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MAPPING OUT AN AGE-FRIENDLY SINGAPORE

LESSONS FROM PIONEERING WORK IN AGEING AND ELDERCARE

As the Tsao Foundation celebrates its 20th anniversary in 2013, *Social Space* catches up with the indomitable **Dr Mary Ann Tsao** who explains what it means to be a catalyst for change and how the Foundation will continue in transforming the experience of longevity in the community.

Dr Mary Ann Tsao is the Chairman and Founding Director of the Tsao Foundation, a Singapore-based but regionally oriented non-profit operational foundation dedicated to aged care and ageing issues. Previously, she was also its CEO and President. Tsao Foundation aims to address issues of the ageing population, promote successful ageing and enhance the well-being of older people at policy and practice levels by catalysing constructive change. For her work on ageing, she received the Public Service Medal in 2000 and Public Service Star in 2004 from the government of Singapore. She has also worked with numerous multilateral agencies, such as the World Health Organization Geneva office's Ageing and Life Course unit, and has been a resource person and technical adviser to other United Nations agencies, such as the United Nations Economic and Social Commission for the Asia Pacific.



“BY FOCUSING ON THE ‘PERSON-CENTRIC’ CARE PHILOSOPHY AND DEMONSTRATING ITS PRACTICE, WE HOPE TO INCULCATE THE IMPORTANCE OF RESPECT FOR THE ELDERLY AS WELL AS DEDICATION TO THE PERSON’S NEED FOR SELF-DETERMINATION ... WHICH SIGNIFICANTLY IMPACTS THEIR QUALITY OF LIFE.”

Reflecting on the last 20 years of the Tsao Foundation, what are the achievements that you would highlight as your most impactful?

It's hard to know how much credit you can claim for any of this work. But I think one key thing is this idea of ageing in place. Dr Amy Khor, the Minister of State in the Ministry of Health, actually acknowledged that she heard that from us way back in 1993 or 1994, which was really heartening. So, it's the notion of *ageing in the community* that we've been trying to get across. I've already demonstrated some of the key services like care management, home care or comprehensive and integrated day centre care; from the beginning, we had the blueprint of what we thought were the key services required in the community to support that.

Likewise with women and ageing, the Foundation tried to push for the notion that men and women don't experience ageing the same way, and you'll have to look at policy and practice in different ways. It took quite a bit of effort in research and advocacy for us to squarely get that onto the policy agenda. And some of the past practice has changed because of that. One example is something seemingly small, like segregating data by gender. You couldn't study and plan appropriately unless you have gender-segregated data, like when looking at CPF savings. So because they started to do that, we now have much better data. Policy-makers are now much more aware that women are in a different situation, so they've started to change the CPF policy concerning topping up, and pushing for more women to have health insurance and various things, and opening up more possibilities for women to have small businesses for income generation. I'd like to think we'd played a role.

When I was on the Inter-Ministerial Committee on Ageing, I kept saying there's this feminisation of ageing they needed to look at from gender lens, but it was repeatedly ignored. Then, in collaboration with AWARE, we commissioned a study on women and ageing, and presented the results to the relevant Ministries and agencies, and on the subsequent Inter-Ministerial Committee on the Ageing Population, women and ageing

appeared on the agenda and they referenced that paper. So I know we definitely contributed towards getting this in.

I think the third area is that we're the only dedicated training provider for community aged care. We train both professionals in the area of community aged care as well as individuals for self care in successful ageing as well as caregiving. We are the first Workforce Development Agency Continuing Education and Training centre for the elderly services sector, which provides training that ranges from frontline workers to centre managers. We also continue to roll out our "signature courses" on professional training in community geriatrics for nurses, social workers and counsellors, which reflect competencies that are very different from hospital and other institutional practices and specific to the community. Recently, we signed a Memorandum Of Understanding with NTUC Eldercare to support them in fleshing out new service models as well as to train the staff. We're looking at how we can help map out the competencies for each of the staff types for these new services.

We would like to think that we can influence standards of practice by providing training not only in the technical aspects of care, but also in the philosophy and attitudes towards older people that underpin our approach to care. Even within the aged-care sector, there is a tendency to treat older people as passive recipients with no say over their day-to-day life, and no need for personal development because they are "old". By focusing on the "person-centric" care philosophy and demonstrating its practice, we hope to inculcate the importance of respect for the elderly as well as dedication to the person's need for self-determination—including their preferences, the decisions they make and the reasons behind their decisions—which significantly impacts their quality of life.

