

COMMUNITY CENTRE-BASED CARE SERVICES FOR A FRAILTY-FRIENDLY COMMUNITY IN SINGAPORE

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ABSTRACT

With an ageing population, the number of pre-frail and frail elderly in the community is on the increase. Favourable policies will encourage and enable elderly to continue to be engaged and cared for, with appropriate services in the community, for the community, and by the community. This article provides an overview of suitability of currently available community centre-based care services in Singapore based on the Clinical Frailty Scale, to work towards a frailty-friendly community. Keys to building a successful frailty-friendly community will also be discussed.

Keywords:

Accessibility; Comprehensive Community Health; Coordinated Care; Integrated Care; Multidisciplinary;

SFP2018; 44(5): 34-39

INTRODUCTION

Frailty is associated with higher functional and cognitive decline,¹ poorer clinical and surgical outcomes,^{2,3} prolonged hospitalisations^{4,5} and increased mortality.^{4,6} The Canadian Study of Health and Aging Clinical Frailty Scale (CFS) is a measure of frailty based on clinical judgement, and has been validated as a predictor of adverse outcomes in community-dwelling adults.^{7,8} Frailty is described on a 9-point scale from fit to palliative. Singapore's prevalence for pre-frailty and frailty was 37% and 6.2% respectively.⁹

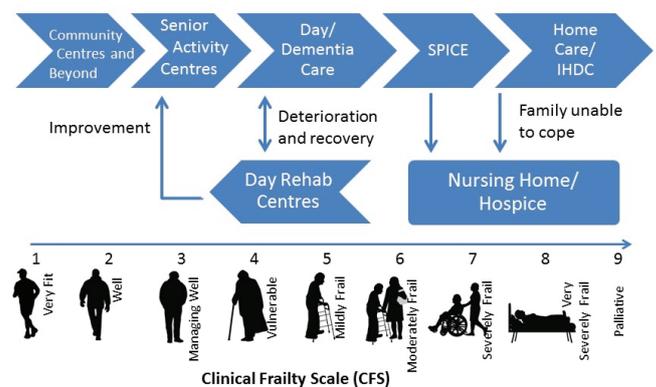
Pre-frail and frail elderly have long term care needs,¹⁰ which become increasingly complex with increased frailty.¹¹ Nonetheless, majority of elderly prefer to age-in-place^{12,13} due to attachment to their homes, which also extends to familiar neighbourhoods and communities.¹⁴ The person-environment fit model advocates that community programmes should provide for the continuum of care.¹⁵ Examples of models for community programmes for elderly include Naturally Occurring Retirement Communities (NORC) programmes and Villages in the United States.¹⁶ In Singapore, there are various community centre-based care services targeted for elderly based on the CFS. With appropriate services in the community, for the community, and by the community, the

elderly can continue to be well engaged and cared for in place.

I. OVERVIEW OF COMMUNITY CENTRE-BASED CARE SERVICES FOR ELDERLY

This section provides an overview of suitability of currently available community centre-based care services in Singapore according to the CFS, to work towards a frailty-friendly community, illustrated in Figure 1.

Figure 1: Community Centre-based Care Services Suitability with Frailty Scores



CFS source: Geriatric Medicine Research, Dalhousie University, Halifax, Canada (2009)
http://geriatricresearch.medicine.dal.ca/clinical_frailty_scale.htm

I.1 Centre-based Day Services

I.1.1 Community Centres/ Clubs and Beyond

Community centres or clubs (CCs) are open spaces for residents to connect and socialise.¹⁷ They are operated by the People's Association, a statutory board to promote social cohesion. Various activities and courses are available at the CCs, suitably engaging the fit and pre-frail elderly socially, physically and mentally. For the very fit, they would continue to enjoy and contribute to their family, the community and the society with no restrictions.

I.1.2 Senior Activity Centres

Senior Activity Centres (SACs) are day centres catering to vulnerable elderly staying in one- and two- room Housing Development Board (HDB) rental flats in identified service clusters.¹⁸ Eligibility criteria are Singaporeans or Permanent Residents who are 60-years-old and above (case-by-case review for those less than 60-years-old), and who are staying in specific HDB estates served by the SAC.

SACs serve multiple functions in the community. They provide social recreation for clients to increase quality of life, prevent social isolation, promote community cohesion, and provide communal space. They provide information and assistance for referral-related matters. SACs also attend to the health and

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wellness of clients via health screenings, emergency calls and alert system.¹⁸ SACs allow volunteers, such as Befrienders,¹⁹ the opportunity to mingle with elderly and give back to society.

