary, fully funded, occupational or personal schemes	PRS: Private Retirement Scheme	Lump sum, (fixed term) annuity	Voluntary premium, tax incentives RM 3,000
Pillar 4: Access to informal and other formal provisions, and personal assets	Family Basic health care Public housing	Cash and in kind benefits	Family members, budget-financed, budget support

Source: Author drawing, inter alia, on Ong and Hamid 2010, Othman 2010, and World Bank 2002.

Current Types of Health Care Provided by the Government

Agencies	Services
Ministry of Health	1. Geriatricians & psychogeriatricians
	2. Geriatric wards, rehabilitation hospital
	3. Free outpatient treatment for older Malaysians
	4. Elderly Health Care Program
	5. 1Malaysia Family Healthcare Program
	6. Regulation of nursing homes

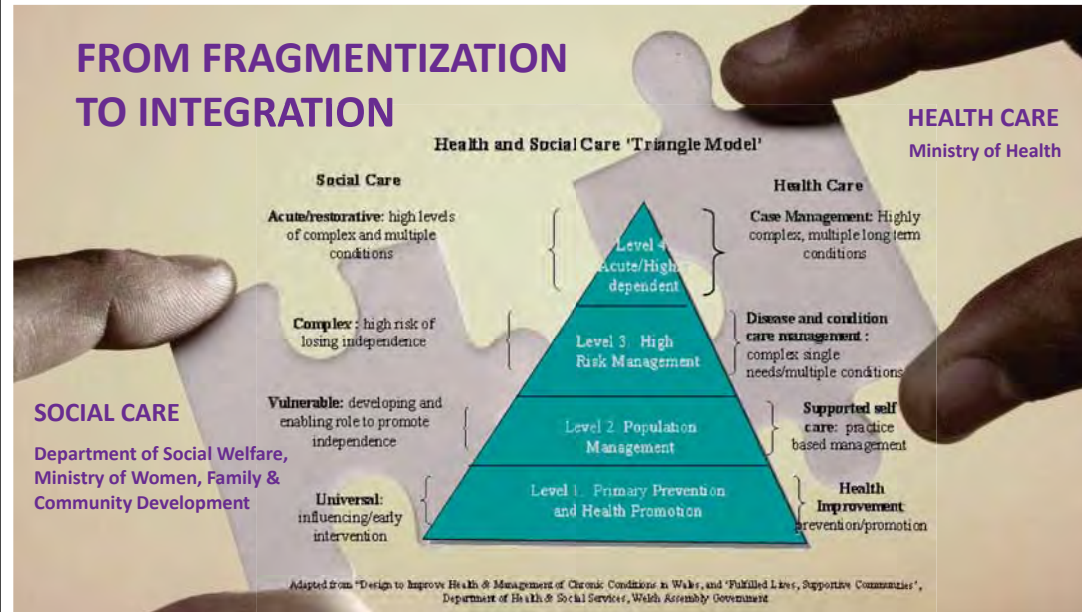


Malaysian Healthy Ageing Society



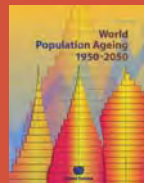
MAJLIS PUSAT KEBAJIKAN SEMALAYSIA

NGOs



Population ageing (UN, 2002):

- Is Unprecedented
- Is Pervasive
- Is Enduring
- Has Profound Implications



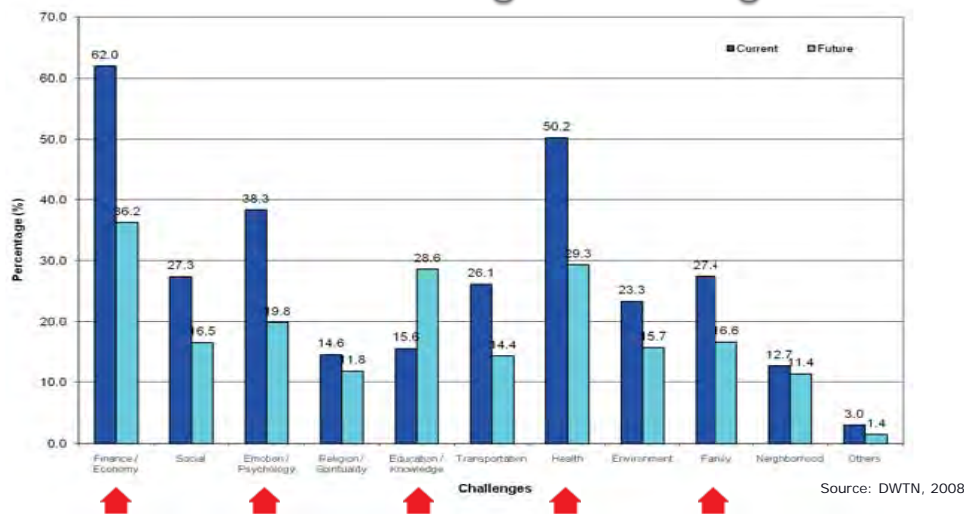
<http://www.un.org/esa/population/publications/worldageing19502050/>

EMERGING NEEDS OF OLDER MALAYSIANS

Understand that Older Malaysians are...

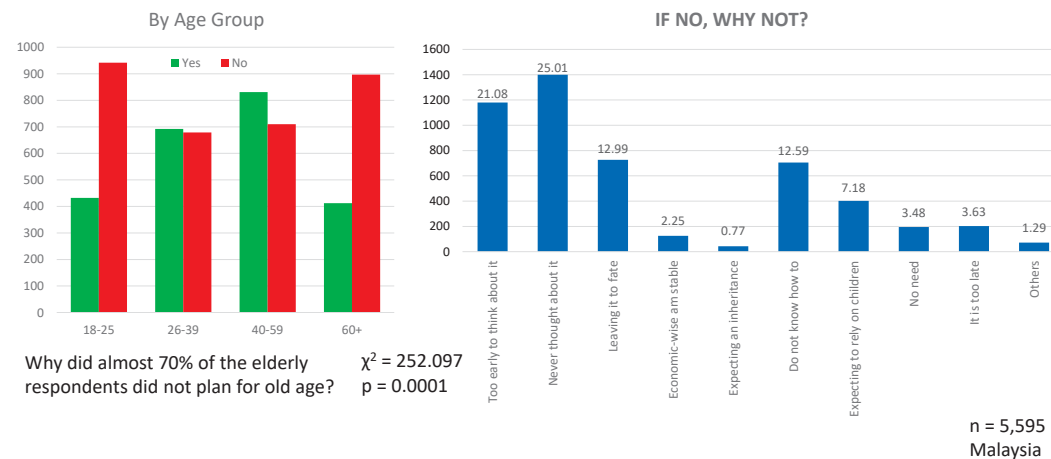
- Heterogeneous - Difference among individuals;
- Diverse in their (extended) life course trajectories;
- Cohort generations shaped by socio-historical forces;
- Complex - People in changing environments;
- A resource and not a burden, and;
- It is about managing our success in national development.

Issues & Challenges of Old Age

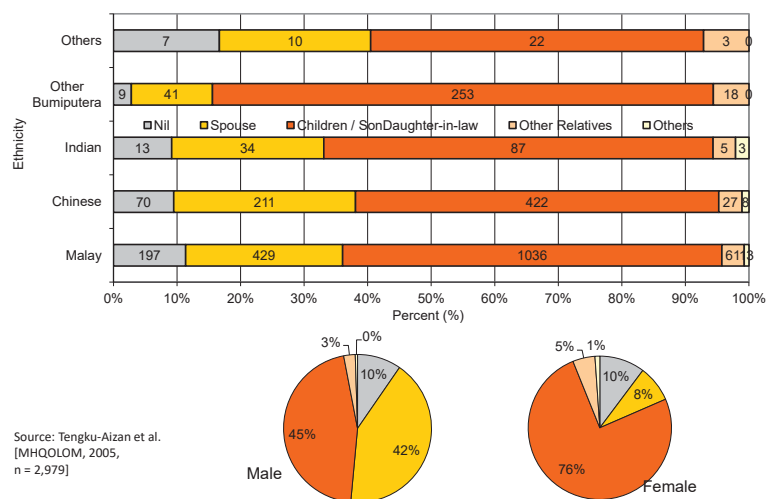


Have you (ever) make any plans for old age?

(Review of the NPE & Action Plan, 2008)



Expectations of Care in Old Age by Ethnicity & Gender among Older Malaysians, 2005



Life Insurance Coverage, 2009

Age Group	Bottom 40% [RM0-RM2,303]	Middle 40% [RM2,304-RM6,522]	Top 20% [RM6,523+]	Total
18-25	10.5	20.5	25.0	14.9
26-39	13.4	40.3	61.4	25.2
40-59	12.5	36.9	60.9	23.2
60+	4.8	13.9	31.7	8.2
Total	10.3	28.7	47.1	18.1

Medical Insurance Coverage, 2009

Age Group	Bottom 40% [RM0-RM2,303]	Middle 40% [RM2,304-RM6,522]	Top 20% [RM6,523+]	Total
18-25	2.2	11.4	12.5	6.1
26-39	4.2	23.0	34.3	12.3
40-59	4.0	18.1	41.4	10.7
60+	1.7	7.1	26.8	4.0
Total	3.1	15.4	29.7	8.5

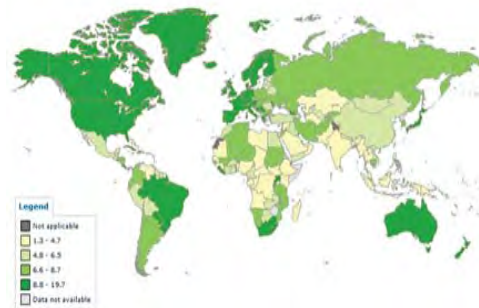
Source: UPM Consultancy, 2009 "Survey on the National Policy for the Elderly"

- It is evident that the issues affecting the elderly are related to their socioeconomic status and income level.
- Using a survey data conducted nationwide in 2008/2009, we can see that older persons in B40 and M40 households are very unlikely to have life or medical insurance coverage.
- Even young and older adults in B40 and M40 households do not have active insurance coverage and this poses an accessibility risk when it comes to medical treatment.

Cost of Health Care: A WHO Comparison

Country	Total Health Expenditure (THE)			THE per capita PPP (\$)
	as % GDP	Share of Government (%)	OOP as % of THE	
Myanmar	1.77	27.2	68.2	37
Lao PDR	1.98	49.3	40.0	95
Cambodia	7.52	20.5	59.7	229
Philippines	4.40	31.6	56.7	287
Indonesia	3.07	39.0	45.8	293
Vietnam	5.95	41.9	49.4	308
Thailand	4.57	80.1	11.3	658
Malaysia	4.03	54.8	36.1	938
Brunei	2.52	91.9	7.9	1,812
S. Korea	7.17	53.4	36.6	2,321
Singapore	4.55	39.8	56.8	3,578
Japan	10.30	82.1	14.4	3,741

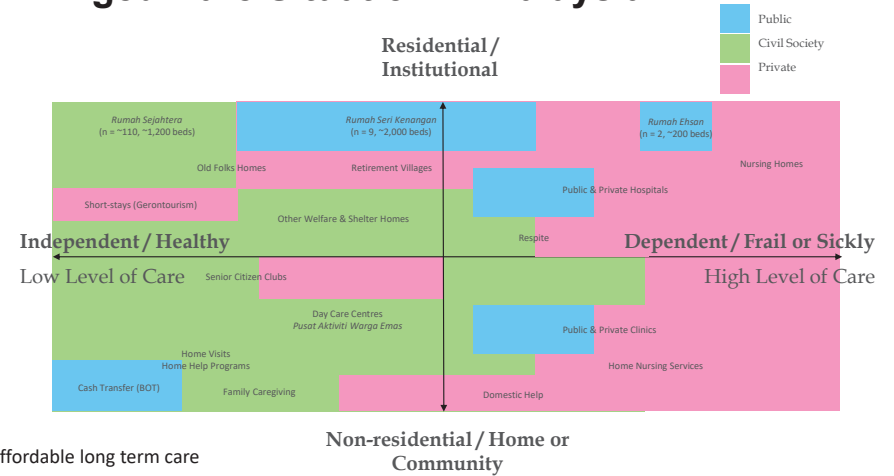
Total Health Expenditure as % of GDP, 2013



Source: (WHO, 2015)

Note:
 OOP = Out-of-pocket
 PPP = Purchasing Power Parity
 GDP = Gross Domestic Product

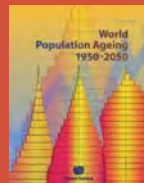
Aged Care Situation in Malaysia



*Lack of affordable long term care

Population ageing (UN, 2002):

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<http://www.un.org/esa/population/publications/worldageing19502050/>

WAY FORWARD

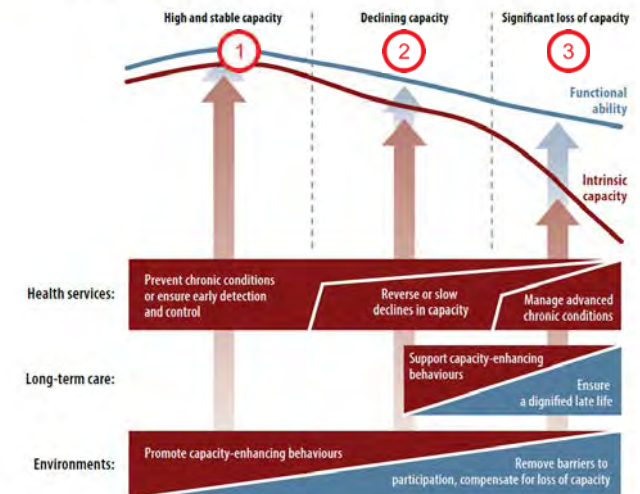
WHO, 2015

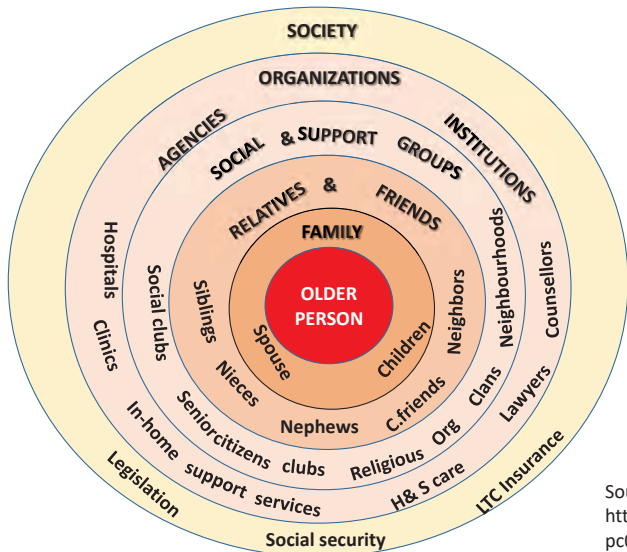
Fig. 1.3. Investment in and return on investment in ageing populations

Investment	Benefits	Return
Health systems	Health	Individual well-being
Long-term care systems	Skills and knowledge	Workforce participation
Lifelong learning	Mobility	Consumption
Age-friendly environments	Social connectivity	Entrepreneurship and investment
Social protection	Financial security	Innovation
	Personal dignity, safety and security	Social and cultural contribution
		Social cohesion

Source: adapted from unpublished information from the World Economic Forum's Global Agenda Council on Ageing, 2013.

Fig. 2.4. A public-health framework for Healthy Ageing: opportunities for public-health action across the life course





Community Health and Social Care for Older Persons

Source: <http://www.auick.org/database/apc/apc040/apc04003.html>

Community Care: An Intersect



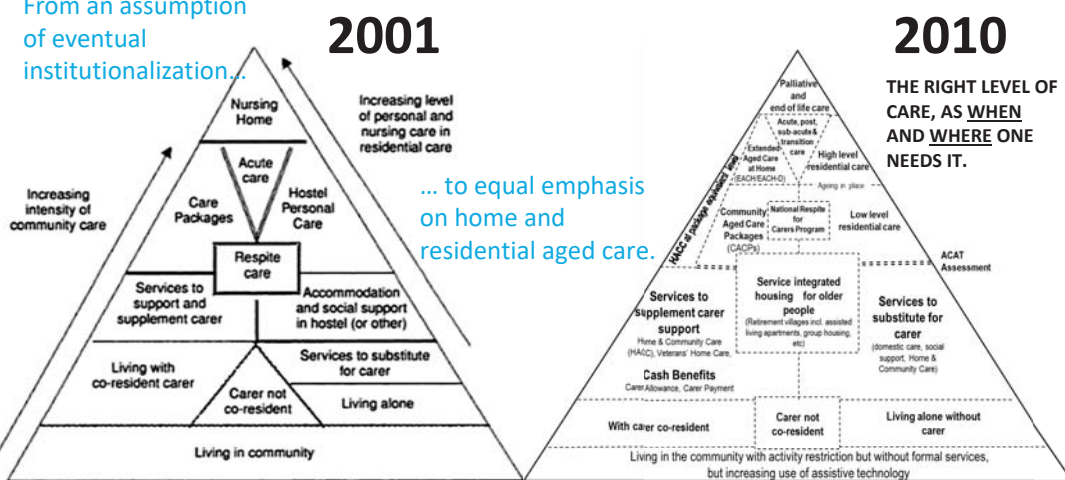
Source: <http://www.auick.org/database/apc/apc040/apc04003.html>

- A definition (WHO, 2004)
- **community care** - Services and support to help people with care needs to live as independently as possible in their communities.
- **community health** - The combination of sciences, skills and beliefs directed towards the maintenance and improvement of the health of all the people through collective or social actions. The programmes, services and institutions involved emphasize the prevention of disease and the health needs of the population as a whole. Community health activities change with changing technology and social values, but the goals remain the same.

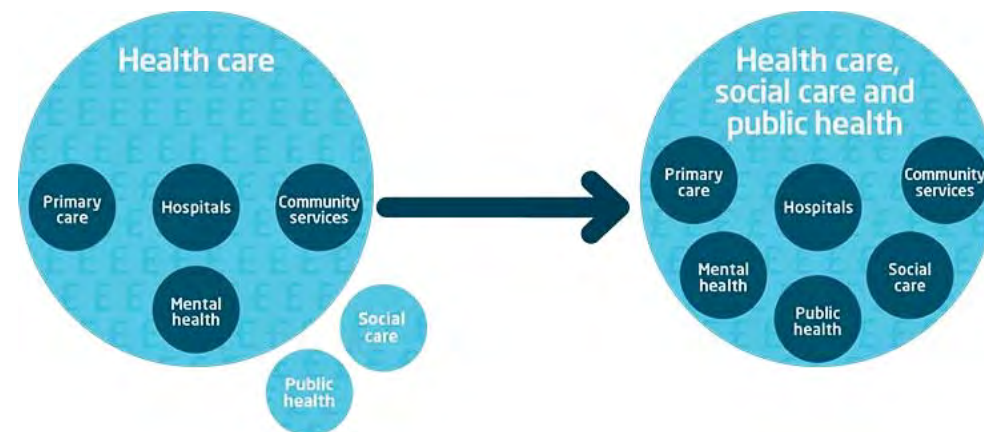
Rethinking Aged Care

- Example of the Australian Aged Care System (Howe, 2001 & 2010)

From an assumption of eventual institutionalization...



NHS Reform in the UK (The King's Fund, 2015)



Right Care, Right Time, Right People (The King's Fund, 2014)

Towards a graduated path for health and care support

	1	2	3	4
Description	Low An individual is able to live independently but may have some needs that can be met through cash support only (unlikely to satisfy existing local authority eligibility criteria)	Medium Needs some help with daily activities through care package at home; health care provided through primary care	High Level of needs requires a high level of personal care with a significant health as well as care input; for many these needs can only be met in residential, nursing or extra care settings; or through a very intensive package of care at home	End-of-life care Very intensive mix of personal care, clinical and palliative care at home or in hospice
How would needs be assessed?	A simple screening process to establish whether there is a broad entitlement; signposting to other services; enablement work to support/restore independence	Basic assessment of care and support needs and enablement to support/restore independence and reduce costs	Comprehensive, multidisciplinary assessment that could involve a range of health and care professionals	

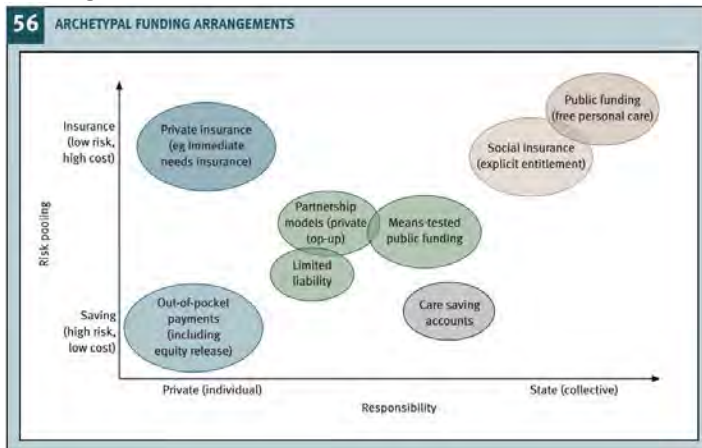
Health and social care model in the UK is trying to match services to the needs level of the individual to contain cost of care. (Health and Social Care Act, 2012)

Levels of Care: A Cost Conceptualisation



Rethinking Health & Social Care Financing

Funding Models



Wanless, 2006 - Securing Good Care for Older People, p. 253

The need to finance long-term care costs based on a mix of private and state responsibilities.

Malaysia has been considering a national health insurance system but very little is known publicly about similar insurance systems overseas.

All insurance systems involve co-payment of premium by individuals.