I hope those who train with us will develop this elder-centric mindset because I think health and social providers can—with all good intentions—really be hell to the older people. If providers and caregivers don't have that person-centred mindset, the predominant attitude tends to be "I know what's good for you so you have to do what I think you should do!" If the elders push back, then

they are “uncooperative”, “difficult”, “non-compliant”, “stubborn” and “child-like”. A professional who thinks like that takes away that dignity of self-control from the older person entirely, which can be very damaging.

On the policy side, we established the International Longevity Centre–Singapore as well as the Tsao–NUS Ageing Research Initiative three years ago, specifically to do better in policy advocacy. The idea is about connecting the dots and policy support through science and evidence. Typically, academia, policy-makers and the community function in silos. Through our services and involvement with the community, we can identify issues and see emerging trends early, and by organising engagement platforms that bring together all the stakeholders, a needs-driven and policy-relevant research agenda can be established and research results can be circled back to policy and other stakeholders, addressing what they should and need to know. After that, we will continue to work with them to see through as much as possible the recommendations to be implemented. Effective policy and practice advocacy take years, so we don’t know how far we can go with this strategy yet, except for the women and ageing initiative started some years ago that seems to be effective. We will see how well we can build that platform.

In addition to women and ageing, we are currently concentrating on the caregiving issue. Caregiving is central to the debate on ageing because if families and communities for whatever reason no longer provide the informal care that has been traditionally in place, that will have huge implications for the state in terms of real cost of care, as well as intangible costs to society with the rupture of the inter-generational social contract.

Already, we are placing older people in nursing homes with increasing ease to the point where it is the *solution of choice*—not so much for the older person, but the family and the state. Our goal is to clearly understand what constitutes good care for the elders, what it takes for families and communities to continue to give care, as well as the kind of support they need.

Recently, a caregiving study under the Tsao–NUS Research Ageing Initiative showed that one out of four caregivers is a single woman, and that many of them quit their jobs to assume this role. Immediately this begs the question of what will happen to them when they grow old. Recently, the Ministry of Health’s working group on home care was deliberating on home-care funding, and considered the possibility on differentiation based on the availability of a caregiver, meaning that if there is a caregiver, the family would have less access to paid

services. But if I’m a caregiver, a single daughter in particular, I’d rather go to work then, because I’ll get access to more paid services. That doesn’t make sense! This approach makes sense from a policy-maker’s ideological perspective, but they’re not always aware of what the unintended adverse impact will be. By bringing together a broad range of stakeholder perspectives, we hope to influence things in the right direction.

With the Foundation’s experience in a variety of areas—helping to catalyse change and change thinking, what are some of the lessons in those 20 years? What do you know now about pushing for social change that you wish you knew back then?

One has to be *tactical*. For me, not being from Singapore has always been a handicap. It took me quite a while to figure out how people really think, what people want, and what drives them. This is particularly so with the policy-makers and the social change makers. They have their own ideology. It took me some time to figure out what that was, and how one can work around those ideologies in order to communicate in a way that they can actually hear you, and not in a way that put people on the defence.

Next, *talk to people*. I talk to a lot of people who were very generous in sharing their knowledge of what works and what may not work, who were the go-to persons for various matters. A lot of things we do have never been done before and generally speaking, people tend to not be terribly encouraging.

On the other hand, there are always a handful of people who’ll say, “We believe in you and will support you.” That gives me enough confidence to go ahead in situations when I really don’t know whether things are going to work or not. I do my due diligence and all that, but it’s always good to talk to people. They’ll always give me some insight that would be useful for planning and delivery.

Another thing is always to *reach out and be connected* to other interested parties—people who can help in various ways. I didn’t go to school here, so I don’t have any natural network to fall back on, but my colleagues do. Generally, if you can find a few good people, one introduces to three and three to nine, one can build a network reasonably quickly over time. So, I think that’s another point. One should really just tap into their generosity and people will share information with you. That’s one very important lesson.

The other thing is just *never give up!* We try to practise joyful perseverance, enthusiastic perseverance. Change-making can be very disheartening sometimes, because there can be a lot of obstructions in introducing new

ideas or programmes, and there can be many challenges with people not understanding what you're trying to do. Even my own staff struggle to understand what we're doing sometimes, especially in the early days.