SACs in each cluster are managed by various organisations^{20, 21, 22, 23} and are usually located at void decks of HDB rental flats. Activities carried out include lunch treats, games, festive celebrations, singing, line dancing, arts and crafts, mah-jong, bingo, chess, gardening, cooking classes, library corner, computer terminals, gym and therapy, and outings to places of interest. Through these programmes and activities, SACs engage and enable pre-frail and frail elderly to age-in-place in the community.

1.1.3 Day Care Centres

Day care centres provide daytime supervision and basic care to frail elderly when their family members are at work, or if they require some time off from their caregiving roles. The programmes conducted include maintenance exercises and socio-recreational activities, engaging and encouraging seniors to stay active physically and socially. Meals are provided in day care centres, and transport can be arranged to and from the centre. However, there remains a gap in centre-based day care services as some primary caregivers work long hours, beyond day care operational hours.²⁴

1.1.4 Dementia Day Care

Dementia day care offers structured programmes with therapeutic activities, socialisation opportunities, health monitoring and care, providing cognitive stimulation for the client, and temporary relief from carer duties for the caregiver.²⁵ Dementia day care has demonstrated positive outcomes including improved behavioural, psychological, and cognitive functioning for clients, and reduced caregiver burden.²⁵

1.1.5 Psychiatric Day Care/ Activity Centres

Psychiatric day care offer persons with mental health issues (PMHIs) an opportunity to re-integrate with the community by providing rehabilitation and skills training to optimise their level of functioning within the community.²⁶ These day centres also offer caregivers an alternative care arrangement to provide relief from caregiving duties in the day, reducing caregiving burden. Examples of organisations providing these services include Singapore Association for Mental Health (SAMH) Oasis Day Centre,²⁷ Bethesda C.A.R.E. Friendship And Mind Enrichment (FAME) Club,²⁸ and Singapore Anglican Community Services.²⁹

1.1.6 Day Rehabilitation Centres

Day Rehabilitation Centres (DRCs) provide rehabilitative care for clients who have declined functionally due to medical conditions or deconditioning.³⁰ Full day programmes as well as sessional programmes are available. Elderly who have declined functionally after an acute illness, or who are too frail to return home or to day care, may be referred to DRC for a period of recovery. Subsequently, they may improve and return to their premorbid status and placement, all while remaining in the

community without need for institutionalisation.

1.1.7 Senior Care Centre

Senior care centres (SCCs) are integrated day eldercare facilities providing a range care services, such as day care, dementia day care, active day rehabilitation and basic nursing services³¹ for elderly with higher care requirements to cater to a broad spectrum of seniors²⁴; however, these elderly should still be ambulant or semi-ambulant, and be able to conduct activities independently.³² SCCs also promotes intergenerational and community bonding by co-location with a childcare and preschool facility and a family medicine clinic.²⁴

1.1.8 Singapore Programme Integrated Care for the Elderly (SPICE)

Singapore Programme Integrated Care for the Elderly (SPICE) is modelled after the Program for All-Inclusive Care of the Elderly (PACE) in the United States, which aims to reduce unnecessary use of hospital and nursing home admissions through multidisciplinary care.²⁴ Adapted by the Agency for Integrated Care, SPICE provides an alternative care solution to elderly who would otherwise have to enter nursing homes,²⁴ allowing them to continue to be cared for and engaged in their homes and community. Evidence suggests that SPICE reduces acute hospital admissions, reduces caregiver stress and delays NH admission for elderly with complex care needs.^{33, 34}

1.1.9 Hospice Day Care

Hospice day care centres, run by Assisi Hospice³⁵ and Hospice Care Association,³⁶ provide nursing care, medical care, physiotherapy, and recreational therapy for clients with terminal illnesses, providing brief respite to caregivers in the day. They also provide psychological support for their caregivers.²⁴ Case management and counselling services are also provided to the client and family as appropriate.³⁷

1.1.10 Respite Care

Weekend respite care services cater to caregivers who require relief from caregiving duties.³⁸ Caregivers who require respite may apply directly to organisations who offer these services, without requiring a referral.