Cammack & Byrne, 2012

Individual Model of Care



Figure 1. Individual models of care dominate current approaches

Network Model of Care

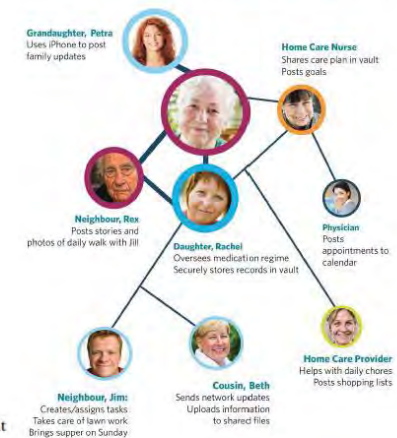
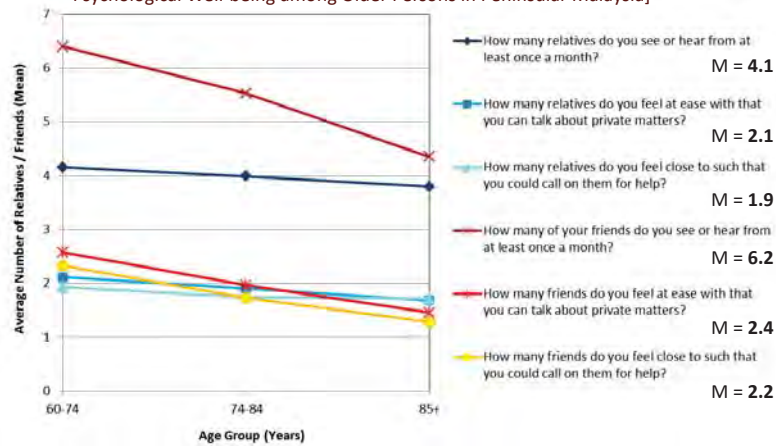


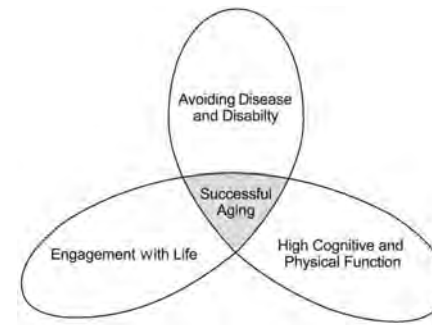
Figure 2. A network model of care includes relationships with friends, family, community members, care-givers, and care providers

Social Network of Older Malaysians (60+) [n = 1,880]

Source: Nurizan et al., 2008 [Patterns of Social Relationships and Psychological Well-being among Older Persons in Peninsular Malaysia]



Successful Ageing



(Rowe & Kahn, 1997)

Main constituents of successful ageing

Theoretical definitions

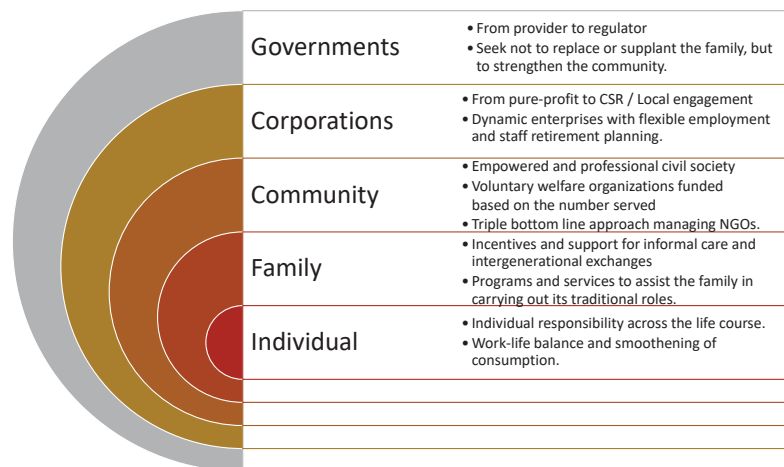
- Life expectancy
- Life satisfaction and wellbeing (includes happiness and contentment)
- Mental and psychological health, cognitive function
- Personal growth, learning new things
- Physical health and functioning, independent functioning
- Psychological characteristics and resources, including perceived autonomy, control, independence, adaptability, coping, self esteem, positive outlook, goals, sense of self
- Social, community, leisure activities, integration and participation
- Social networks, support, participation, activity

Additional lay definitions

- Accomplishments
- Enjoyment of diet
- Financial security
- Neighbourhood
- Physical appearance
- Productivity and contribution to life
- Sense of humour
- Sense of purpose
- Spirituality

(Bowling & Dieppe, 2005)

Role Reorientation



Strategy: Political

- Develop a good linkages with related agencies government, private and NGOs at national and international levels.
- Elderly representation in decision making bodies at all levels.
- The government should be the provider of last resort as well as focus on its role as a regulator of standards and make provisions for a basic minimum quality of care.
- More data for both market viability studies as well as identifying areas of improvement in aged care services.
- Better legal regulations and guidelines to resolve consumer complaints.

Strategy: Economics

- Focus on life planning (savings for old age) targeting younger cohort
- Employment opportunities for older persons, remove barriers
- Promote productive ageing
- Promoting inter-generational transfer
- Comprehensive social protection programmes
- Development of new financial products
- New social insurance schemes to address the growing care demands for frail elderly.

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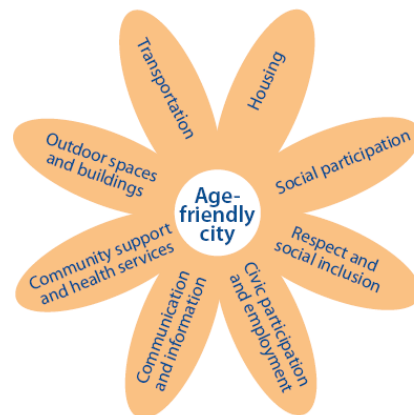
Strategy: Society

- In Malaysia, family is still the main source of care for the older persons in Malaysia
- Family plays an important role in ensuring that older persons are provided with adequate care
- Family care givers to be provided training, resources and respite services.
- It is important to build and strengthen the support system within the family to stabilize their economic status and establish emotional and psychological support

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Strategy: Environmental

WHO EU USA



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Overview of current health and social services

Weaknesses	Future Provision
1. Welfare based: <ul style="list-style-type: none"> • Catering for the destitute & less fortunate • Limited coverage 	The development approach should be adopted – create more opportunities for silver care industry
2. Quality of service: <ul style="list-style-type: none"> • Available regulation – in term of licensing & standard for physical space & the environment only 	A lot of room for improvement e.g.: training of personnel working.
3. Unintegrated care: <ul style="list-style-type: none"> • The practice of health and social care service delivery is separated 	May need continuum of care
4. Limited community-based program & services: <ul style="list-style-type: none"> • Limited community care services for older persons • Limited capacity of NGOs 	A variety of services need to be available in-situ
5. Overly dependent on family for care: <ul style="list-style-type: none"> • Family structural change • Coping with longevity / long-term care 	The demand for specific care services may increase in the future

Conclusions

1. The number and percentage of older persons are increasing.
2. Life expectancy at birth and at 60 are increasing.
3. There are wide variations in the rates of ageing by sex, ethnicity and geography.
4. Older persons are asset rich but cash or income poor.
5. Disease and mortality patterns are changing.
6. The health care and social welfare system in Malaysia are facing novel challenges.
7. We need to bridge the gap between health and social care in Malaysia in terms of manpower distribution and financing mechanism.
8. An integrated regulatory framework that monitors and enforces minimum standards of aged care has to be put in place.
9. More programs are needed to support families in the care of their ageing kin.

Take home message

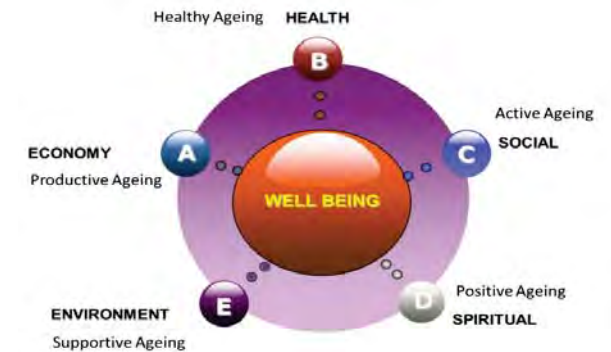
1. Continuum of aged care – Issues of Integrated and Seamless Care
2. Minimum standards of health and social care
3. Differences in public, private and civil society-operated facilities & services (clientele, purpose, capacity, function)
4. Legal reform (Monitoring & supervision)
5. Financing mechanisms (Funding)
6. Industry / sectoral input and support (Assistive Technology, Manpower training)
7. What do the elderly want?
8. Supporting the role of the family and community

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Thank You

Terima Kasih

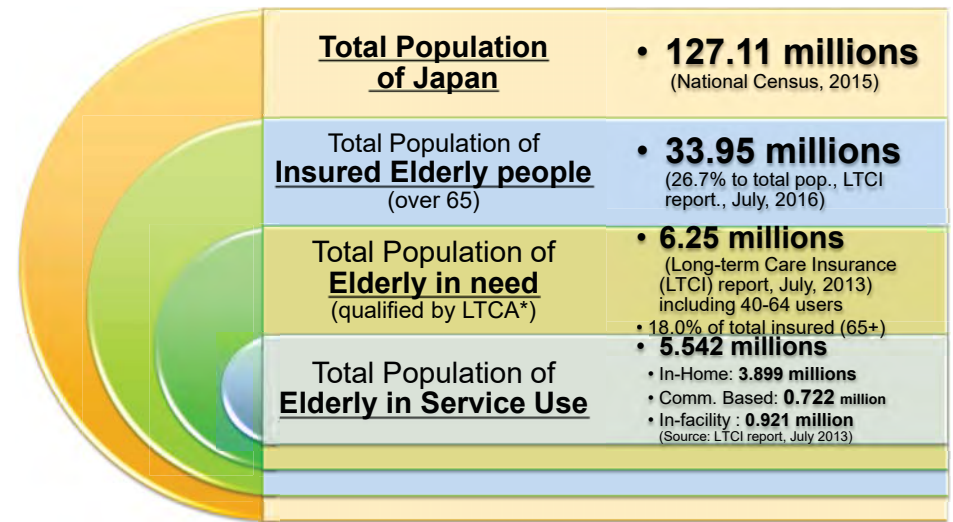


Project on Successful Aging: Community Based Programme and Social Support System in Malaysia

Why did Japan return to Community Based Support System for the elderly?

12-13 October 2016
 Social Policy Department
 General Manager / Senior Analyst
 Reisuke IWANA

Demographic Scale



What is typical Image of Japanese Society?

Super Aged Society?

Increasing Elderly people: 34 millions
Decreasing Young Generations

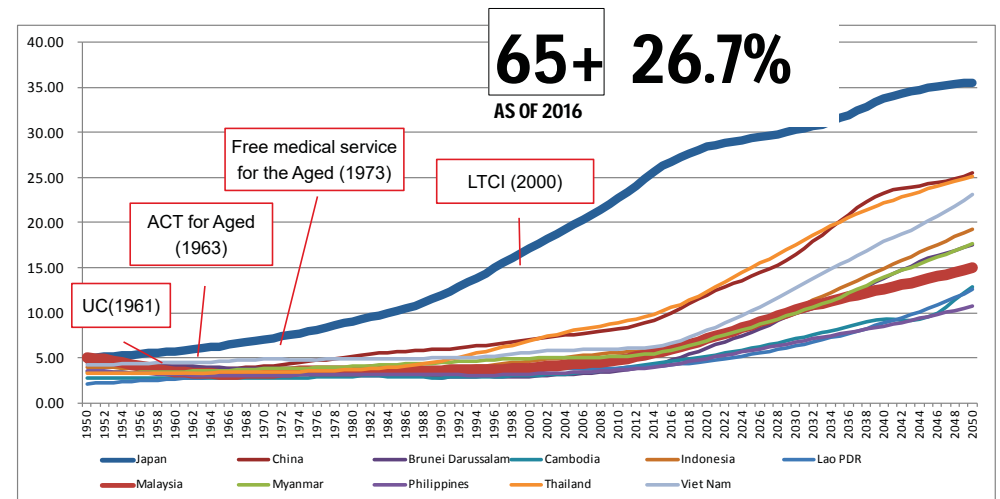
More than Quarter of population: 65+

Baby boomers (born in 1947-49) are about to reach at 75+ by 2025

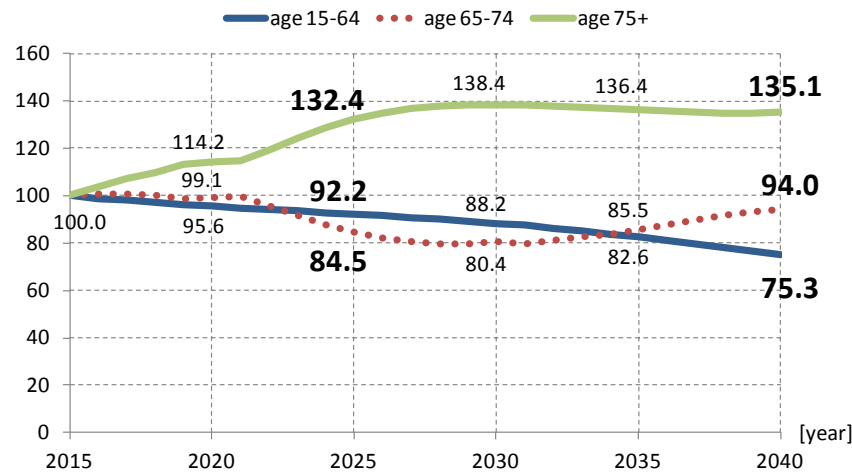
**Increasing Elderly living alone....
 More vulnerable households**

Source: UN Population prospects

Aging in Asia (% of 65+ in total pop.)



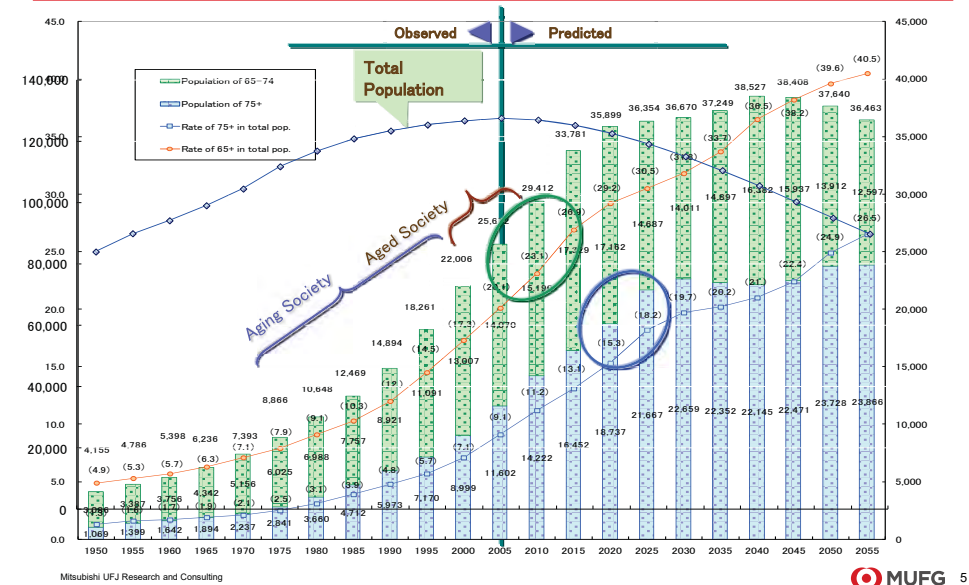
Demographic Change



Source: Graphed by MURC based on Population Prediction, Jan 2012, IPSS.
Index: Year 2015=100

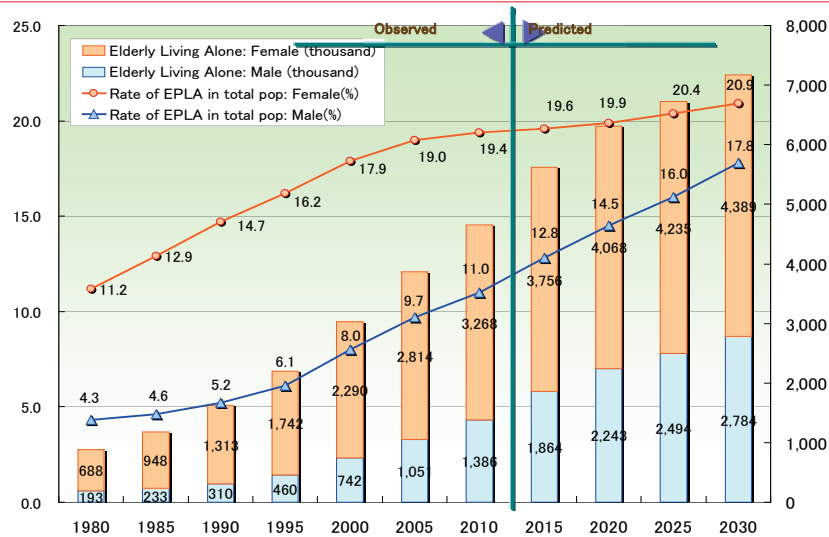
Source: Data until 2005; Ministry of General Affairs, National Census. Data after 2010; based on population prediction by National Institute of Population and Social Security Research

Population



Source: Data until 2005; Ministry of General Affairs, National Census. Data after 2010; based on population prediction by National Institute of Population and Social Security Research

Elderly People Living Alone



What is typical Image of Japanese Society?

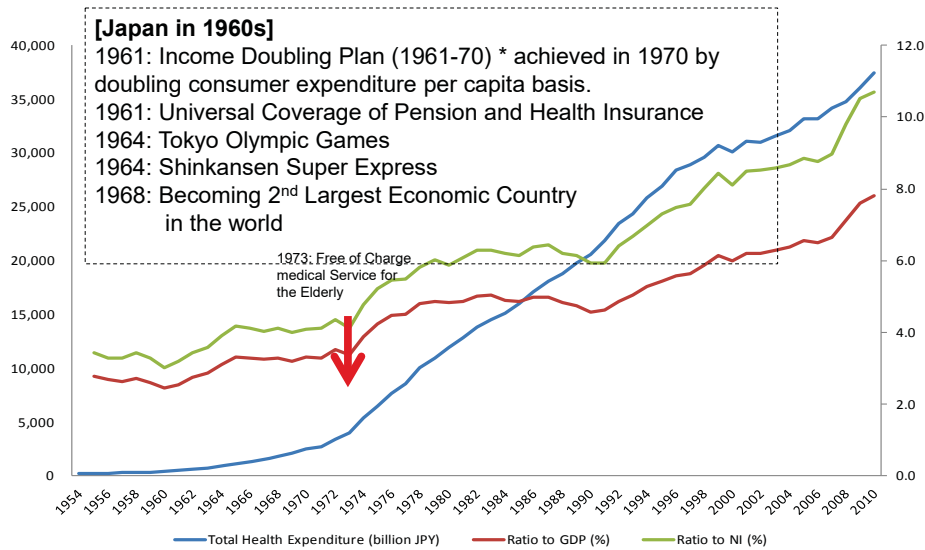
Advanced Social System?

Universal Coverage: 1961 on Pension and Health Insurance

Long Term Care Insurance: 2000 taking care of more than 6 million elderly people

Low Level of co-payment for Social Insurance (10-30% for Health-I, 10-20% for LTCI)

Historical Key Event



Social Security System in Brief

Benefit provided to individuals and households	Social Insurance (compulsory)	Health insurance (UC:1961) Pension Insurance (UC:1961) Long-term Care insurance (2000) Employment insurance Occupational accident compensation insurance	90.3 trillion yen (90.4%) 3 trillion MYR
	Social Welfare (tax based)	Welfare for Disabled, Elderly, children, and mothers. (Act for welfare for the Aged: 1963)	8.8 trillion yen (8.8%)
	Public Assistance	Public assistance (1946, 1950)	290 billion MYR
Policies establishing foundation of social security	Public Health	Measures for food sanitation, control against TB, infectious disease, and drugs tap water, etc.	0.8 trillion yen (0.8%) 28 billion MYR

But now we are faced with many difficulties

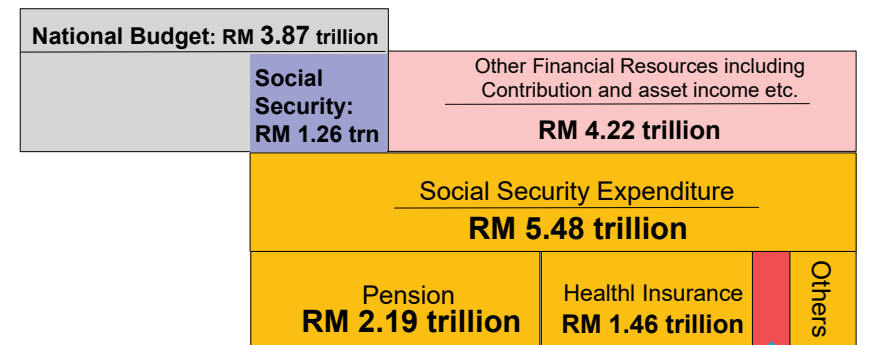
WE HAVE TO CHANGE

Need cost containment and control over use of services

Lack of human resources for the elderly care

Need innovation and improvement of skills and knowledge on promoting self reliance of elderly in need

Financial Magnitude of Social Security and LTCI (2014)



2025

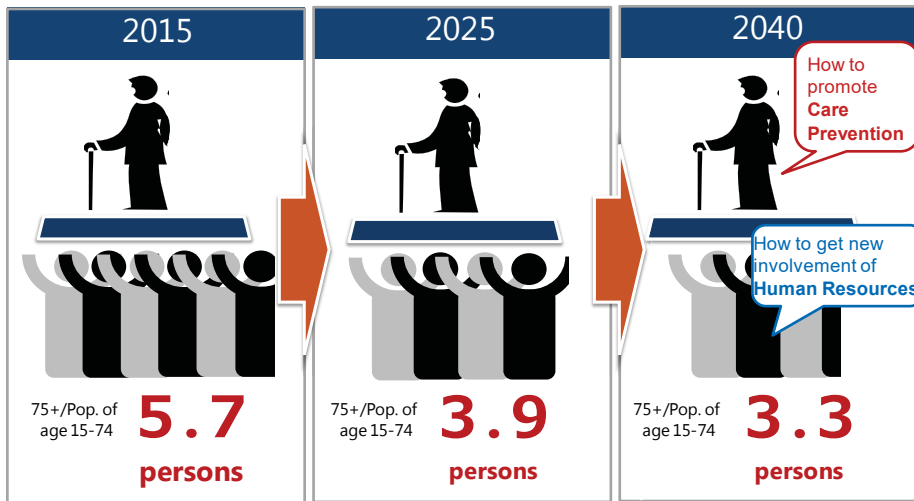
RM 0.81 trillion

Long Term Care Insurance
RM 0.37 trillion

JPY:100=RM4.04 1.0RM=JPY24.78

Source: Assembled by IWANA, according to MOF, and Institute of Population and Social Security Research

We are faced with demographic difficulties



Source: IWANA, Reisque, Mitsubishi UFJ Research and Consulting.