Another struggle is that we are frequently not acknowledged for our effort and sometimes that's hard, especially for our staff. Our dedication, therefore, must be focused on the commitment to serve, and not acknowledgment or getting credit for our work. We must always remember that our reward is in the purpose of service, and we should not spend energy on worrying about what people say or not say about us.

So, we have to persevere through clarity of purpose, always keeping our eyes focused on the light at the end of the tunnel, so to speak. That's my job, I'm the cheerleader! I have to make sure that my team is absolutely clear about the vision, the strategy and our deliverables, for the year, the next three years, and the long term. We have to be clear about where our satisfaction comes from—is it from the older person's well-being, or from the fact that policies and practice will be strengthened? We need to be clear that our satisfaction comes from the impact of our work: the enhanced well-being of our elders, and policies and practice that are strengthened. That is our reward, and *perseverance* really is key. While we do pay attention to stakeholders' opinions, we do differentiate between sound advice and constructive criticism versus nay saying, so we can keep going and stay on target. That takes a certain kind of gumption, and for the chief cheerleader, it's exhausting at times!

I wonder if your ability to stay the course and keep to your vision is partly because of the fact that you're a foundation, that you're largely self-run, and autonomous.

It definitely helps with your own money but for us, it's not a "free flow" by any means. My family is very tough because my grandmother was very savvy. We are a business family and she saw self-sustainability as one of our key objectives, and she spoke about the notion of social enterprise even way back then. The expectation is for the Foundation to decrease its reliance on family funds and become increasingly self-sufficient financially over time. When we first came here, however, that notion just didn't fly because at the time, non-profit means that everything should be free!

That idea lasted for a good number of years among the social service sector. As a matter of fact, there were rules on the percentage of paying clients a programme is allowed to have. In the early days, I had staff who quit when I insisted on collecting some kind of payment from our patients based on the ability to pay. Clearly there

should not be any financial barrier, but to me, nothing's free and my staff and patients needed to understand that. There's a need to dignify that relationship as well. If the contribution is only one dollar, fine! But in principle, everybody should contribute something. Some staff found that philosophically and ideologically uncomfortable. Luckily, that has changed. But that was a painful shift in mindset for us—to get our staff to think this way.

In our beginning, Singapore was like that. With time, of course, it has become much easier to create revenue-generating models, like our training centre. Every year, the Hua Mei Training Academy has a financial goal because it can generate revenue. Its job is to provide good training, build capacity and generate a surplus. This provides some cross-subsidy for our other programmes that serve very disadvantaged people, where there will always be a deficit.

Our trustees are also very strict. Every year, I need to negotiate the budget with them because the idea is that over time, the dependence on our trust fund should decrease. We try to grow over the years in a sustainable way, and every year, it's proportionally less money from the trust. For the first good 12 or 13 years, almost everything was 100 per cent funded by the Foundation. But with time, as more money came into the system, we try to optimise on available government and other funding as much as possible while also advocating for mainstream funding of new programmes that we have established. Our funds are primarily used to fund deficits as well as new programmes for which there is no existing financing available. In this regard, being a foundation and having our own money definitely offers a unique advantage.



SCOPE Participants

Source: The Pond Photography (www.thepond.com.sg)

So what percentage of your annual budget is raised from the trust fund?

At present, our foundation only funds about a quarter of our total annual budget, even though depending on what new programmes we may embark on at any one time, that quantum may increase. All our programmes have their own business model—be it for profit, cost recovery or deficit funding. The training centre for instance has a growing financial target every year to bring in more money. The policy unit aims for full cost recovery through grants. Hua Mei Centre for Successful Ageing, the service arm, pretty much runs on a deficit because of the nature of the clients we serve, even though increasingly, we are considering the possibility of serving more paying clients to create revenue for cross-subsidy.

In the work of the Tsao Foundation, how important has collaboration been? What are some of the lessons behind successful collaborations?

I don't think we would have been able to really work without collaborations. At the community level, we work with all the partners in the community to mobilise resources and identify those who need help. At the policy level, for a long stretch, we did a lot of work with the Institute of Policy Studies. We would co-organise forums, for example.