1.2 Home Care

Home services allow home-bound elderly to receive necessary care in familiar surroundings, without the need for institutionalisation. Beyond routine medical and nursing care, specialised home services demonstrated benefit and value to home-bound individuals. For example, home mechanical ventilated patients demonstrated good health-related quality of life while remaining in the community.³⁹ consistent with results from other centres.⁴⁰ These services have been described previously in detail.⁴¹

1.3 Integrated Home and Day Care (IHDC)

For some elderly, a combination of home and centre-based care

may be more appropriate for their level of frailty and according to their preference. IHDC provides a one-stop service comprising both home-based and centre-based care.⁴² Care coordinators in IHDC will assess, plan and coordinate the care services required, and care plans are customised according to the elderly's evolving needs. Care plans may evolve from home-based to centre-based services or vice versa, based on these needs. Organisations providing IHDC services include AWWA⁴² and Peacehaven.⁴³

2. Keys to Successful Frailty-Friendly Communities

2.1 Service Quality and Adequacy

2.1.1 Wide Spectrum of Inclusive Community Care

Services offered in a frailty-friendly community should be part of a continuum of care, as demonstrated in the section above. Community centre-based programmes and care centres cover a wide spectrum of care services to cater for community dwelling elderly with varying needs according to the Clinical Frailty Scale. These include community centres for the fit elderly, to senior care centres and SPICE programmes for the frail elderly.

2.1.2 Care beyond Standard Hours

Most centre-based care services operate during work hours of 9am to 5pm, but there are also some services which operate extended service hours. For example, the SPICE programme offers extended hours from 7am to 7pm, instead of the usual business hours. Limited opening hours of centre-based care services may deter caregivers from utilising services as they are unable to arrange transport for the care recipients during these limited hours,⁴⁴ while extended hours facilitates arrangements for transport and for caregivers to take over the care of the elderly after service hours. Figure 2 offers an example of a typical schedule of elderly enrolled in the SPICE programme and their caregivers. Respite care offered on Saturdays also grants caregivers respite during the weekends to reduce burnout, facilitating frail elderly to age-in-place. Nonetheless, a service gap still exists for after-hours care and support, for example, in the case of caregivers who are required to perform shift work.

Figure 2: Sample Schedule for Elderly Enrolled in SPICE and their Caregivers

Time	0630-0700	0700	0700-0900	0900-1700	1700-1900	1900	1900-2000	2000-2130	2130-0630
Elderly	Morning preparations and basic grooming	Transport to SPICE centre	SPICE Programme		Transport back home	Dinner preparations and mealtime	Wind-down and bed time	Bed time	
Caregiver		Daily chores and errands Preparations for work	Work	Daily chores and errands Personal time					

2.2 Provider Support and Resources

2.2.1 Therapeutic Relationship

A therapeutic relationship between the community care team

and the care recipients and their family is crucial in a frailty-friendly community. The crux in a therapeutic relationship is genuine concern and building of trust, so that the elderly and their family recognises that the healthcare provider has their best interests at heart. Many care recipients associate community care services with a loss of dignity and independence, thus refusing beneficial services such as day rehabilitation.⁴⁴ A therapeutic relationship, with mutual trust, will be beneficial in moulding the elderly's social construct of need and encourage them to be involved in community programmes suited for their level of frailty.

It is necessary that this therapeutic relationship extends to the elderly's family. Majority of care decisions to utilise centre-based care services are made by the caregiver, alone or jointly with the care recipient,⁴⁵ illustrating the important role that the family plays. This may be explained by Singapore's unique health system, which allows for financial contributions from family members' mandatory health savings, lending them influence on the use of formal care services.⁴⁶ Healthcare providers should seek to first understand and appreciate their setting and circumstances, to provide acceptable or palatable options for elderly and their family to consider and adopt. Through building of trust and a therapeutic relationship, concurrent education will allow elderly and their family to further understand and appreciate good health behaviours and lifestyle. This will increase compliance to a healthy lifestyle, medications, therapy sessions and medical appointments.

2.2.2 Service Access and Convenience

Lack of transport and accessibility is a major barrier to attendance in centre-based services. Transport to these services may be stressful for the family in terms of logistics,⁴⁶ especially for care recipients who require assistance in mobility. Care recipients who experience inconvenience in accessing services were less likely to use them.^{44,45} Centre-based services should be accessible to elderly, for example, by providing or engaging volunteers for transport services, reducing barriers to utilisation of community programmes.