But now we are faced with many difficulties

What we have to do... are

Creating “Integrated care system” as a whole social system (which does not exclude informal sector)

Getting new involvement of human resources including informal and for profit sectors.

Re-developing “self reliance” oriented care competency

Community Based Integrated Care System (CBICS)



Source: MURC “Study Team on CBICS”

WHO is going to provide (After 2000: Introduction of LTCI)



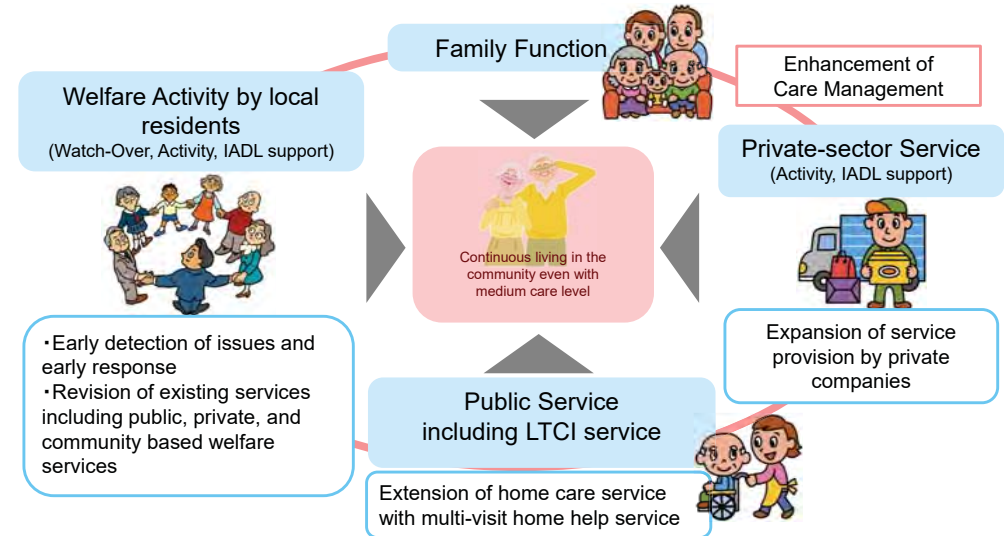
Source: MURC “Study Team on CBICS”

WHO is going to provide (From Now on....)



Source: MURC "Study Team on CBICS"

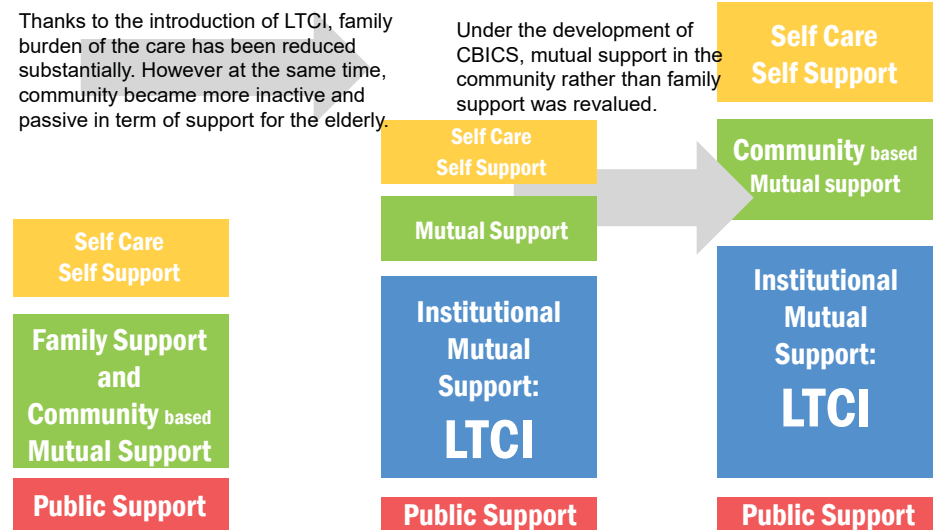
Community Based Integrated Care System



"Types of support"

Type of Support	Descriptions
Self Support (Self Help)	Doing by him/herself. Purchasing commercial service by his/her own expense. Taking care of him/her own health condition.
Mutual Support	Informal support among family, and in community, including support from NGO and volunteers.
Institutional Mutual Support	Institutionalized mutual support as a form of "social insurance system" which is arranged with contribution from insured members.
Public Support	Formal service based on tax, including public assistance for the minimum income guaranteed.

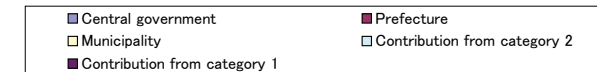
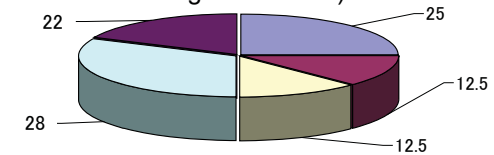
"Role shift" of each player



Appendix: Outline of “Long Term Care Insurance”

Outline of Long term care insurance(1)

- ◆ Insurer: Municipality or Group of municipalities. (local government)
- ◆ Type of insurance: Compulsory social insurance.
- ◆ Financing: contribution from the member category 1 (65+), and category 2 (40-64) and tax (central and local governments)

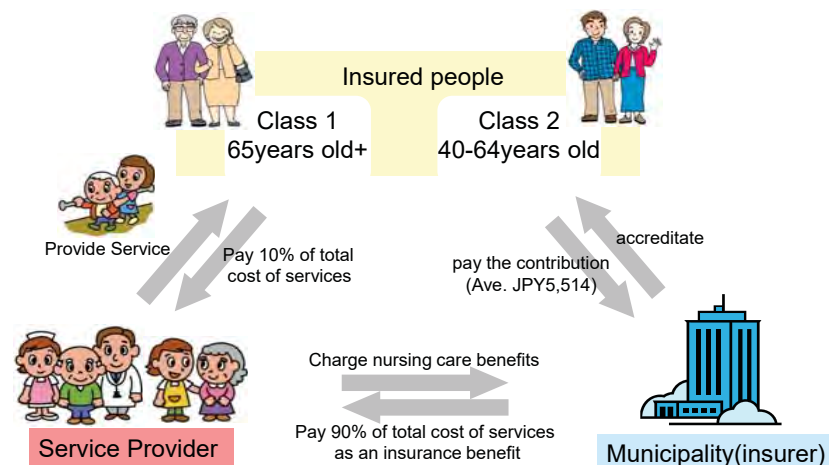


- ◆ Entitlement of benefit
 - ◆ Category 1: insured person who passes the certification of LTC need, and rated from support level 1,2 or care level 1-5.
 - ◆ Category 2: insured person who has disease listed as “specific disease”, and passes the certification of LTC need, and rated from support level 1,2 or care level 1-5.

Outline of Long term care insurance(2)

Benefit: benefit levels (7 classes according to care need) with ceiling

Monthly Benefit and Long Term Care Accreditation (for in-home)



	Ceiling of benefit(JPY)	Ceiling of benefit(MYR)	Condition
Support 1	50,030	MYR2,000	Independent (ADL) with support
Support 2	104,730	MYR4,200	Support for IADL
Care 1	166,920	MYR6,700	Care for ADL and IADL
Care 2	196,160	MYR7,800	
Care 3	269,310	MYR10,700	
Care 4	308,060	MYR12,300	Bedridden or care for entire daily life
Care 5	360,650	MYR14,400	

Source: Assembled by SAIKI Yuri based on Government Regulation

Use Fee : Insurance benefit: 90%, Co-payment: 10% of service fee

Unit rate for service use (example)

Day Service

Care Level	Day Service
Support level 1	¥16,470(Monthly Amount)
Support level 2	¥33,770(Monthly Amount)
Care level 1	¥6,560(Daily Amount)
Care level 2	¥7,750 (Daily Amount)
Care level 3	¥8,980 (Daily Amount)
Care level 4	¥10,210 (Daily Amount)
Care level 5	¥11,440 (Daily Amount)

※Care Level 1-5: 7-9 hour service

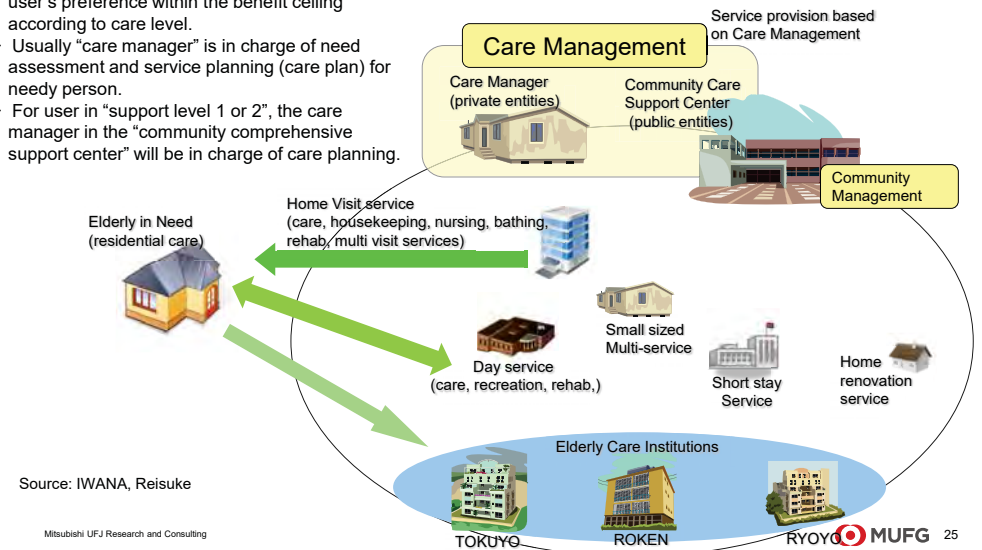
Home Help Service(Care Level 1~5)

	Less than 20min	20-29 min	30 min- 59min	60min – 89min
Physical support	¥1,650	¥2,450	¥3,880	¥5,640

	20-44 min	More than 44min
Life support	¥1,830	¥2,250

Usage of service

- ◆ User can access to the services according to the user's preference within the benefit ceiling according to care level.
- ◆ Usually "care manager" is in charge of need assessment and service planning (care plan) for needy person.
- ◆ For user in "support level 1 or 2", the care manager in the "community comprehensive support center" will be in charge of care planning.



Service Menu of Long Term Care Insurance(1)

Home care service

- Home Visit type
 - Home helper service, Home visit bath, Home visit nurse, Home visit Rehabilitation
- Day service type
 - Day Service / Day Care Service (rehab.)
- Short Stay
 - Short stay service in the institutions (from several days to weeks)

Institutional Care (only for Care Level 1~5)

- TOKUYO, ROKEN, RYOYO (as described later)

Community-Based Service

- Home Visit type
 - Home helper service for night care, Multi-visit home help service
- Day service type
 - Day Service for the elderly with dementia
- "Group Home"
 - Small scale resident type institution for Dementia
- Small scale Institutional Care
- Combination Service
 - Home helper service, Home visit nurse, Day Service, Short Stay

Service Menu of Long Term Care Insurance(2)

Community Support Program

- Preventive care program (for unqualified)
 - Secondary preventive care program: Survey for semi dependent people, Day care service for semi dependent (physical rehabilitation, consultation for nutrition, and oral training), home visit for semi dependent, and evaluation programs for prevention programs
 - Primary preventive care program: Activities for public awareness on preventive care in the community for entire elderly population in the community including promotion and training of preventive care by community volunteers

=>2015~reformed system (Enhancement of Care Prevention, +Life Support)

- Comprehensive support program
 - Care management for prevention
 - General consultation support program
 - Advocacy program
 - Comprehensive and continuous care management (support for care managers acting in the community as private entity)
- Voluntary program (under discretion of municipality)
 - Standardization program for LTC benefit
 - Supporting program for carers and family

Continuum of Aged care : Transition Care Malaysian Scenario

Lee Fatt Soon
Geriatrician
Hospital Kuala Lumpur

Population Ageing in Malaysia

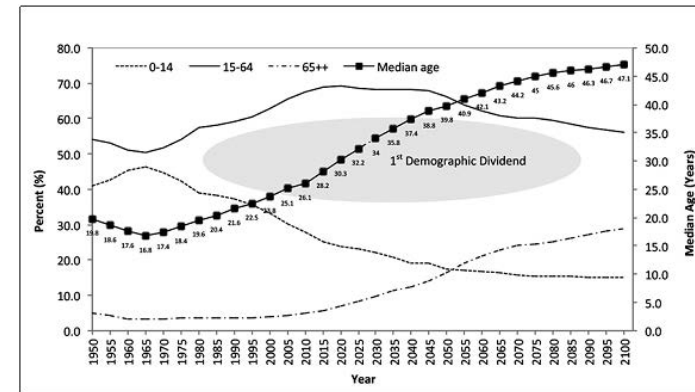


Figure 3 Population Age Structure and Median Age, Malaysia, 1950-2100

Source: Author's calculation based on the World Population Prospects: The 2012 Revision (UN, 2013)

Population Ageing in Malaysia

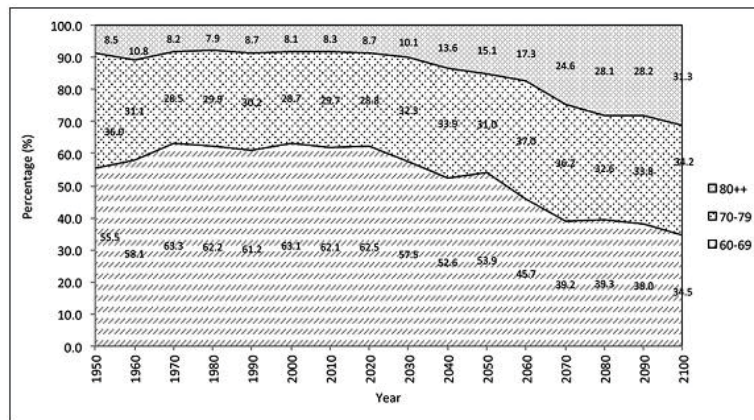
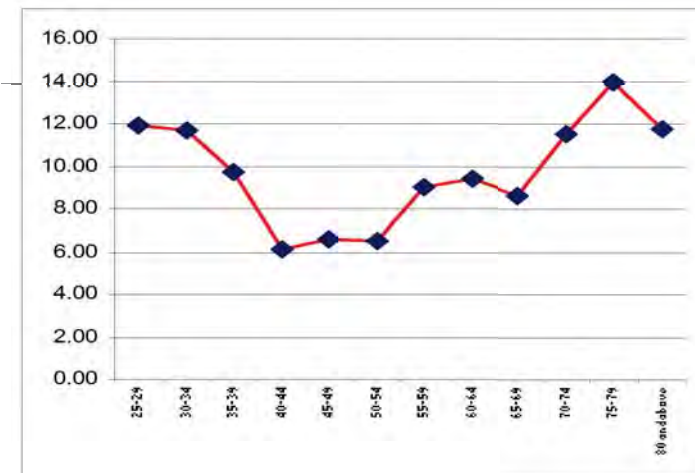


Figure 9 Growth of the Older Population in Malaysia, 1950 - 2100

Source: World Population Prospects: The 2012 Revision (UN, 2013)

Prevalence of hosp of elderly



2. Volume 3. National Health and Morbidity Survey 1996.

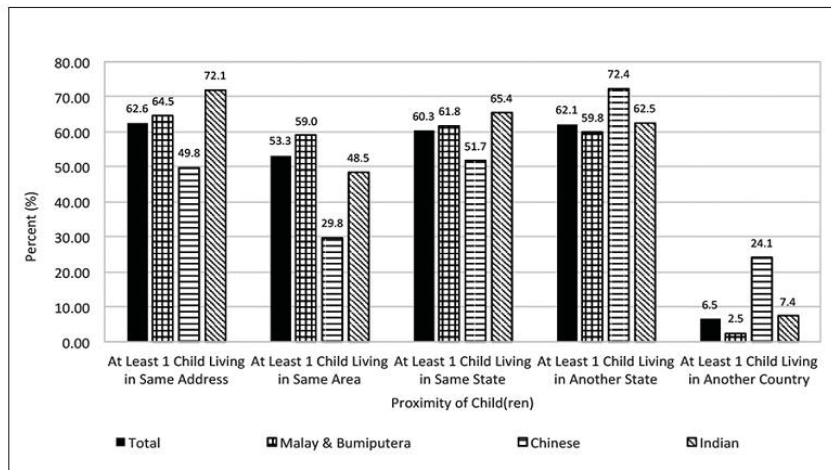
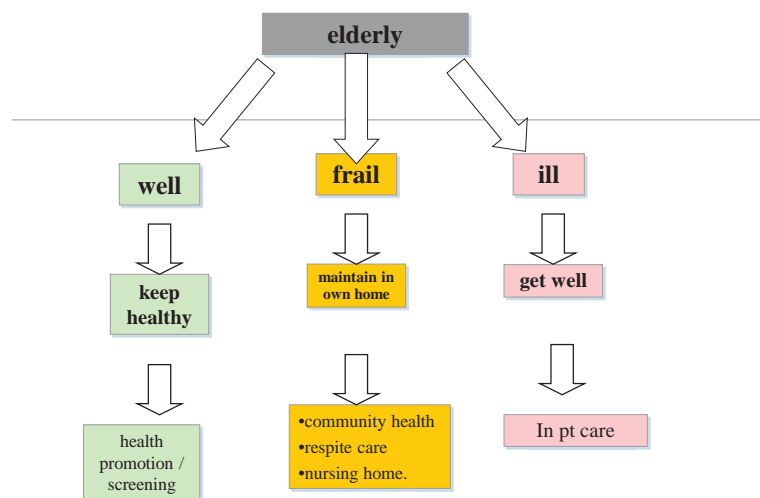


Figure 14 Proximity of Adult Children by Ethnicity, 2008

Source: Yahaya et al. (2009)



Aim of treatment

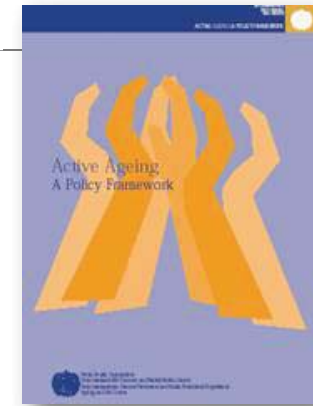
Aim of treatment

Years to life

Life to years

Aim : Quality of Life

- ability to maintain
 - autonomy and
 - independence.*

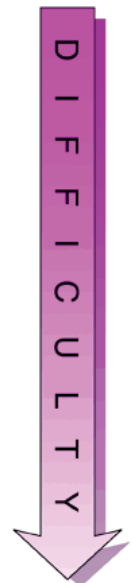


Independence →
functional impairments

Functional capacity

Activities of Daily Living - ADL

- Feeding
- Grooming
- Transfers
- Mobility
- Use toilet
- Dressing
- Stairs
- Bathing
- Bowels
- Bladder



Managing Older patient

1. Physical Disease

- multiple comorbidities

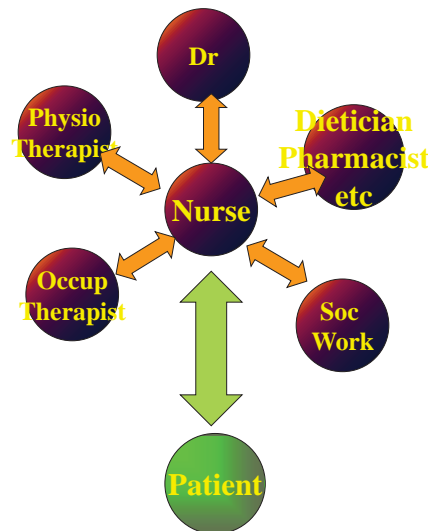
2. Disability → FUNCTION

Aspects of Management

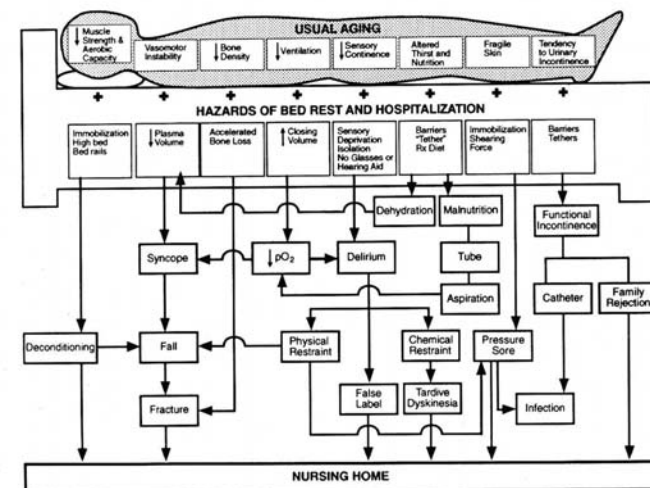


Requirement

1. multiple co morbidities
multifactorial interaction
Multidisciplinary team
2. environment enabled
functionally independent. Physical structure



Hazards of hospitalisation



Req : proper facilities across the spectrum of elderly

- Use next highest one →
 - Cost
 - Mismatch resources (someone loses out)
- Response to pt not ideal
 - e.g NG tube chg in AE
- Clog up emergency /ac care services
- No time to settle other problems (can't do holistic care in ac setup)

- **Intermediate Care**
- WRITTEN ON 19 FEBRUARY 2008.
- **Guidance to Commissioners and Providers of Health and Social Care**
- **1. Introduction**
- 1.1 The concept of intermediate care (I.C.) is conceived as a range of service models aimed at “care closer to home” and has involved the expansion and development of community health and social services.

- underpinning aims are, firstly, to provide a genuine alternative to hospital admission for some carefully selected patients and, secondly, to provide early supported discharges for others.
- Both aims require the provision of opportunities for further assessment and rehabilitation of older people.

- **Definition of Intermediate Care**
- Services targeted at people who would otherwise face unnecessarily prolonged hospital stays or inappropriate admission to acute inpatient care, long-term residential care, or continuing NHS inpatient care.
- Services provided on the basis of a comprehensive assessment, resulting in a structured individual care plan that involves active therapy, treatment and opportunity for recovery.
- Services which have a planned outcome of maximising independence and typically enabling patients/users to resume living at home.
- Services which are time limited, normally no longer than six weeks, and frequently as little as one to two weeks or less.
- Services which involve cross-professional working, with a single assessment framework, single professional records and shared protocols.

SOCIAL PROTECTION FLOOR for Older Persons in the Community

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Department of Social and Development Sciences
Faculty of Human Ecology
Universiti Putra Malaysia



Content



Introduction Social Protection Systems & Social Protection Floor

A Social Protection System (or Social Security System) consists of all types of social protection schemes and programs within a given country.

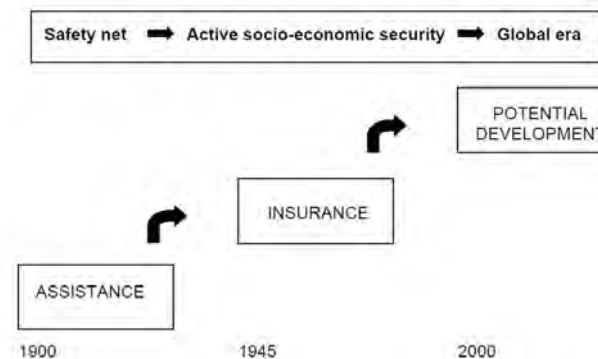
These different schemes and programs can either be contributory or non contributory but most importantly they should be interlinked and complementary in their objectives and functions. Thus the need for close coordination within the system.

Social protection is still a privilege for a few and the huge social protection gap is not acceptable from a human rights perspective and is also a missed opportunity from an economic and social development point of view. ILO member states adopted a Recommendation outlining basic levels of protection for all known as Social Protection Floors (SPF).

Social Protection Floors (SPF) is a fundamental element of the national social protection systems with the purpose of providing a basic level of protection for all.

What can Malaysia learned from other countries who have adopted SPF recommendations from ILO?

Evolution of SOCIAL PROTECTION



(Garcia & Gruat, 2003)

What is SOCIAL SECURITY?

Social security may be defined as any programme of social protection established by legislation, or any other mandatory arrangement, that provides individuals with a degree of income security when faced with the contingencies of **old age, survivorship, incapacity, disability, unemployment or rearing children**. It may also offer access to curative or preventive medical care.

As defined by the International Social Security Association, social security can include 1) social insurance programmes, 2) social assistance programmes, 3) universal programmes, 4) mutual benefit schemes, 5) national provident funds, and 6) other arrangements including market-oriented approaches that, in accordance with national law or practice, form part of a country's social security system.

- International Social Security Association, <http://www.issa.int/>

What is the difference between SOCIAL SECURITY and SOCIAL PROTECTION?

Social security is the protection which society provides for its members through a series of public measures:

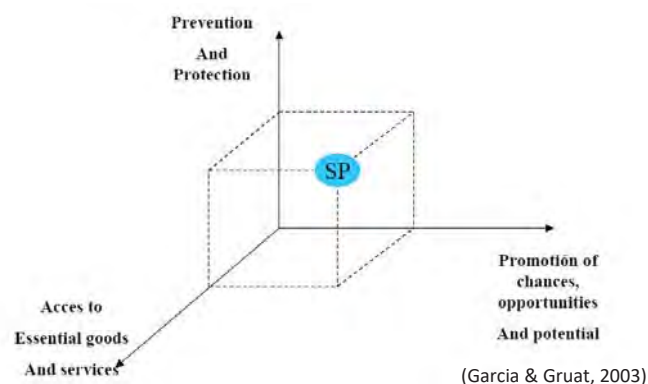
- To offset the absence or substantial reduction of income from work resulting from various contingencies (notably sickness, maternity, employment injury, unemployment, invalidity, old age and death of the breadwinner);
- To provide people with health care; and
- To provide benefits for families with children.

Social protection is defined to include not only public social security schemes but also private or non-statutory schemes with a similar objective, such as mutual benefit societies and occupational pension schemes, provided that the contributions to these schemes are not wholly determined by market forces.

- Global Extension of Social Security, <http://www.ilo.org/gimi/gess/>

SOCIAL PROTECTION OBJECTIVES & DIMENSIONS

- Guarantee access to essential goods and services
- Promote active socio-economic security
- Advance individual and social potentials for poverty reduction and sustainable development



ILO Global Campaign on Social SECURITY for All (ILO, 2012)

Progressive universalism:

- Building progressively higher levels of protection
- Based on a basic 'Social Floor' consisting of:

HEALTH: Universal guarantee of access to basic health benefits, through a set of sub-systems linked together: a public health service funded by taxes, social and private insurance and micro-insurance systems.

BASIC PENSIONS: Guaranteed income security for people in old age, invalidity and survivors through basic pensions.

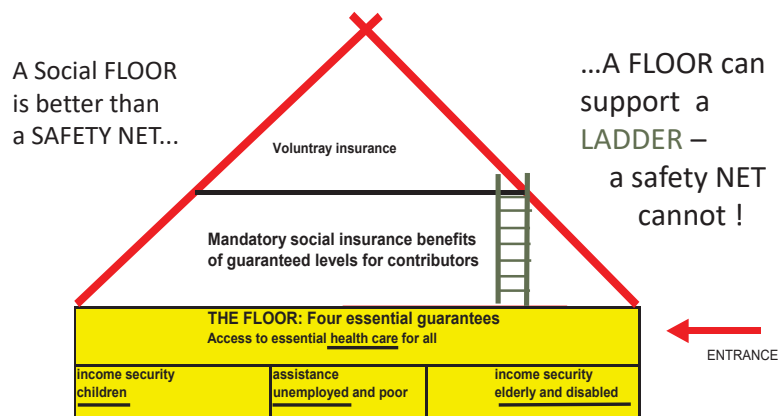
CHILDREN: Guaranteed income security for all children through family/child benefits aimed to facilitate access to basic social services: education, health, housing.

UNEMPLOYMENT/POVERTY: Guaranteed access to basic means tested/self targeting social assistance for the poor and unemployed in active age groups.

ILO SocSec:

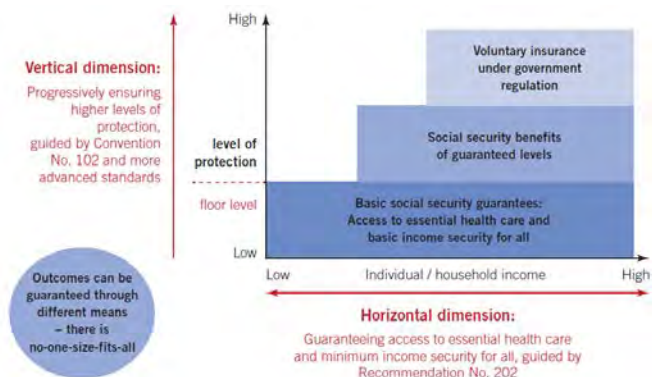
The Social Floor of a Social Security House

You build a FLOOR in order to build more...



The ILO Global Campaign to extend Social Security to all

Two-dimensional Strategy for the Extension of Social Security (ILO, 2012)



Focus of SP Policies & Strategies at DIFFERENT LIFE STAGES

(Garcia & Gruat, 2003)

- Young population**
 - Basic needs +
 - Education & training
- Adult population**
 - Basic needs +
 - Employment (*Accumulation phase*)
- Aged population**
 - Basic needs +
 - Long-term care (*Decumulation phase*)

	FIRST PHASE BEFORE WORKING YEARS	SECOND PHASE DURING WORKING YEARS	THIRD PHASE AFTER WORKING YEARS
The first dimension: access to essential goods and services	FOCUS: Investing on sustainable personal and social potential, chances and opportunities, including active disability when possible	FOCUS: Investing in maintaining and enhancing sustainable personal and social potential, chances and opportunities, including active disability when possible	FOCUS: Investing in contributing to active ageing, maintaining of independence, maintaining and enhancing participation in society and disability prevention
The second dimension: prevention and protection (proactive security)			
The third dimension: the promotion of potentials and opportunities			

CROSS-CUTTING - PEACE, EQUALITY, etc.

Social Protection System in Malaysia

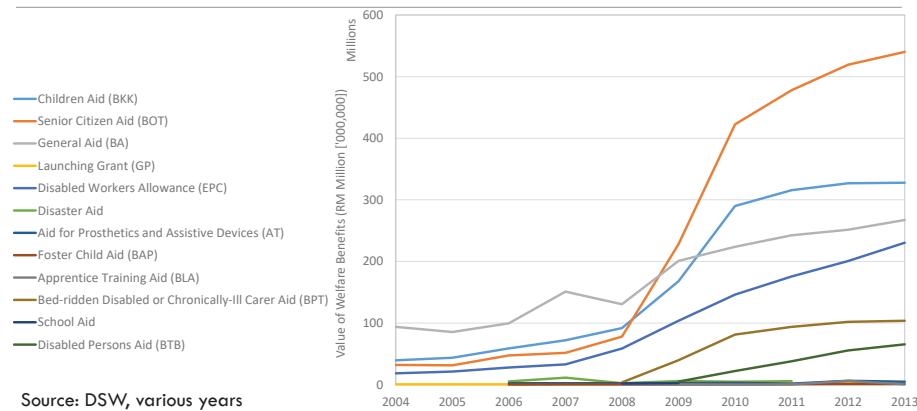
- Mapping of Pension System according to WB's 5 pillar model (Holzmann, 2015, p. 3)
- Coverage of informal sector workers is a problem.
- Other Issues:
 - Adequacy (e.g. BOT, EPF)
 - Sustainability (e.g. Pension)
 - Targeting
 - Cost-effectiveness
 - Impact

Table 1: Malaysia's Pension Programs – Mapped

	Name of Program Institution	Benefit Type	Financing Type
Pillar 0: Basic benefits through social pensions or at least social assistance	Bantuan Orang Tua (Cash benefits)	Basis cash benefit of RM300 per month	General revenue
	Rumah Seri Kenangan (retirement homes)	In kind benefit	General revenue
	Pusat Jagaan Harian Warga Emas (elder daycare centers)	In kind benefit	General revenue
Pillar 1: Mandated, unfunded, defined benefit or contribution schemes	Civil Service Pension Fund	Old-age, disability, survivorship	General revenue
	SOCSO	Work injury, disability, survivorship	Employer and employee contribution
Pillar 2: Mandated, fully funded, occupational or personal schemes	LTAT (armed forces)	All benefits	Employer and employee contribution
	EPF (private sector)	Lump sum/phased withdrawal	Employer and employee contribution Voluntary contribution by self-employed
Pillar 3: Voluntary, fully funded, occupational or personal schemes	PRS: Private Retirement Scheme	Lump sum, (fixed term) annuity	Voluntary premium, tax incentives RM 3,000
Pillar 4: Access to informal and other formal provisions, and personal assets	Family Basic health care Public housing	Cash and in kind benefits	Family members, budget-financed, budget support

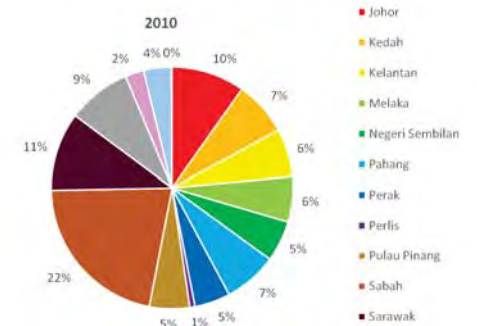
Source: Author drawing, *inter alia*, on Ong and Hamid 2010, Othman 2010, and World Bank 2002.

SPENDING ON DSW FINANCIAL ASSISTANCE SCHEMES, 2004 - 2013

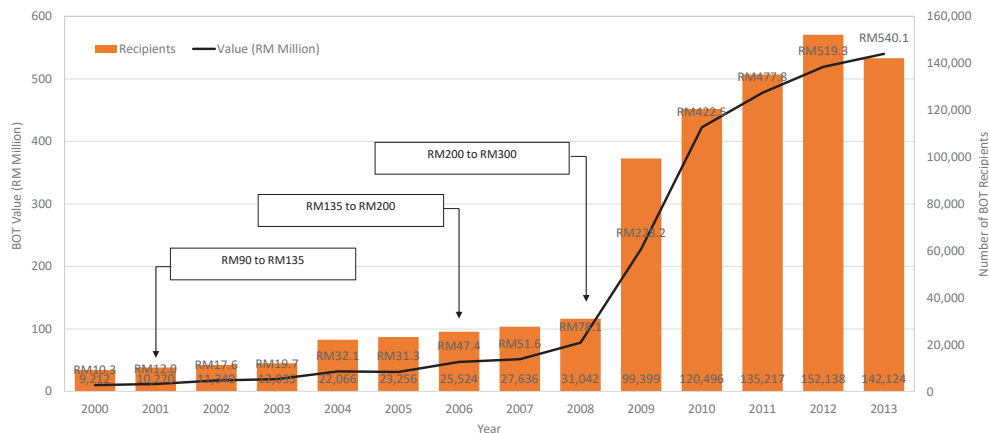


SENIOR CITIZEN AID / BANTUAN ORANG TUA

- Targeted at older persons, the aid provides financial assistance to the aged to continue staying in the community.
- Benefit: RM300 per month per older person (≥60 y.o.) [12 months]
- Eligibility:
 - Malaysian
 - No fixed income to sustain livelihood
 - No family or no family members providing support
 - Means-tested according to investigation officer



BOT STATISTICS, 2000 - 2013



BOT RECIPIENTS BY ETHNICITY, 2007, 2010 & 2013

Ethnicity	2007		2010		2013	
	Recipients	Value (RM)	Recipients	Value (RM)	Recipients	Value (RM)
Malay	16,848	32,990,985	54,993	174,354,600	58,526	216,515,200
Chinese	3,745	7,340,230	24,395	78,059,400	27,725	100,095,100
Indian	2,499	5,618,590	13,067	41,464,400	13,518	49,455,800
Psm	22	64,000	385	1,237,200	467	2,254,200
PSb	2,908	3,485,610	18,546	96,665,100	24,762	116,674,800
PSw	1,523	1,940,105	8,322	27,200,700	12,914	49,432,500
Others	91	193,370	788	3,475,200	4,212	5,654,300
TOTAL	27,636	51,632,890	120,496	422,456,600	142,124	540,081,900

Pensioner & Civil Service Statistics, 2005 - 2012

Year	Number of Pensioners and Pension Recipients		Total Current Expenditure for Pension and Gratuities		Employment by Government Services	Total Current Expenditure for Emolument	
	Pensioners	Pension Recipients	RM Million	% of TCE	Number ('000)	RM Million	% of TCE
2005	451,938		6,809	7.0	1,118.4	25,587	26.2
2006	334,228	136,655	7,008	6.5	1,152.5	28,522	26.5
2007	351,568	144,712	8,251	6.7	1,174.8	32,587	26.5
2008	372,228	139,655	10,022	6.5	1,122.7	41,011	26.7
2009	371,812	156,771	10,146	6.5	1,247.9	42,778	27.2
2010	383,989	144,071	11,515	7.6	1,249.5	46,663	30.8
2011	401,632	147,692	13,565	7.4	1,251.8	50,148	27.5
2012	411,729	153,954	14,188	7.0	1,254.9	59,197	29.2

Source: JPA (various years); MOF (various years)

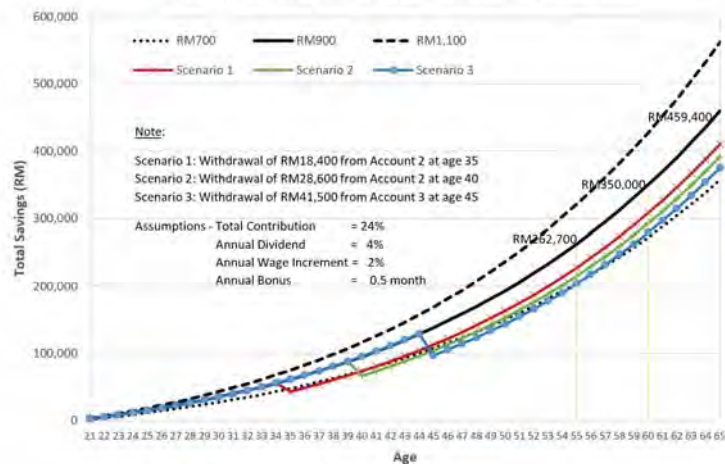
Average Savings at Age 54 for Active and Non-active EPF Members, 2000 - 2014

Year	Active Members			Non-active Members		
	Number	Total Savings (RM)	Average Savings (RM)	Number	Total Savings (RM)	Average Savings (RM)
2000	29,089	2,184,188,144	75,086	80,451	1,145,480,613	14,238
2001	35,681	2,757,136,817	77,272	91,275	1,326,259,816	14,530
2002	34,979	3,093,168,869	88,429	87,453	1,408,717,594	16,108
2003	39,238	3,625,832,417	92,406	97,287	1,684,391,472	17,314
2004	39,535	3,915,853,224	99,048	98,677	1,757,913,099	17,815
2005	42,881	4,585,383,416	106,933	107,534	2,029,849,511	18,876
2006	47,438	5,427,045,812	114,403	108,097	2,321,761,533	21,479
2007	48,501	5,876,552,582	121,164	124,094	2,553,084,269	20,574
2008	53,022	7,027,524,442	132,540	130,653	2,860,548,303	21,894
2009	54,939	7,681,372,168	139,816	134,556	3,055,433,736	22,708
2010	62,028	8,868,040,956	142,968	148,844	3,528,282,764	23,705
2011	62,358	9,304,858,493	149,217	146,172	3,418,820,359	23,389
2012	68,151	10,788,445,936	158,302	157,425	3,802,693,654	24,156
2013	73,168	12,193,461,751	166,650	160,131	4,203,516,072	26,250
2014	76,424	13,767,990,019	180,153	166,131	4,578,149,209	27,557

Source: Author's tabulation from EPF Annual Report (EPF, 2005 - 2010); Tengku Aizan & Chai, 2013

IMPACT OF MINIMUM WAGES ON RETIREMENT SAVINGS

Figure 2. Projection of EPF Savings for Members with Monthly Salary of RM700, RM900 and RM1,100, and Three Different Early Withdrawal Scenarios, 2015 - 2059



Source: Author's calculation using the EPF Savings Calculator from www.kwsp.gov.my

Income Security in Old Age

Long-term

- Financial education

Medium-term

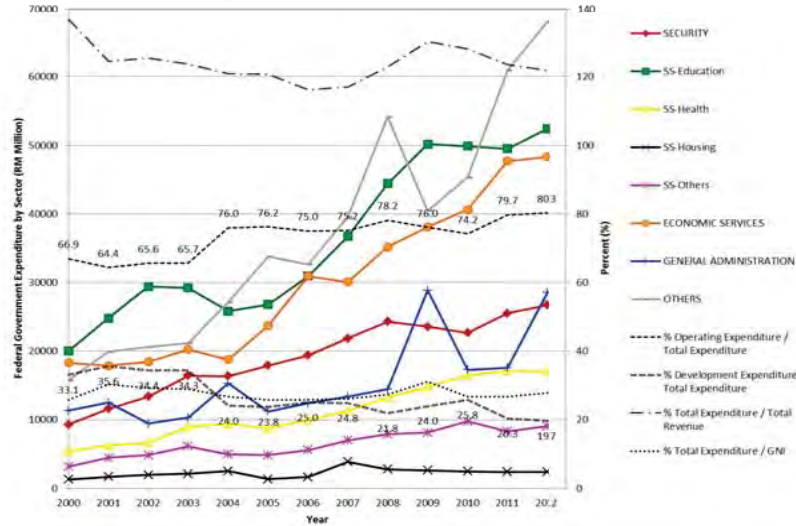
- Limitations of savings / investment instruments

Short-term

- Employment
- Livelihood program
- Going beyond cash transfers



FEDERAL GOVERNMENT EXPENSITURE, 2000 - 2012



NEW CHALLENGES

Social protection has become more relevant and important due to:

- The impact of global economic recession
- Population ageing

Social protection is **not opposed** to economic development

Globalization has made safety nets even more essential for three reasons (Asher and Amarendu, 2006):

- (1) cushioning the burden of restructuring;
- (2) increasing legitimacy of reforms; and
- (3) enabling risk taking by individuals and firms by providing a floor level income in the event that risk taking ventures fail to materialize.

Why the spread of social security is weak in the developing countries?

Pre-dominance of informal or unorganized sectors in the economy:

- Informal economy workers have little or no security of employment or income. Their earnings tend to be very low and fluctuate more than those of other workers. Informal sectors damage protection in the formal sectors.

Globalization:

- Combined with technological changes, globalization expose people with greater uncertainties, e.g. Latin American crisis, Asian economic crisis

Promotion of foreign investment:

- It kills small scale sectors, local industries and takes away unskilled jobs.

...and other causes of low spread of social security

Tax competition:

It reduces social ability to support security, causes budget cuts in many countries

Low wages:

General prevalence of low wage structures because of low economic growth combined with unlimited supply of surplus labor create lower base for social security

Bad management of public sector:

Instead of revenue generator public sectors often turn out to be revenue absorber, through built-in inefficiency, corruption and bureaucratic mode of functioning. They are unable to be a model sector for the rest.