2.3 Community and Family Support

2.3.1 Tapping on Community Resources

Voluntary welfare organisations fill a socially relevant niche in providing crucial centre-based care services in Singapore, and are important social capital to the community.⁴⁷ These centres can be tapped on for their resources, such as activity sessions and community programmes for the pre-frail and frail elderly.

Volunteer work can also alleviate burden of long term care services considerably, as demonstrated in Norway, where volunteers contribute to 16% of total operating expenses in long-term care services, with the government's goal to increase this contribution to 25% by 2025.⁴⁸ In Singapore, volunteers are also a valuable resource, contributing towards many community organisations and programmes.

Funding and financial support from available community funds is also important. Affordability is a concern for families in their

decision to engage centre-based care services,^{10,49} as institutionalised care remains more economically viable than resource-intensive community and home care at the present. This situation is also similar in Hong Kong, where elderly with less financial resources are also more likely to use residential rather than community facilities.⁵⁰ In Singapore, having a Medisave account is positively associated with use of centre-based service,¹⁰ as compared to out-of-pocket cash payments. Service providers should look into optimising payment schemes and subsidies for their clients.

2.3.2 Proximity to Family and Family Support

The family remains an important source of support for elderly in Singapore.⁵¹ Co-residence with children¹⁰ and proximity-related convenience⁴⁴ encourage utilisation and are associated with higher use of centre-based community services. Moreover, provision of formal community centre-based care services is still contingent and dependent on the availability and support of family and informal caregivers; for example, caregivers have to provide transport for the care recipient, and continue carer duties after service hours.⁵¹ The importance of family support is also demonstrated in Hong Kong, where elderly who had better family support were more likely to engage in centre-based care compared to institutionalised long-term care⁵⁰.

2.4 Positive Environment

2.4.1 Respecting the Elderly

Respect between the healthcare team and elderly, and amongst the healthcare team, is essential to creating a positive frailty-friendly environment. Respect is perceived by elderly in various forms including being humane, discreet and motivated, and is manifested through interactions and supportive actions.⁵² Although elderly may have diminished ability to express their needs and wants, mutual understanding and respect is often still possible.⁵² This includes preserving the elderly's dignity, encouraging and supporting the use of remaining ability and function—for example, allowing them to water plants or clean up tables after meals.⁵³ Within the healthcare team, respect has also been demonstrated to improve the care environment and quality.^{53,54}

2.4.2 Purpose in Life

Activities in centre-based care can attribute meaning to the elderly's lives, and serve to improve their emotional well-being, physical function, and/or cognitive ability.⁵⁵ For example, participation in communal dining in day care centres has been demonstrated to increase food intake, increase opportunities to enjoy the social aspect of meals, and potentially result in weight gain and reduced malnutrition.⁵⁶ Other meaningful activities include opportunities to manage on their own, to be appreciated, to experience interpersonal and reciprocal relationships, opportunities to learn new things,⁵⁷ and the autonomy to organise free time in a meaningful way,⁵⁸ giving them greater purpose in life. Having purpose in life is associated with decreased mortality^{59,60} and reduction in decline of activities of daily living (ADLs)⁶⁰ in community-dwelling

elderly.

2.4.3 Environment with Positive Emotions

Creating an environment with positive emotions and energy is a key component to construct a positive frailty-friendly environment. The healthcare team should have a desire and passion to work with elderly, and to spread their positive energy to colleagues and clients.⁵³ Positive healthcare workers were described as motivated, helpful, and derive satisfaction from working with the elderly.⁵² This will help to create an environment with positive emotions, encouraging and motivating the elderly, and improving their emotional well-being. For example, higher levels of perceived social support and lower levels of loneliness is associated with less depression.⁶¹

CONCLUSION

A wide spectrum of inclusive community centre-based services is available for elderly with varying levels of frailty and varying care needs to age-in-place. Service adequacy, provider support, community and family support, and a positive environment are important factors for successful frailty-friendly communities in Singapore. While it is beyond the scope of this article, policy-makers should also consider the expanding role that technology,⁶² as well as service innovations such as sharing economy services,⁶³ can play in helping elderly to age-in-place. With favourable policies, elderly across the frailty spectrum can continue to be well engaged and cared for, with appropriate programmes and care services in the community, for the community, and by the community.

Author Contribution:

Thio Simin and Adrian Tan conceptualised the article. Thio Simin drafted the manuscript. Both authors reviewed and contributed to the final manuscript.

Declaration of Conflicts of Interest:

The authors declare that they have no conflict of interest in relation to this article.

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