SUMMARY

Social security is a human right and all people, regardless of where they live, should be guaranteed at least a floor of basic social protection.

– Social security is a social and economic necessity to combat poverty and social exclusion and promote development, equality and equal opportunity.

– A floor of social protection is economically affordable and can be introduced, completed or maintained everywhere, in accordance with national circumstances.

– A floor of social protection should consist of at least four basic social security guarantees: essential health care; and basic income security during childhood, adulthood and old age for all residents and all children.

– All societies should also develop strategies to enhance their levels of social security, guided by international social security standards as their economies mature and fiscal space widens.

The Way Forward

Prioritize to meet basic and PRIMARY human needs – food, shelter (& sanitation), and healthcare. *Safety nets & progressive SP.*

Expand to cover SECONDARY human needs – education, safety & security (e.g. personal or financial), enabling environments, companionship, love, dignity & belonging. *Beyond welfarism & paternalism.*

Diversify the delivery mechanism to fulfill both primary and secondary needs of the vulnerable groups, i.e. not just means-tested State cash transfer programs. *Towards developmental solutions.*

Engage multi-sector stakeholders to ensure provisions for independent and dependent cases across all SES levels. *Shared responsibilities, smart partnerships and the triple bottom line approach.*

THANK YOU

Q & A



HOME HELP SERVICES

Department of Social Welfare, MALAYSIA



NBOS

BACKGROUND INFORMATION

1

This program is a proactive government action in accordance with the Policy and National Plan of Action for the Elderly 2010 as the initial setup to achieve the status of 'Aged Country' by 2030.

2

Initiative to implement the Help Services Program at Home (Home Help Services) as the result of the participation of Malaysia in the ASEAN-ROK (Republic of Korea-ASEAN) Summit Conference (10 +1) held in Manila in November 1999

3

At 22-25 May 2012, in collaboration with USIAMAS Welfare Association Malaysia (USIAMAS), the Social Welfare Department have organized the ROK ASEAN Regional Conference on Home Care for Older Person to discuss the implementation of the home care program for the elderly

INTRODUCTION

Government initiatives to encourage community participation in voluntary activities

Proactive measures to face year 2030 when Malaysia is expected to achieve the status of "The AGED COUNTRY"

Defend and protect the vulnerable and marginalized

Focus on Senior Citizens and People with Disabilities (PWDs)

NBOS7 – 1MALAYSIA FAMILY CARE

Program based on health and social services for comprehensive strategic collaboration with all parties

Ministry of Health and the Ministry of Women, Family and Community Development through Department of Social Welfare acts as the Joint-Secretariat

Fulfill the wishes and aspirations of the people, especially the elderly and disabled in accordance with the slogan "People First, Performance Now"

Provide assistance and social support to the elderly and the disabled so that their daily lives will be more comfortable, respected and not feel themselves excluded

Provide assistance and social support to families who care for the elderly and disabled in continuing taking responsibility for maintaining and protecting the family members who belong to the elderly and disabled

OBJECTIVES

To activate the community to help the elderly and disabled or families who care for the elderly and disabled in accordance with the concept of a caring society

Encourage the elderly and disabled to continue living in their homes and live in their family unit and society

TARGET GROUPS

Elderly Persons

- Individuals aged 60 years and above. Senior citizens who are eligible for these services are senior citizens who live alone or with their families but need social support services, weak and poor.

Disabled Persons (PWD)

- According to the Persons with Disabilities Act 2008, defined as those with disabilities who have long term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society.

CLUSTER SERVICES	
Provision of Food & Drink	Buying Daily Necessities
Self cleaning	Washing Clothes
Friend's Conversation	Physiotherapies
Recreational Activities	Counselling
House Cleaning	Payment of Utilities Bills
Accompanying to the Places of Worship	Accompanying to Hospitals and Drug Intake
Accompanying to the Bank	Other related aids and services

IMPLEMENTATION METHODOLOGY

FOCUS

- Focus on the elderly and disabled who live alone and with family members who needs help and support

SYSTEMATIC

- Guided Implementation Guidelines
- Care according to the ratio set

STRATEGIC

- Program implemented with collaboration with Voluntary Welfare Associations (NSAs)

METHODS OF IMPLEMENTATION

Home Help Program is implemented through a strategic partnership between the Social Welfare Department (SWD) and Non-Governmental Organizations (PSK)

HOME HELP SUPPORT PROGRAM CATEGORY

- ❖ Program Coordinator
- ❖ Field Co-ordinator
- ❖ Home Helper

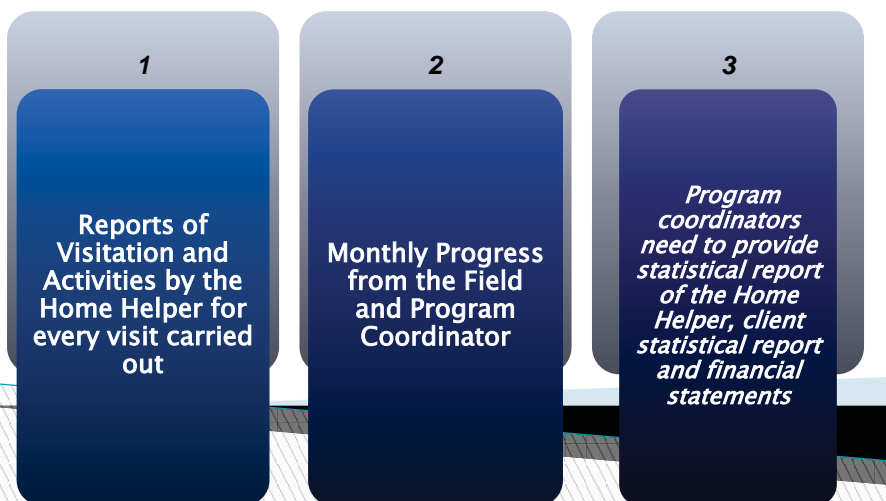
METHODS OF IMPLEMENTATION



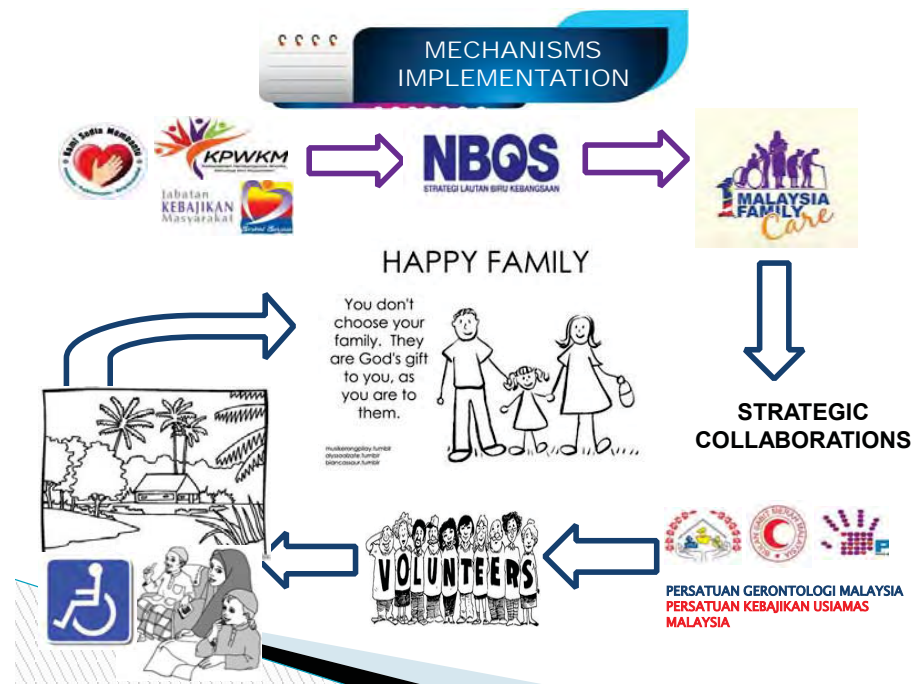
Home Helper will be given incentive.

Each client receives services will be given consolation.

REPORTING



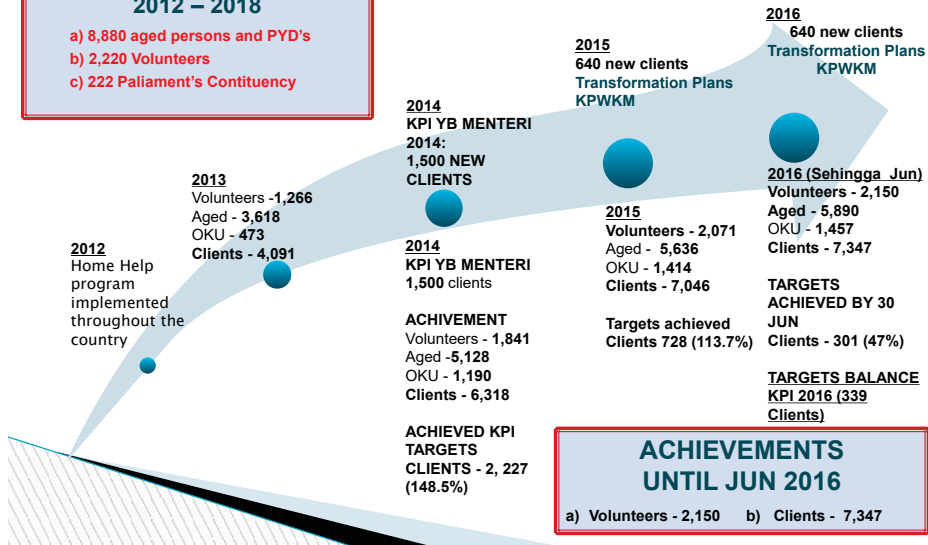
MECHANISMS IMPLEMENTATION



TARGETS FOR THE YEAR OF 2012 – 2018

- a) 8,880 aged persons and PYD's
- b) 2,220 Volunteers
- c) 222 Paliament's Contiguency

KPI YBhg. KSU KPWK
Under Transformation Plans KPWK
640 NEW CLIENTS ANNUALLY
STARTING FROM 2015 - 2018



ACHIEVEMENT AS ON 31 JULY 2016

PROGRAMMES	KPI 2016	MONTHS							ACHIEVEMENT AS AT 31 JULY 2016
		Jan	Feb	Mar	April	May	June	July	
Home Help Services	640 (Elderly & PWDs)	40	20	96	30	55	60	76	377 (59%)
	160 Volunteers	10	5	27	8	13	16	19	98 (61%)

IMPLEMENTATION STATUS OF THE PROGRAMME CONDUCTED BY JKM DAN PSK UNTIL 31 JULAI 2016

BIL	STATE	VOLUNTEERS	CLIENTS		BIL	NON-GOVERNMENTAL ORGANISATIONS (PSK)	VOLUNTEERS	CLIENTS	
			ELDERLY	OKU				AGED	OKU
1.	Perlis	35	96	45	1.	Majlis Pusat Kebajikan SeMalaysia (MPKSM)	425	1,337	215
2.	Kedah	139	426	96	2.	Persatuan Kebajikan Usiamas	22	86	--
3.	P.Pinang	64	182	25	3.	Persatuan Gerontologi Malaysia (GeM)	121	449	38
4.	Perak	69	158	84	4.	Bulan Sabit Merah Malaysia (BSMM)	20	68	2
5.	Selangor	146	385	119	5.	Pusat Sukarelawan Sabah	40	102	58
6.	K.Lumpur	17	26	26	OVERALL TOTAL		628	2,355	
7.	N.Sembilan	81	287	55	<p>Volunteers : 2,169 Elderly : 5,938 OKU : 1,485 } 7,423</p> <p>5,068</p>				
8.	Melaka	42	88	16					
9.	Johor	100	284	100					
10.	Pahang	135	195	126					
11.	Terengganu	137	390	37					
12.	Kelantan	149	487	56					
13.	Sarawak	303	530	290					
14.	Labuan	9	10	12					

ACHIEVEMENTS & RECOGNITIONS



PRIME MINISTER INNOVATION AWARD

ENTERED PRIME MINISTER INNOVATION AWARD COMPETITION



KPWKM

SOCIAL INNOVATION PROJECT KPWK

PROGRAM JPA BERIMPAK TINGGI

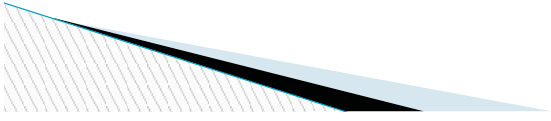
KEMENTERIAN PENDIDIKAN MALAYSIA

COOPERATION WITH KPM & YAYASAN BUDI PENYAYANG

PENYAYANG
Yayasan Budi Penyayang Malaysia



Thank You



SUCCESSFUL AGEING AND COMMUNITY FOR ELDERLY IN SINGAPORE

Dr Ng Wai Chong



LONGEVITY IN SINGAPORE

One of the fastest ageing countries in the world -

- In 2011:
 - 340,000 or 10% of residents were aged 65 and above
- By 2030:
 - 900,000 or 24% of residents will be aged 65 and above
- We will more than double our older population from 10% to 24% in 19 years

Source: Singapore Department of Statistics

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CROSS-MINISTERIAL WORK EFFORTS ON AGEING ISSUES

- ❑ 1984 – Committee on the Problems of the Aged
- ❑ 1989 – Advisory Council on the Aged
- ❑ 1999 – Inter-Ministerial Committee on Ageing Population
- ❑ 1999 - Inter-Ministerial Committee on the Healthcare Needs of the Elderly
- ❑ 2006 – Committee on Ageing Issues
- ❑ 2011 – Ministerial Committee on Ageing and the setting up of the Ageing Planning Office

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Vision

A Nation for All Ages

*Ministerial Committee on Ageing
August 2015*



ACTION PLAN FOR SUCCESSFUL AGEING

THREE KEY THRUSTS

1. Providing “Opportunities for All Ages”

- Maximise their potential at the workplace
- Volunteer in different ways
- Expand their learning horizon
- Learn how to prolong their healthy years
- Retire adequately

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2. Creating a “Kampong for All Ages”

- More supportive communities to help seniors age in their own neighbourhoods
- Greater recognition and support
- Greater legal protection
- Better understanding about ageing among the young

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3. Developing a “City for All Ages”

- More senior-friendly housing
- More senior-friendly transport
- More senior-friendly parks
- An age-friendly built environment
- More research into ageing issues

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BASIC POLICY PRINCIPLES

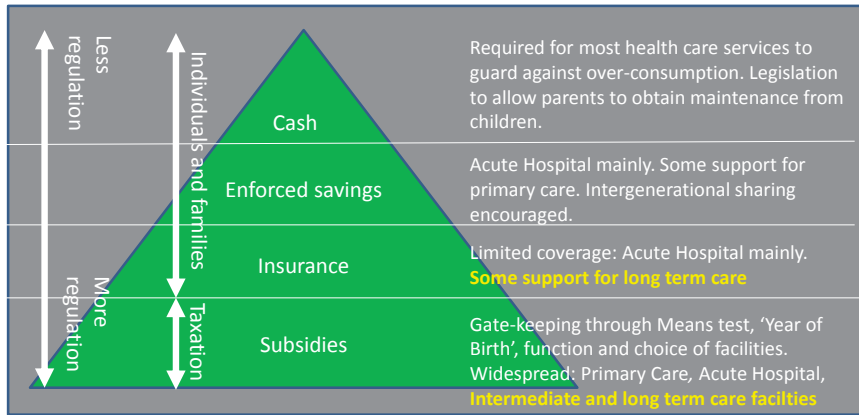
“Individual - Family – Community – Society”

- Promotes self-reliance
- Family as first line of support
- ‘Many Helping Hands approach’
- Gate Keeping through Means Test, Disability and more recently, ‘Pioneer Generation’
- Co-payment to safeguard against over-consumption

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SOURCES OF FUNDING

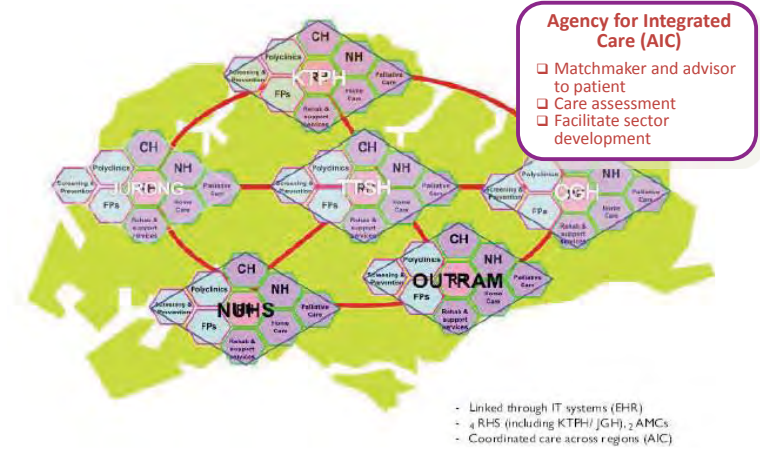
Funding for community-based long term care is under-developed



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INTEGRATION OF HEALTH AND SOCIAL CARE

2 ACADEMIC MEDICAL CLUSTERS & 4 REGIONAL HEALTH CLUSTERS

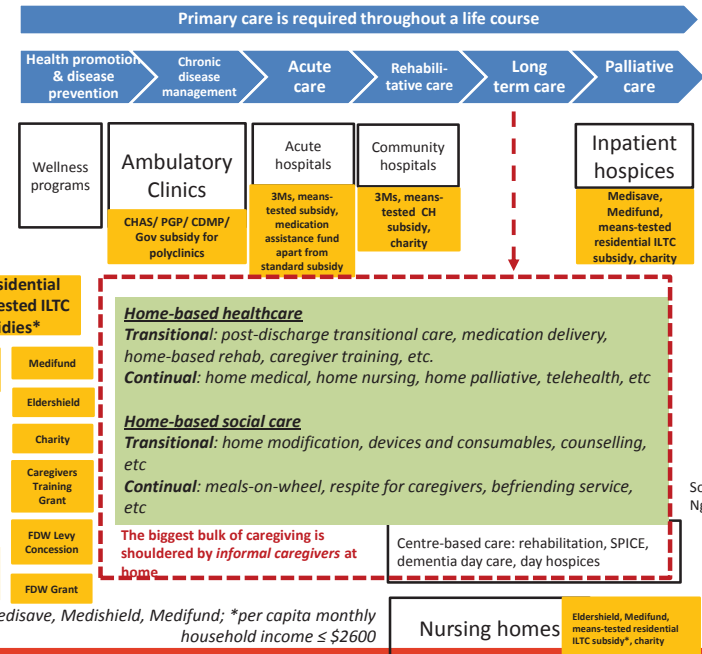


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LEGISLATION FOR ELDER PROTECTION

- Women's Charter
- Maintenance of Parents Act
- Penal Code
- Mental Capacity Act

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HOME-BASED CARE

- Services delivered to the doorstep and into the home
- Can be transitional or enduring
- Can be health or social care and services
- Such services are considered necessary for elders who are homebound, although the line between the necessary and the desired are not often clear nor relevant as the state of being 'homebound' is *relative*.

CAPACITY OF HOME CARE PROVIDERS IN SINGAPORE

About 20 home care and home help providers

Each year, AIC refers about 6,000 patients to home care service providers

Number of clients receiving social services from home help providers ~ 4,000+ each year

Source: New Paper 21 March 2011

<http://www.asiaone.com/News/AsiaOne%2BNews/Singapore/Story/A1Story20110321-269170/2.html>

By 2020, government to increase capacity of

- home health-care services from 4000 to 10000
- Home social care services from 2000 to 7500

Source: 2012 Minister Gan's Committee of Supply Speech in the Parliament on Ministerial Committee on Ageing's Initiatives

TYPES OF HOME-BASED SERVICES FOR SENIORS IN SINGAPORE

	Episodic / transitional ----->	Continual/ enduring
Social	<ul style="list-style-type: none"> • Home-modification • Equipment and consumables supplies and delivery • Counseling • Handy-man • Pest-control • Time-limited Live-in Helper • Disability assessment • 'Maid-on-wheel' • Tingkat service • Escort and Transport • Social Work Care Management* 	<ul style="list-style-type: none"> • Respite attendance • Checking • Activities and engagement • Befriending/ pastoral support • Medication reminder • Hygiene support – showers, diaper change • Meals-on-wheels • House chores • Activities and engagement • Respite for caregivers • Live-in Helper
Healthcare	<ul style="list-style-type: none"> • Doctors providing House-call • Nursing procedures • Visiting pharmacist service, dietetics • Medication delivery • Post-discharge Transitional Health Care Team • Caregiver training • Home-based restorative rehabilitation • Rostered stay-in nurse • Health-based Care Management* 	<ul style="list-style-type: none"> • Telehealth support • Home-based medical care (family medicine; geriatrics; palliative medicine; psychiatry; intensive medicine) • Medication delivery • Home-based nursing care (gerontology) • Home-based maintenance rehabilitation • Health-based Care Management*

THEMES IN INTEGRATED HOME-BASED CARE

Involves multi-disciplinary care team and **care management**, designed based on available competencies

- Elder Abuse management
- Post-discharge Transitional Health Care
- Dementia
- Psychiatric conditions
- Home Ventilation
- End of Life Care
- Chronic Disease Management
- Team-managed Home-based Primary Care

CENTRE-BASED CARE AND SERVICES

A sheltered location where older persons are congregated and their care supported

Categorized based on needs-gap served by the centre

Advantages

- Opportunity for socialization
- Economy of scale – respite, safety-monitoring, rehab, developmental activities, health monitoring and therapy, primary care

Disadvantages

- Requires participants to be able to sit in a vehicle and day centre
- When an elder does not attend, care and services cannot be delivered
- Not desired by the introverts

TYPES OF CENTRE-BASED CARE AND SERVICES

- Seniors Activity Centres
- Day Care Centre
 - Social DCC
 - Hospice DCC
 - Dementia DCC
 - Psychiatric DCC
- Day Rehabilitation Centre
- SPICE, EPICC and the 'Integrated Home and Day Care'*
- Senior Care Centre*

Capacity to be increased by 2020:

- SAC from 18000 to 48000, to include those not living in rental blocks
- The rest Centre-based Services, to increase from 2100 to 6200

CARE MANAGEMENT SERVICE

Care management be regarded as the 'lead-integrator' in care integration

Not just care-coordination, it involves

- Engagement of older persons, their families and community service providers and stakeholders
- Bring everybody to the table as a team
- Comprehensive needs assessment
- Facilitate the setting of goals and development of care plan
- Implementation of care plans
- Follow-up on services and older persons' progress

Not about 'Care Managers', but the workings of Care Management

NEW POLICIES AND PILOTS

2016

1. Elder carer foreign domestic workers
 - FDW trained in elder care skills by AIC
2. Integrated Home and Day Care
 - Provides seniors with the flexibility of home and centre-based care by the same provider
 - 3 care packages (capitated funding)
3. Integrated Care Assessment Framework
 - A new tool to assess care needs (functional, cognitive and social) since Jan 16 for service matching

SINGAPORE SILVER PAGES [HTTPS://WWW.SILVERPAGES.SG/](https://www.silverpages.sg/)

Useful resources for a comprehensive view elder-care facilities in Singapore



ISSUES AND VULNERABILITIES



VULNERABILITIES

1. Over-reliance on family care/ Foreign Domestic Helpers
2. Inadequate investment in community care and primary care resulting in abuse of hospital system
 - Insufficient community aged care services
 - Lack of coordination across services
 - Lack of integration between primary health and aged care
3. Inadequate trained manpower in health and social care, as well as policy formulations.
4. Lack of sustainable long term care financing
 - Over-reliance on out-of-pocket fee-for-service.
 - Subsidy model for the poor creates the 'cliff effect'.

SPECIAL AREAS OF PRIORITIES

1. Support for family caregivers is crucial
2. Ageism
3. Mental Health Issues
 - Care for persons with dementia
 - The burden of depression
 - Not to forget existential suffering
4. Access to Primary Care a problem
 - Home-based health care is required for those who cannot leave the home
 - Palliative care for those suffering from serious and debilitating illness
5. Ethical Research and Guidance
 - Elders' needs vs Care Partners' needs
 - Safety vs Adventure
 - Length of Life vs Quality of Life

THANK YOU



TSAO FOUNDATION AND ITS PROGRAMMES

Ms Susana Concorde Harding
Director, International Longevity Centre Singapore
13 October 16
Practice and Implementation on Successful Ageing in Malaysia and Japan
Kuala Lumpur, Malaysia



THE FOUNDER



“I want to ease some of the hardship and bring some quality of life for all older people, especially those in need. After all, we all deserve some peace and dignity in our old age.”

*Mdm Tsao-Ng Yu Shun
Founder
Tsao Foundation*

THE VISION

- Live in one's own home
- Be surrounded by loved ones
- Remain master of one's own destiny
- Have access to decent health care, especially if poor
- Charitable activities be sustained by self-generated revenue



THE APPROACH

“CATALYST”

 Hua Mei Centre
for Successful Ageing
A Tsao Foundation Initiative

Practice lab for innovative service models

 Hua Mei
Training Academy
A Tsao Foundation Initiative

Self care enabler and capacity builder

 ILC Singapore
International Longevity Centre
A Tsao Foundation Initiative

Evidence-based catalyst for change

ComSA@Whampoa

A community where people of all ages thrive

HUA MEI CENTRE FOR SUCCESSFUL AGEING (HMCSA)

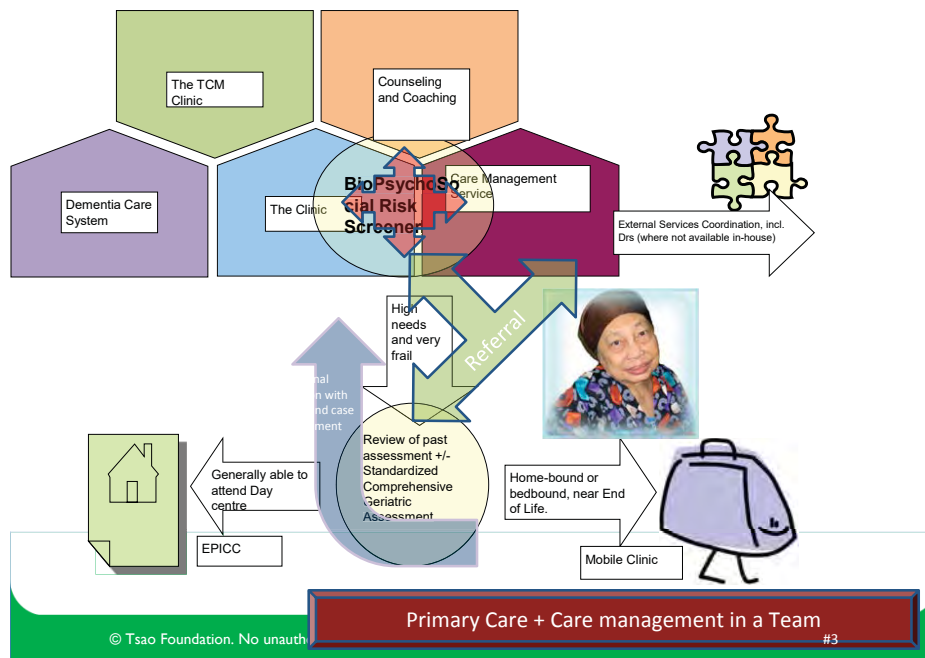
A suite of 'Stand-alone' direct services that can be integrated around a person as her needs shift with advancing age

- Hua Mei Clinic
- Hua Mei Care Management
- Hua Mei Counseling and Coaching
- Hua Mei Acupuncture and TCM Centre
- Hua Mei Dementia Care System
- Hua Mei EPICC
- Hua Mei Mobile Clinic

ADDED RESPONSIBILITY IN POLICY MONITOR AND SERVICE ADVOCACY

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About HMCSA #2



HUA MEI TRAINING ACADEMY (HMTA)

Portfolio at HMTA

Professional Training

1. SDGC
2. SDCGN
3. APCHE
4. Service orientation and service learning at HMCSA
5. Workforce Skills Qualifications

Informal caregiving

1. Caregiver training
2. Dementia Caregiving
3. Caregiver Training for FDW
4. Dementia Caregiving for FDW

Successful ageing

1. Health Promotion portfolio
2. Psychoemotional portfolio
3. Learning Room*



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About HMTA #2

9

OTHER TRAINING

- Volunteer training
 - Guided Autobiography;
 - Para-counselors;
 - Para-care managers;
 - SCOPE facilitators;
 - CITI-Tsao Financial Education for Women
 - Lala Exercise facilitators
 - Communication with Seniors
- Overseas Training
 - Qingdao Enrolled Nurse training for Aged Care
 - ROK-ASEAN Home Care Programme 'TTT' (collaboration with HelpAge Korea)
 - Chinese University HK MGER attachment

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About HMTA #3

10



ILC Singapore
International Longevity Centre
A Temu Foundation Initiative

International Longevity Centre Singapore (ILC Singapore)

INTERNATIONAL LONGEVITY CENTRE SINGAPORE

- To support policy, practice and capacity building by enabling a **'connecting of the dots'** between community, practitioners, academia, policymakers and the private sector
- To create stakeholder platforms and facilitate the conduct of **high impact research**
- To develop **community based active ageing programmes** that support ageing in place

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ILC GLOBAL ALLIANCE MULTINATIONAL CONSORTIUM

- Mission is to help societies to address longevity and population ageing in positive and productive ways, using a life course approach.
- The Alliance partners develop ideas, undertake research and create forums for debate and action
- Members include Centres in the United States of America, Japan, the United Kingdom, France, the Dominican Republic, India, South Africa, Argentina, The Netherlands, Israel, Singapore, Czech Republic, China, Brazil, Canada, Australia and Germany.
- These centres work both autonomously and collaboratively

PORTFOLIOS

Close collaboration with HMTA and HMCSA

1. Women and Ageing
2. Active Ageing
3. Capacity Building on Ageing
4. Community for Successful Ageing or ComSA
5. Caregiving
6. Elder Abuse

WOMEN AND AGEING (2003- 2016)

- Strategy: Mainstreaming of ageing in women sector & gender mainstreaming in ageing sector
 - Research report with AWARE (Association of Women in Action and Research)– Beyond Youth: Women Growing Older and Poorer in Singapore, 2005
 - Set up of WINGS or Women’s Initiative for Ageing Successfully with SCWO (Singapore Council of Women’s Organisations)
 - Citi-Tsao Foundation Financial Education Programme for Women (aged 40-60) – financial literacy and financial inclusion, now with People’s Association (PA) Women Integration Network.
 - Build your own nest (BYON)- study the effectiveness of matched savings to low income women to increase their retirement savings (CPF Special Account)

ACTIVE AGEING (2003-2016) (PARTICIPATION AND LIFE LONG LEARNING OF OLDER PEOPLE)

- Community conversations (Focus group discussions)
 - Views of Older People on Active Ageing- project for MCYS
 - Employment and employability in old age- project with NTUC
 - Understanding the situations of the Older Singaporeans
- Voices of Older People programme
 - Housing for seniors-growing old in Singapore
 - Kampong Glam CC Wellness Centre
 - NTUC Eldercare
 - HPB Seniors’ Health Ambassadors Programme

ACTIVE AGEING (2003-2016)
(PARTICIPATION AND LIFE LONG LEARNING OF OLDER PEOPLE)

- Self Care on Health of Older Persons in Singapore or SCOPE –pilot testing, national replication, inclusion under the National Senior’s Health Programme of the Action Plan for Successful Ageing by MOH

CAPACITY BUILDING ON AGEING-
(TRAINING OF CIVIL SERVANTS)

- Civil Service College-
 - Strategic LEAD Programme (2006-present)- more than 1,000 pax
 - Foundation Course attachment programme

CAREGIVING

- Professional caregivers
 - Caregiving Conference 2013: ‘Care for the Elderly: Leveraging the Power of the Community’
- Informal (family) caregivers
 - Leveraging on our practice at HMCSA
 - Partnering with CARE (research)

ELDER ABUSE

- Awareness raising within the Family Violence Network
- Elder Protection Team

OTHER REGIONAL AND INTERNATIONAL COLLABORATION

- Affiliate member of HelpAge
 - ROK-ASEAN Home Care Programme caregivers training for 9 countries
 - SCOPE
 - Assessment and consultation work post-disaster reconstruction work e.g. Banda Aceh 2005; Leyte Province 2015
- UN and UN Agencies
 - Technical specialist on the initial MIPAA document
 - UNESCAP regional MIPAA initiatives and review
 - WHO Geneva Age-friendly Primary Health Centre Toolkit
- Qingdao Bureau for Civil Affairs
 - Train-the-Trainer for frontline care workers training



Community for Successful Ageing (ComSA)

‘A community where people of all ages thrive.’

Community for Successful Ageing (ComSA)- a Tsao Foundation programme model (2009)

KEY COMPONENTS

Whole Community Approach to Ageing in Place and Wellbeing of Older People where they can Live actively and securely in the community and dying peacefully at home by:

- An integrated care system
 - Taking a person centered, preventive, life course and public health approach to planning for a community, where there is an integrated continuum of health and social services
 - Involves the promotion of active and healthy ageing
- An engaged community with active volunteerism
 - Mobilizing community resources to expand on the “community family”
- An enabling built environment
 - Integrating housing, services [health and social] and transportation in the community

ComSA at Whampoa (2013)

An experiment in a **ground up, systems approach** to optimize on the longevity dividend of added years where older people can thrive.

WHY WHAMPOA?

PART OF CITY FOR ALL AGES PROJECT IN WHAMPOA

Population

Number of residents: 41,000

By age structure:

22-49: 39.6%

50-64: 22.1%

65 and above: 18%

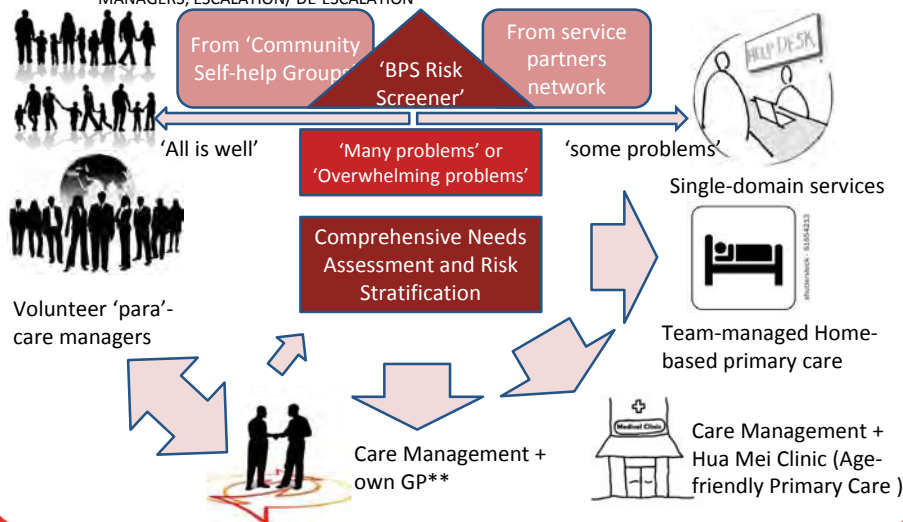


Enablers for Whampoa to Age Successfully

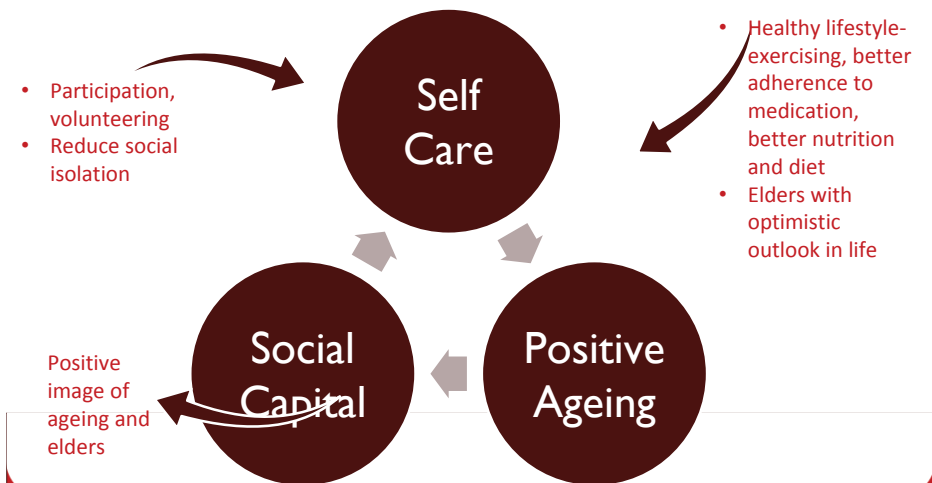
- PCMH (person centered medical home with care management)
- Community development as an approach to create platforms to engage and empower elders in the community for civic action and participation

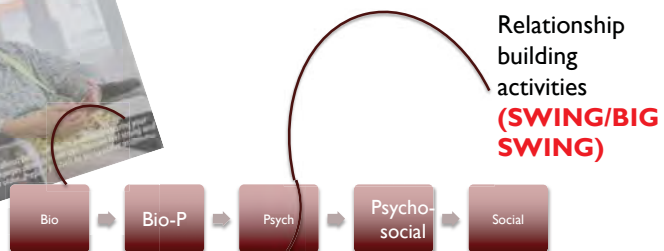
THE BIOPSYCHOSOCIAL CARE-RESOURCE ALLOCATION

CARE MANAGEMENT SERVICE; AGE-FRIENDLY PRIMARY CARE; VOLUNTEER PARA CARE MANAGERS; ESCALATION/ DE-ESCALATION



COMMUNITY DEVELOPMENT AS PART OF COMSA





Healthy lifestyle and disease management **(SCOPE)**

Life Review **(GAB)**

Adaptive capability= Better health and Quality of Life

Active Agers

SELF-CARE TO SELF DEVELOPMENT & COMMUNITY CARE



- SCOPE or **S**elf **C**are on Health of **O**lder **P**ersons in Singapore -**362***
- GAB or **G**uided **A**uto**B**iography
- SWING or **S**haring **W**ellness and **I**Nitiative **G**roup- **305***
- BIG SWING or **B**e **I**nvolved and **G**row SWING- **78***

*Data is as of 30 June 2016

THANK YOU



Seminar

Project on Successful Aging: Community Based Programme and Social Support System in Malaysia

“Elderly Care System in Thailand”

12-13 October 2016

By Ms.Nattapat Sarobol

Lecturer, Faculty of Social Administration, Thammasat University

Venue : Institute Social Malaysia, Jalan Sungai Besi,
Kuala Lumpur, Malaysia

Overview

1.Situation about the Elderly in Thailand

- Law and Policy
- Demography
- Trends

2.Elderly Care System in Thailand

- Types of Elderly Care

3.Best Models in the Community

- Happy Home Ward
- Life Quality Center
- Rehabilitation Center



1.Situation about the Elderly in Thailand

1.1 Law and Policy

1.1.1 The 2nd National Plan on the Elderly
2002-2021 (1st Revised of 2009)

1.1.2 The Act on Older Persons B.E.2003
(2nd Revised of 2010)

1.1.3 Model Thailand 4.0

1.1.1 The 2nd National Plan on the Elderly (2002-2021) 1st Revised of 2009

Perspectives:

“The elderly are valuable assets to the society”

The establishing of security for old age is deemed as a process in social strengthening to be accomplished by the participation of all concerned parts and sectors, consisting of:

1. Self-help disciplinary population
2. Caring by the family
3. Support by the community
4. Social and State’s support



1.1.1 The 2nd National Plan on the Elderly (2002-2021) 1st Revised of 2009 (Cont.)

This Revised National Plan on the Elderly contains 5 strategies :

1. Strategy on readiness preparation of the people for their quality ageing;
2. Strategy on the elderly promotion and development;
3. Strategy on the social safeguards for the elderly;
4. Strategy on management of developing the national comprehensive system for undertakings and developing the personnel for the elderly involving missions;
5. Strategy on processing, upgrading and disseminating knowledge on the elderly and the national monitoring of implementation of NPE.

1.1.2 The Act on Older Persons B.E.2003 (2nd Revised of 2010)

The responsible Minister by the Minister exercising control over the agency entrusted with responsibilities related to the protection, promotion and support of older persons under section 11 (Rights and Welfare)

Section 11

1. Convenient and expedient medical and public health services that have been especially provided for older persons;
2. Education, religion and news that are beneficial for the carrying on of life;
3. Appropriate occupation or occupational training;
4. Self-development and participation in social activities and the formation of groups bearing the characteristics of a network or community;
5. The direct provision of facilities and maintenance of safety for older persons in buildings, places, vehicles or other public service;

1.1.2 The Act on Older Persons B.E.2003 (2nd Revised of 2010)(Cont.)

Section 11

6. Appropriate subsidies for transport fares;
7. The exemption of entry fees to State places;
8. The aid of older persons facing the dangers of torture or unlawful exploitation or abandonment;
9. The giving of advice and consultation on other proceedings in connection with a case or the remedy of family problems;
10. The extensive provision of accommodation, food and clothing where necessary;
11. To provide extensive and fair relief in the form of maintenance allowances where necessary;
12. Relief for holding traditional funerals;
13. Other matters prescribed by the Commission in a Notification.

Findings from the Study (Level of Knowing)

Level of Knowing	All division of Thailand (N=4,224)	Bangkok (N=398)	Northern Thailand (N=865)	Central Thailand (N=1,071)	Northeastern Thailand (N=1,322)	Southern Thailand (N=568)
Low	41.1	24.4	24.4	40.3	49.5	38.9
Medium	39.8	65.3	46.8	41.5	33.9	36.3
High	19.1	10.3	28.8	18.2	16.6	24.8
Total	100	100	100	100	100	100

Faculty of Social Administration, Thammasat University. (2015). *Assessing and Satisfaction with Service as per Older Persons*. Bangkok: Charansanitwong Printing.

1.1.3 Thailand 4.0

Problems → (Active Aging) + Technology and Smart City



1.2 Aging Society in Thailand

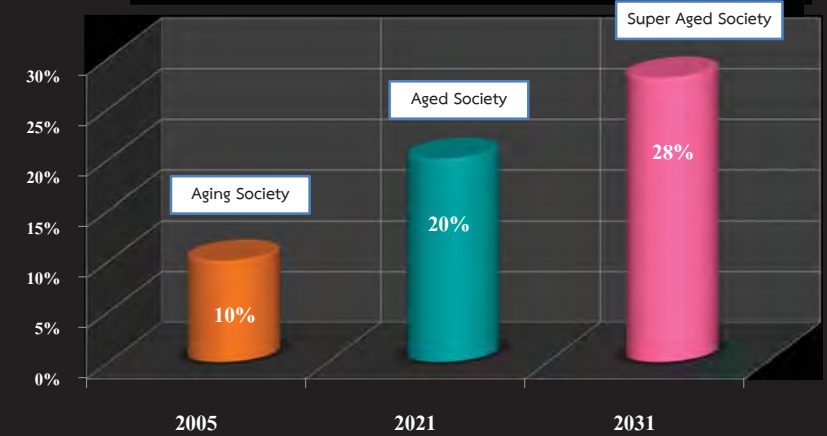
1.2.1 The number of elderly living alone is increasing.

1.2.2 The number of elderly couple has decreased due to their divorce, separating and widowing.

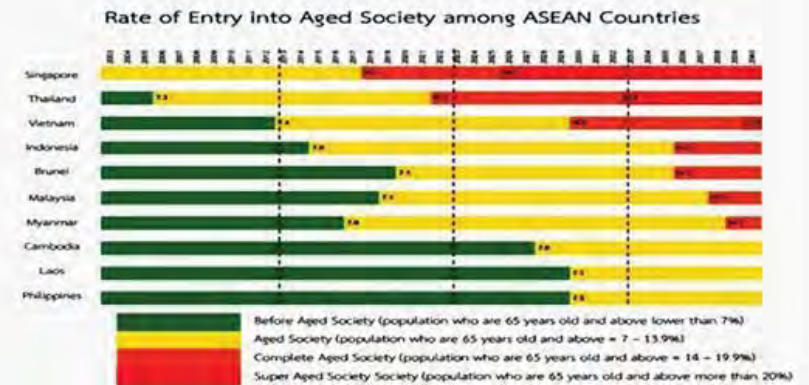
1.2.3 There is an increase in number of elderly who do not want to live in their house because of their broken relationship in the family.

1.2.4 There is an increase in number of elderly who are still active and want to maintain their job or look for a new job after their retirement. Those need to participate in activities provided by the LAO such as the Senior Citizen School and Elderly Center etc.

1.2 Demography (Elderly Population Statistic in Thailand)



Rate of Entry Aged Society among ASEAN Countries



Source: Jongit Pitthirong, Suthida Chuanwan, Pramote Prasartkul. 2014. *Aging among ASEAN population*. Institute of Population and Social Research, Mahidol University.

ที่มา: พิมพ์จำเริญ พันธ์วิชิตกุล. Pimrampai Punwichartkul (2558). สังคมสูงวัย : ประเด็นท้าทายใหม่ของอาเซียน. Source :http://www.asean thai.net/ewt_news.php?nid=4485&filename=index

Trends of an Aged Society

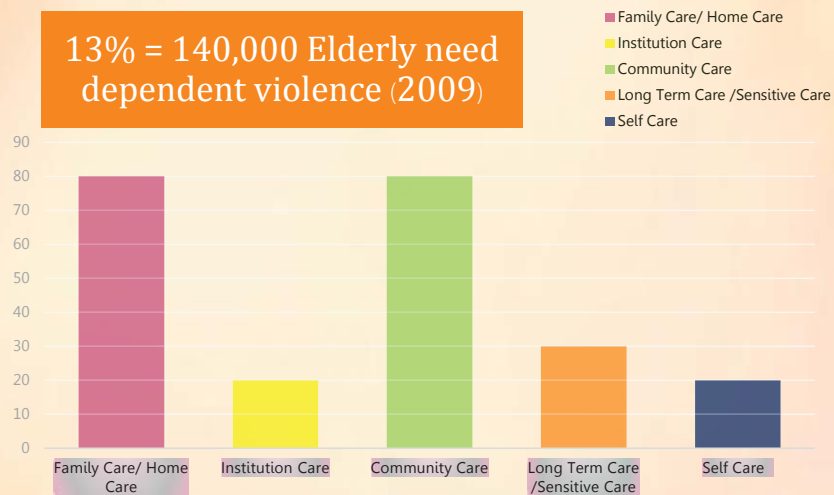


2. Elderly Care System in Thailand

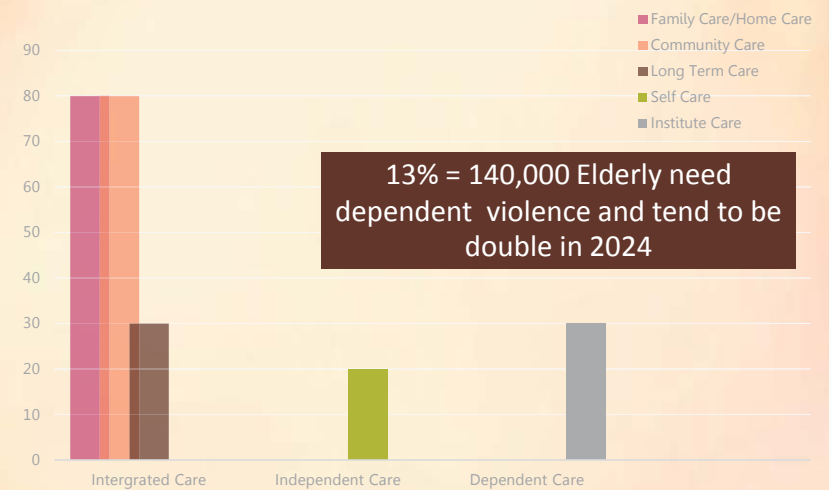


2.1 Types of Elderly Care System in Thailand

13% = 140,000 Elderly need dependent violence (2009)



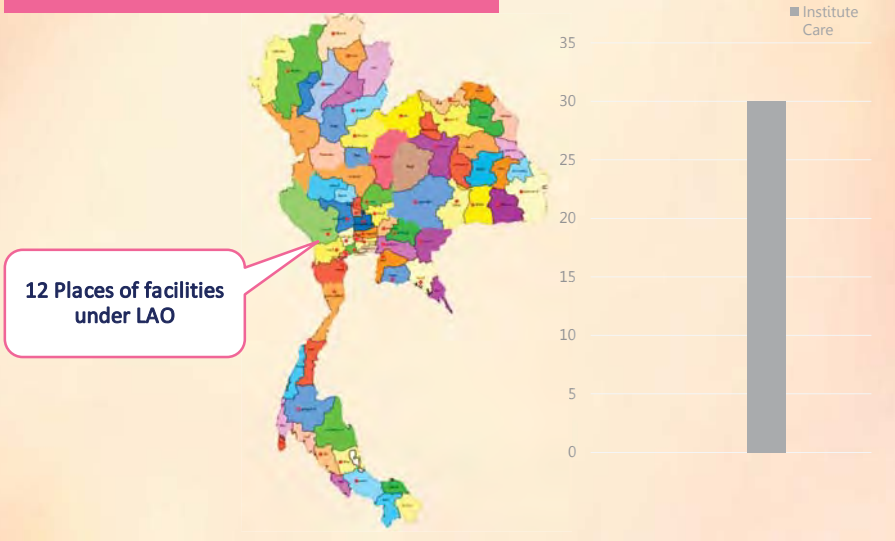
2.1 Types of Elderly Care System in Thailand



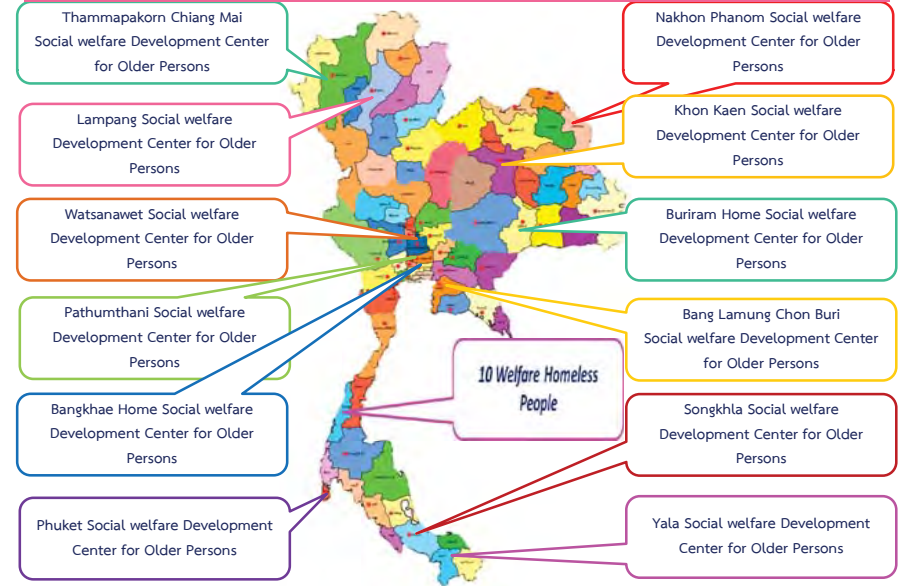
13% = 140,000 Elderly need dependent violence and tend to be double in 2024

2.1.1 Institute Care

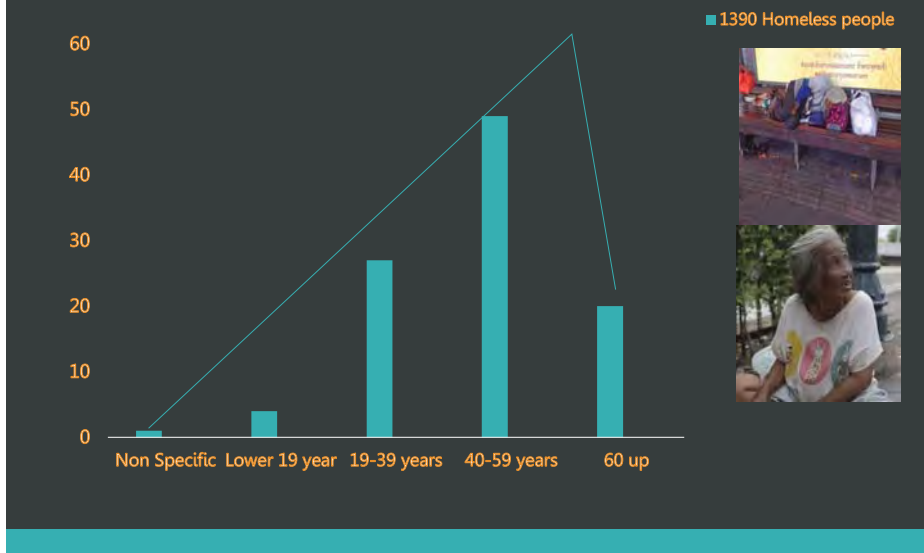
Institution Care in Thailand under LAO



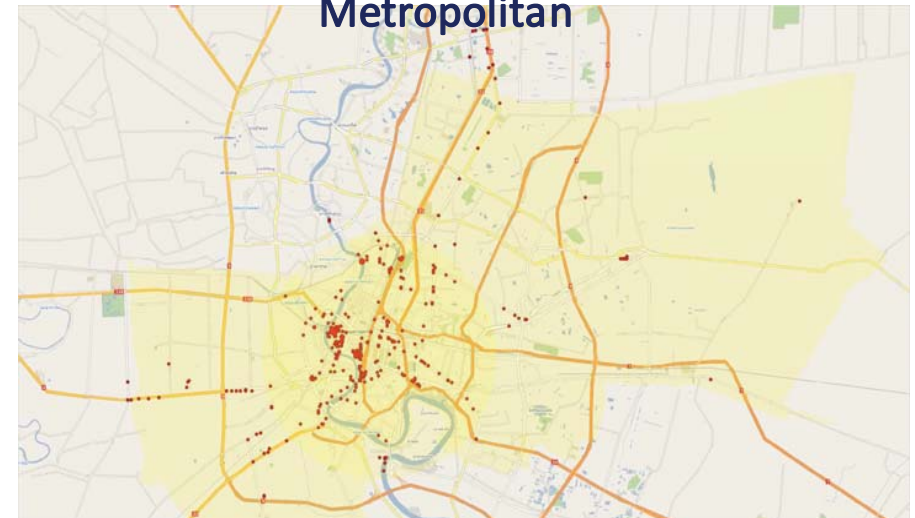
Institution Care in Thailand under MSDHS



2.1.2 Dependent Care (Self Care)



2.1.2 Homeless Distribution in Bangkok Metropolitan



Thai Publica. (2015). สํารวจคนไร้บ้านกว่า 1,300 คนกระจายทั่วกรุงเทพฯ พบมาสุรา-สุขภาพจิตสูงสุด. Website: <http://thaipublica.org/2015/11/homeless-1/>

2.1.3 Integrated Care : Community Based Approach

π

A

• Family Care

- › Home Health Care Project
- › Social Care
- › Home Visit

C

• Long Term Care

- › Multipurpose Centre
- › Quality Development Center
- › Health Center /Hospital

2.1.3 Integrated Elderly Care System

1. Home Health and Social Care

- Home Visit
- Home Care
- Social Care

2. Activities Center

- Multipurpose Centre
- Life Quality Development Center
- Elderly School

3. Health Center

- Multi-Health Center
- Rehabilitation Center



JICA Project

Title :The Project Based for Health and Social Welfare in the Community

Venue : Bang Sri Thong District, Nonthaburi

Year: 2007

“Rehabilitation Center”



(Sarobol 2012, 7–9)

1. Innovations brought about by people: not limited to social or social work innovations, but also innovations in various scientific disciplines, which arise from human capabilities and expertise. These can happen either by individual invention, or, in the case of social welfare operations, service users or stakeholders may join forces to bring about the innovation.

2. Innovations arising from processes or changes: these are brought about by creatively assisting service users without any innovations being intended. However, the process leads to spontaneous innovation due to some changes which resolve problems or situations that arise. In short, in these cases, innovations may come about from new operational processes or from particular service user behaviors.



Findings from the research

Social Innovation

Bloch (2010, quoted in Sirovatka and Greve 2014) explains that there are 4 forms of innovation in social services as follows:

- 1) product innovation
- 2) process innovation
- 3) organizational innovation
- 4) communication innovation



In summary, the creation of social innovations depends on four aspects

- 1) building of awareness of problems
- 2) building participation
- 3) social integration
- 4) interdisciplinary working

These principles which were behind the creation of social innovation are used to explain the results in this research study (Sarobol, 2013)



3. Best Model for Integrated Elderly Care System

3.1 Home Health and Social Care in Lopburi Province

“Excellent Happy Home Ward”

3.2 Activities Center in Pratumthani Province

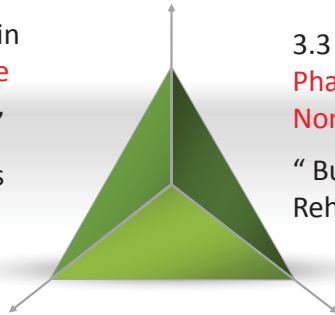
“Life Quality Center”

there are 3 branches

- Ban Pha Rangsit
- Sathaporn
- Piyawararom

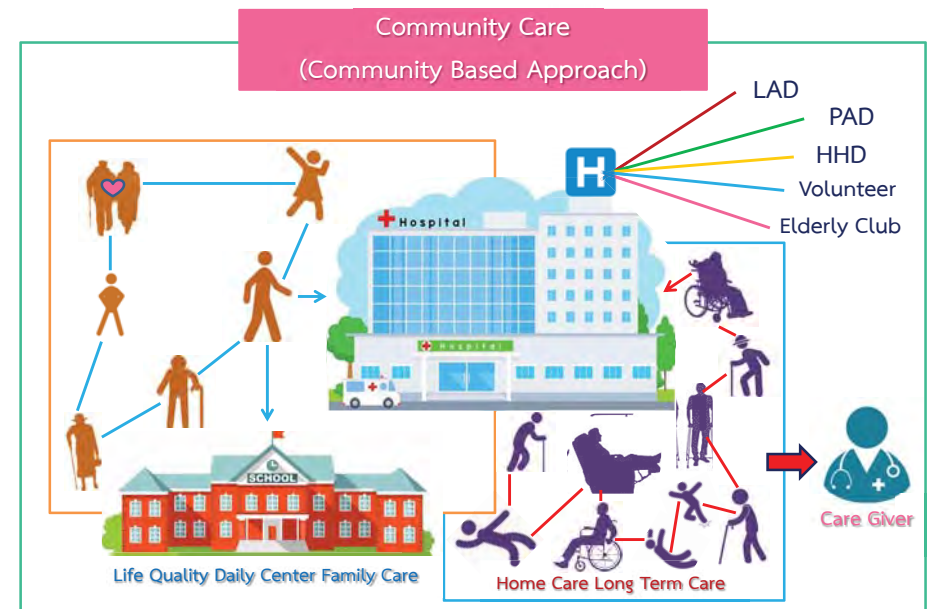
3.3 Health Center in Phathumthani and Nonthaburi Provinces

“Bueng Yitho Medical and Rehabilitation Center”

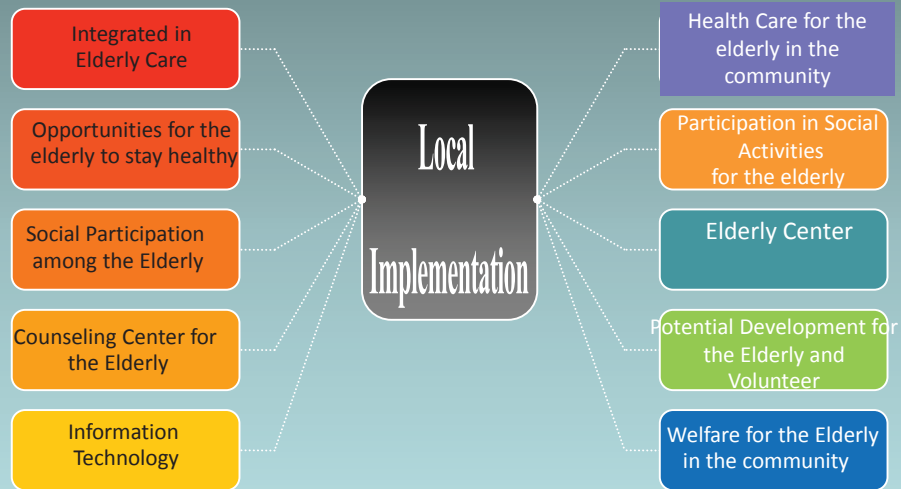


Three Models was organized by LAO

Integrated Care System



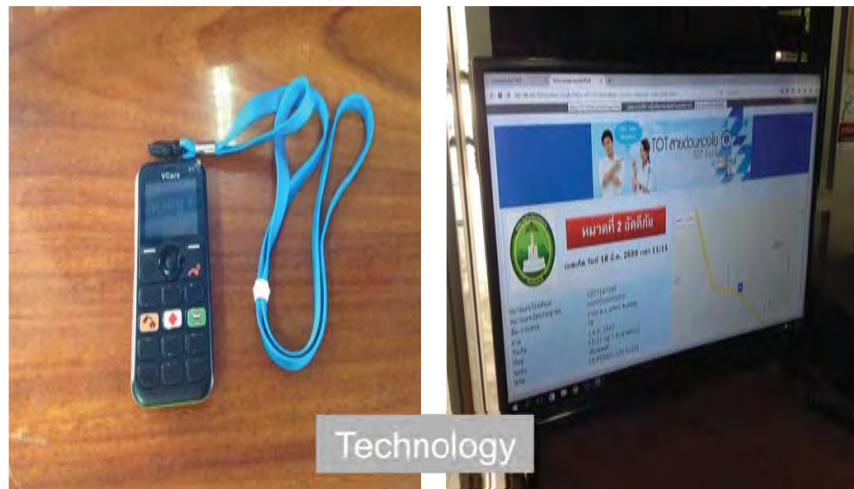
Service and Welfare for the Elderly in the Local



3.1 Home Health and Social Care in Lopburi Province “ Excellent Happy Home Ward”



3.1 Home Health and Social Care in Lopburi Province “ Excellent Happy Home Ward”



3.1 Home Health and Social Care in Lopburi Province “ Excellent Happy Home Ward”





Home Health and Social Care in Lopburi Province
“Excellent Happy Home Ward”



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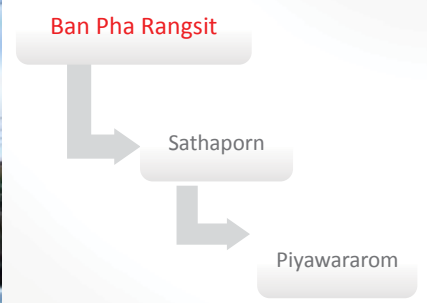


Five Dimensions for Excellent Happy Home Ward

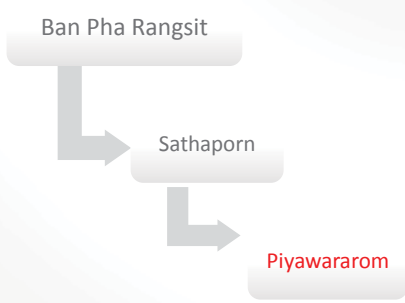
- 1.H= Health
Health Care Services is provided for the elderly
- 2.A= Activities
Activities relating health rehabilitation are provided for the elderly
- 3.P= Participation
Social Activities are provided for the elderly
- 4. P=Program TOT
Social Media is provided for the elderly
- 5.Y= Yard
Nice Landscape and friendly environment are provided for the elderly



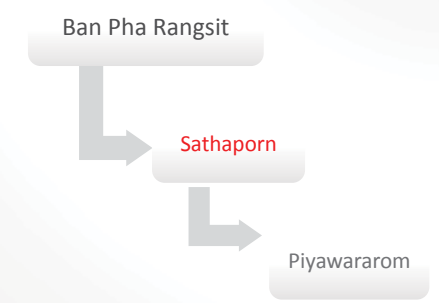
3.2 ACTIVITIES CENTER IN PRATUMTHANI PROVINCE “LIFE QUALITY CENTER”



3.2 ACTIVITIES CENTER IN PRATUMTHANI PROVINCE “ LIFE QUALITY CENTER”



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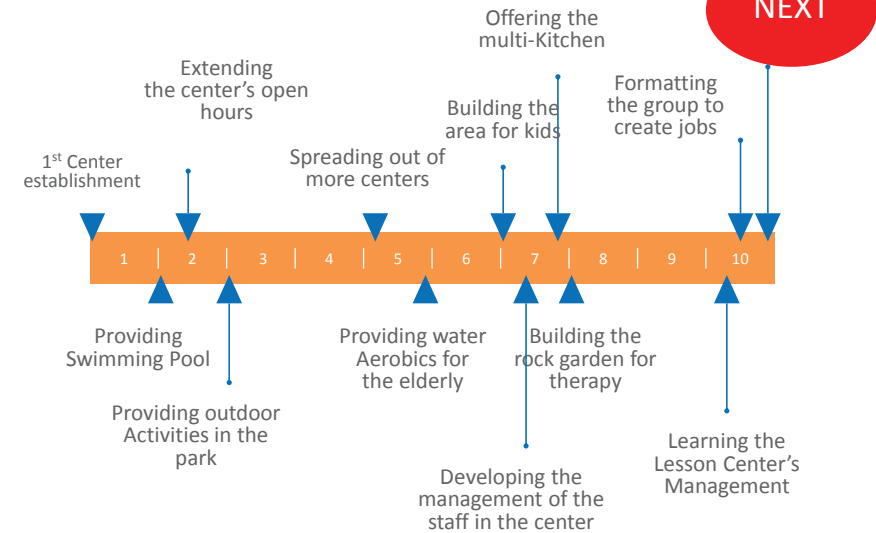
3.2 ACTIVITIES CENTER IN PRATUMTHANI PROVINCE “ LIFE QUALITY CENTER”



Factors	Agencies Involved
Main agencies in charge	Local administration organizations/ Elderly clubs/ organizations
Supporting agencies	Provincial Offices of Social Development and Human Security, the Bureau of Empowerment for Older Persons
Places/ Sites	Temples, places within communities, medical care centers, new places/ buildings
Target groups	Major target group – older persons, their families and caregivers Minor target group – community members of all ages
Aspects of services	Consecutive services with fixed opening and closing time, opening network centers
Operational structure	The counseling board/ counseling committee (with 60% elderly member)
Budgets	Staff (director, officers, volunteers) From the government/ local administration
Personnel	Organizations, various funds, donations Full-time personnel Part-time personnel Manager
Aspects of activities/ programs	Recreation Education/ culture Health Social programs
Roles of Parties Involved	The government agencies Community leaders Elderly representative organizations

The ministry of Social Development and Human Security Thailand. Manual on Implementation of Multi-Purpose Senior Citizen Centers.

Co-Study and Plan with the community 2012-2016



3.2 ACTIVITIES CENTER IN PRATUMTHANI PROVINCE “ LIFE QUALITY CENTER”



Manual for Life Quality Center Administrative

- Lesson
- Factors of Success
- Management System by the LAO

3.3 Health Center in Phatumthani and Nonthaburi Provinces “ Bueng Yitho Medical and Rehabilitation Center”



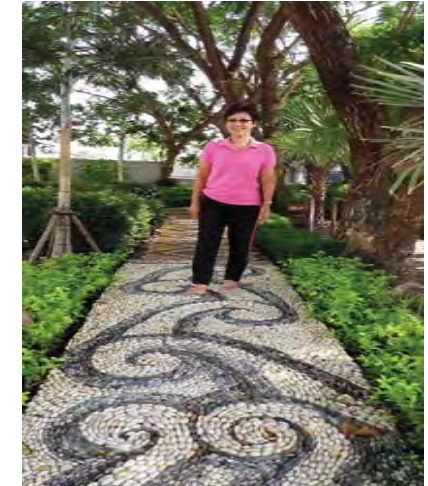
3.3 Health Center in Phatumthani and Nonthaburi Provinces

We call “ Bueng Yitho Medical and Rehabilitation Center”

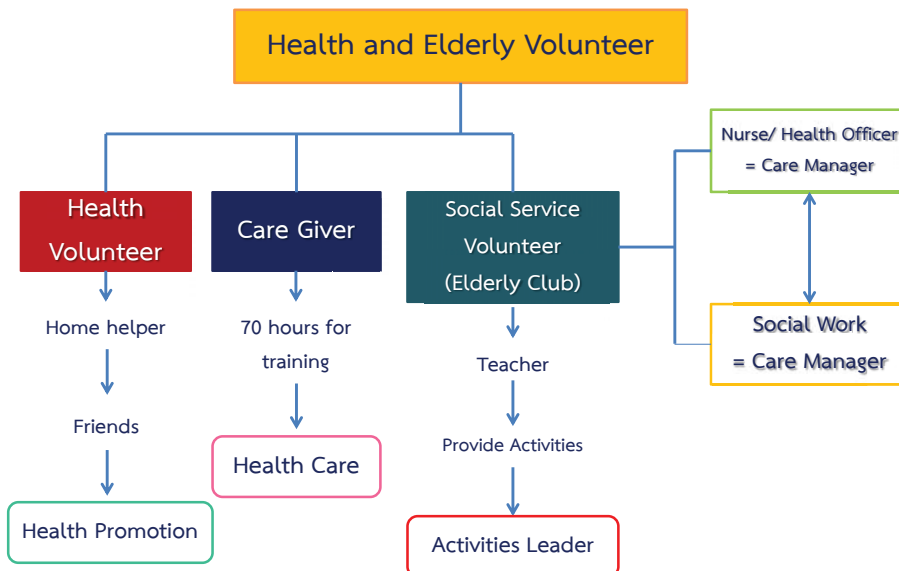


3.3 Health Center in Phatumthani and Nonthaburi Provinces

“ Bueng Yitho Medical and Rehabilitation Center”



Staff In charge of Elderly Care System



Q&A
Thank you

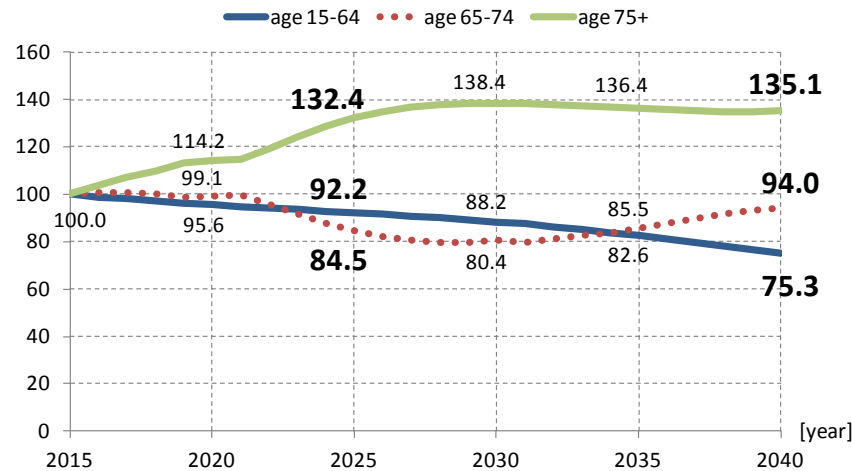
Promotion of Self support & Mutual support for the Elderly-care in Japan

– in Care Prevention & Life Support –

Research Department, Institute for
Health Economics and Policy (IHEP)
Researcher Shinji Hattori

Increase of the Supported and Decline of the Supporters

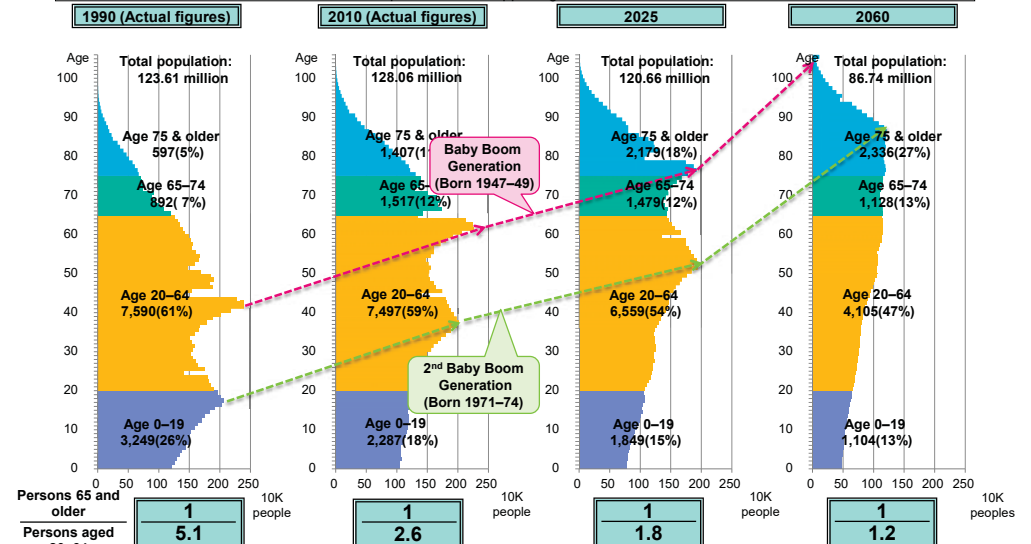
Population Change



Source: Graphed by MURC based on Population Prediction, Jan 2012, IPSS.
Index: Year 2015=100

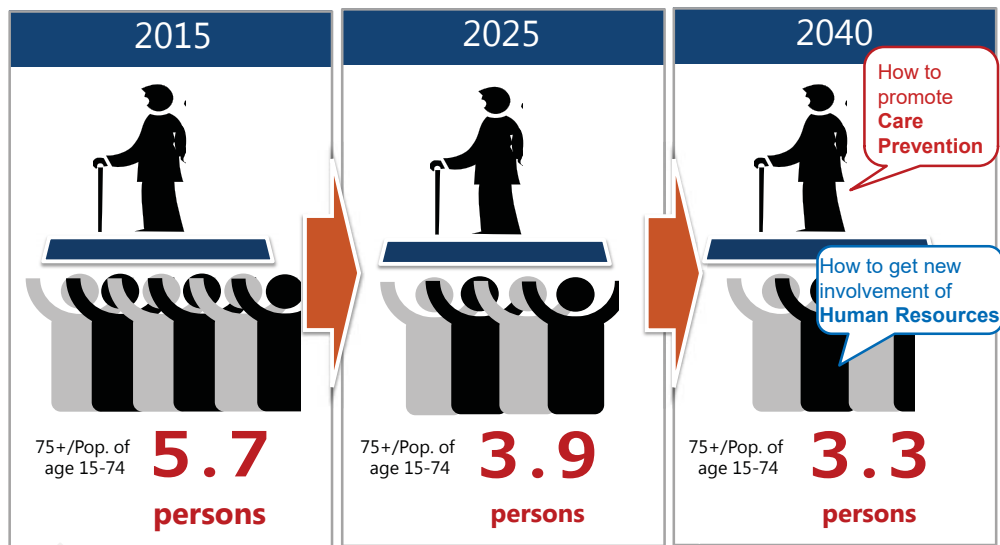
Changes in Population Pyramid (1990 to 2060)

○ By examining changes in Japan's demographic makeup, it can be seen that the current social structure consists of 2.6 persons supporting each elderly person. In 2060, with the progression of the aging population and decreasing birthrate, it is estimated that 1.2 person will be supporting one senior citizen.



Source: Ministry of Internal Affairs and Communications – Population Census, Population Estimate; National Institute of Population and Social Security Research – “Population Projections for Japan (January 2012); Medium-Fertility & Medium-Mortality Assumption” (Figures as of Oct. 1 of each year)

Population Change



Source: IWANA, Reisque, Mitsubishi UFJ Research and Consulting.

Institute for Health Economics and Policy

4

Case1. Care Prevention led by Residents

Active Centenarian Physical Exercise Program
(Iki-iki Hyaku-sai Taiso)

@Kochi City

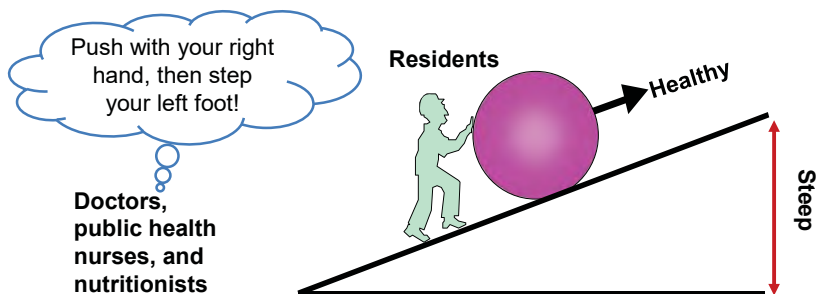
IHEP

Institute for Health Economics and Policy

5

Is 'Active Centenarian Physical Exercise Program' health promotion?

Conventional health promotion

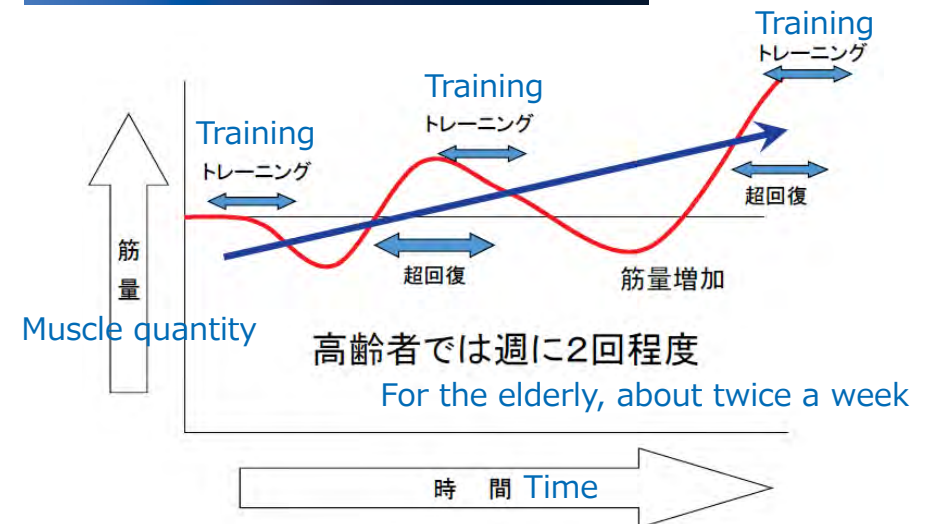


Even when one is provided knowledge and techniques to promote health, the slope is steep, and one cannot continue alone, failing to bring about positive impacts.

Source: MHLW

6

The frequency of the training



出典: 大東市保健医療部高齢支援課 理学療法士 逢坂氏作成資料

IHEP

Institute for Health Economics and Policy

7

What 'Active Centenarian Physical Exercise Program' Aims for?

Health Promotion

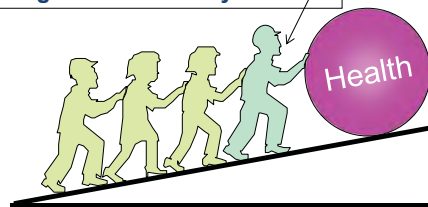
1. Advocate **Raise awareness of the importance of exercise for the elderly**
2. Enable **Enable residents to operate exercise classes by themselves**
3. Mediate **Gain support from multiple organizations**

<Development of Active Centenarian Physical Exercise Program >
4. Develop Personal Skills

5. Reorient Health Services
 Cure 'disease' → Create 'health'
 'Hospital' led → 'Family/community' led
 'Professionals' led → 'non-professionals' led

<Exercise led by residents >
3. Strengthen Community Actions

1. Build Healthy Public Policy



Enriched life
 Have friends/acquaintances
 Feel positive

<Exercise places accessible by walk >
2. Create Supportive Environments

Source: MHLW

8

Active Centenarian Physical Fitness Program (*Iki-iki Hyaku-sai Taiso*) was implemented twice a week for 3 months

Case for the 96-year-old frail elderly woman to walk 5 meters



Before (9.2 sec.)

Kochi prefecture (2002)

Source: MHLW

9

Active Centenarian Physical Fitness Program (*Iki-iki Hyaku-sai Taiso*) was implemented twice a week for 3 months

Case for the 96-year-old frail elderly woman to walk 5 meters



In 3 months
 (3.3 sec.)

Kochi prefecture (2002)

Source: MHLW

10

Long-term Care Prevention through Community Development

Enhancement Program for the Residents Operated Places for Social Gathering

<Concept>

- ◆ Expansion of places for social gathering **mainly led by residents** throughout the municipality and **in a range offering the elderly easy commuting**
- ◆ Promotion of participation of not only those young-old elderly, but also those **who are in need of some type of support such as the old-old and secluded elderly**
- ◆ Aiming at the **autonomous growth** through the operation and active participation of the residents themselves
- ◆ Implementation of exercises that can be done also by the old-old elderly and those requiring support
- ◆ Implementation of exercises **once or more a week** as a general rule



Source: MHLW

11

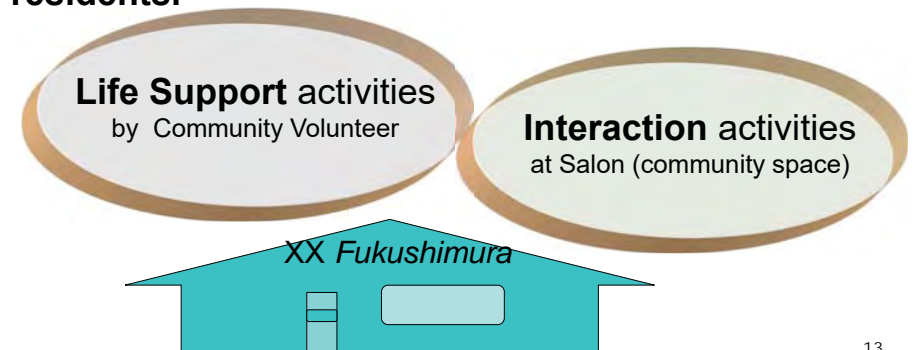
Case 2. Securing new involvement of Human Resources for Life Support

Regional Volunteer Centers
(Fukushimura)
@Hiratsuka City



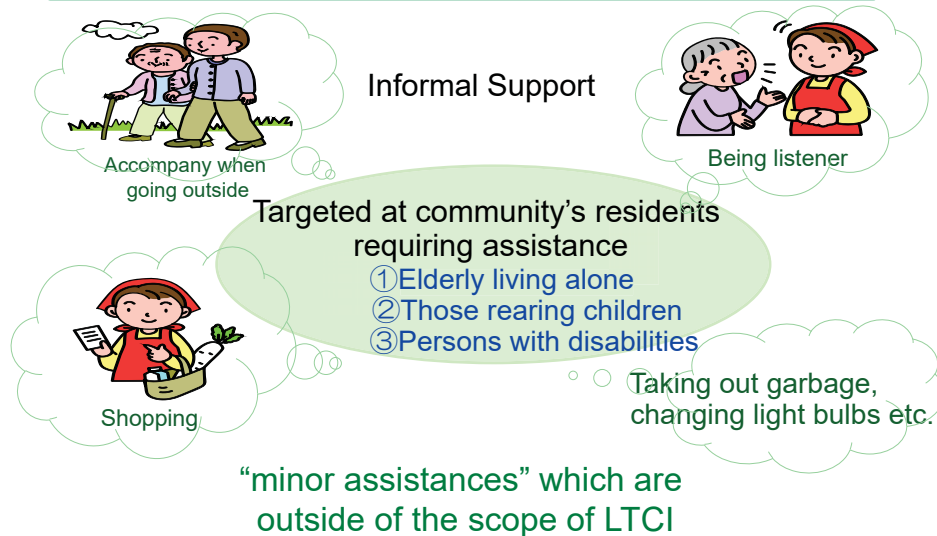
Fukushimura : 2 principles and base facilities

Contents and style of activities are determined in conformity with the situation of each community through discussions among the communities' residents.



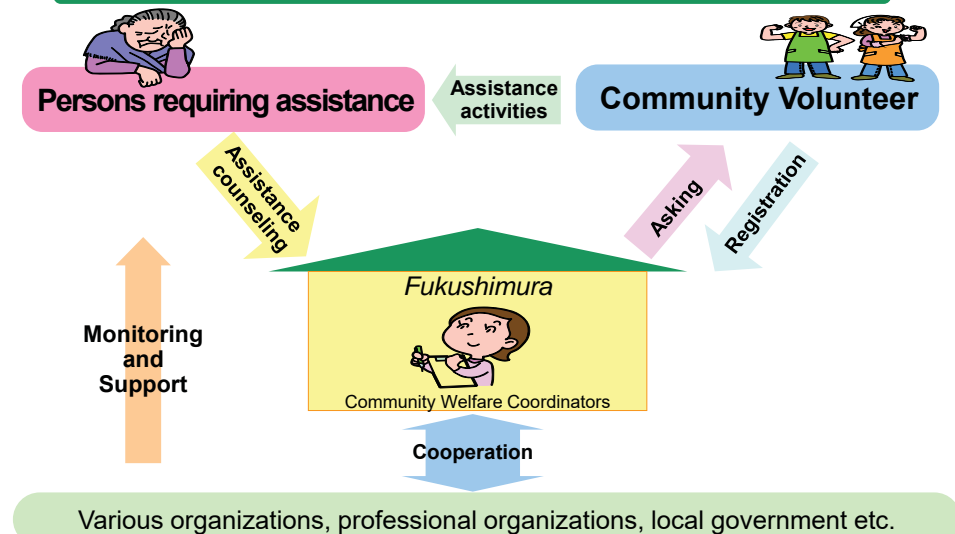
Source: Hiratsuka city

What are Life Support activities?



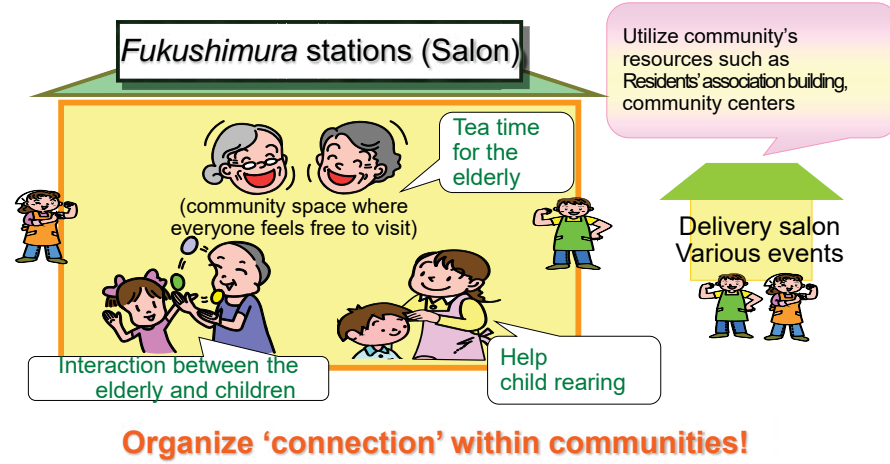
Source: Hiratsuka city

System for Life Support activities



Source: Hiratsuka city

What are Interaction activities?



Source: Hiratsuka city

16

Matsubara Area Salon



Source: Hiratsuka city

17

Hanamizu Area Salon at community center



Source: Hiratsuka city

18

Kaneda Area Salon at assembly hall



Source: Hiratsuka city

19