I think collaboration is a hallmark of our work, because I don't think we can do anything as well without our partners. That's the philosophy that underpins pretty much everything we do.

Good collaborations can help all parties. For example, the researchers find our partnership valuable because they have a hard time accessing the subjects, which of course is no problem for us. Sometimes, it's not easy for the researchers because of the language barrier, but our staff here speak many dialects, and because of that, we're able to mobilise the right people for one-on-one interviews, for example. We can also inform specific research questions because of our understanding of the needs and situations around particular research issues. So while we may not be strong in research methodology, we can assist and bring added value to research teams.

Another example is our current collaboration with several Senior Activity Centres or SACs on a programme called Self-Care on Health of Older Persons (SCOPE), which is about helping older people develop their own little OPAs or "old people's associations" with about 20 or 30 people in each group. With a trained facilitator, these OPAs aim to teach and empower participants on health and self-care.

For us, the easiest way to reach out and organise these groups is to go to SACs. They are very entrenched in their neighbourhoods and already have relationships with the older people in the community, and they can get the older people organised very quickly. In this regard, we can set up many such groups (in 12 or 15 neighbourhoods) quite quickly in collaboration with SACs, whereas if we were to do this all by ourselves, it would take a long time and with much more difficulty.

But we're not the only ones who benefit from this collaboration. The SACs who help us organise these OPA groupings love it as well because they sometimes have a hard time getting older people to be involved or have sustained interest in their activities. With this programme, because it involves purpose, self-efficacy, and empowerment within relationship groups, the older people are happy to come down. So for 28 weeks, which is the duration of the programme, they come down to the SACs to meet, and sometimes, they start using the exercise equipment in the SACs consistently because they're being taught to do that. Some of them stop smoking and some start getting very vibrant because they are more socially engaged. Suddenly, these folks are turning up every day by themselves and bringing their friends down. Now, the SACs are asking, when the SCOPE pilot is finished, if they can carry on, and if we can teach them how to run the programme and keep it going. So now, we can move on to the next phase, which is to teach our colleagues at the SACs the methodology of building and sustaining self-help groups.

So that's what I mean, we always look for win-win situations in partnerships that work for everyone.

So what's the "next big thing" for the Tsao Foundation?

Well, the next big thing is to take a look at how we can take a whole community approach to create systems that enable successful ageing and ageing in place. In the past, we were looking at introducing concepts, community service models, capacity building, and research to gather evidence for policy advocacy. But these are still isolated events.

What we need is actually to integrate all the above to effectively create systems across communities and community ownership to sustain ongoing development. Right now, we have a project with the Ministry of Health and the Whampoa constituency. Whampoa is a very old, underserved and isolated community with significantly insufficient community health and social services as well as transportation connectivity. The idea here is to develop a "city of all ages" where physical infrastructure and

services are well planned and integrated to enable its citizens to age well throughout the life course. The name is ComSA—Community for Successful Ageing. ComSA is comprised of two phases, with phase one involving primarily “software” development, and phase two on innovative senior housing integrated with services. I will just talk about the three components of phase one here.

The first component involves developing a grassroots-based system of identifying older people with different risk and needs profiles in a proactive, accurate and consistent way. The approach to care right now is largely reactive. We wait until someone gets sick, go to hospital, and we try to follow up afterwards. But we need to be proactive and think of a public health and preventive approach to healthy ageing, we need to identify people with risks and get them to services early—whether it is wellness programmes or comfort care at home.

Singapore is uniquely well-organised by neighbourhoods, and by working with grassroots and community groups, we can have the manpower and social capital to reach and identify older people with risks through the use of international tools that we have validated locally. Once the risk profile can be accurately identified, we can then work on getting the older people into appropriate programmes.

The second is the establishment of a care management service system to deliver packages of services to targeted groups of older people based on different risk and needs levels. The care management services have to be integrated into a care system. Currently, different levels of care-management services function in silos. However, people change—they get better, they get worse, families move, caregivers die, and so on. So those who provide services need to communicate with each other systematically and in an efficient and effective manner so we can stay on top of care as the elderly clients’ needs change. We don’t have to provide all the services, but we can act as a catalyst to bring the players together and facilitate the development of such a system.

The final component looks at rallying the community. We aim to develop stakeholder networks in the community to foster community ownership and mobilise resources in order to grow the full range of health and social services that can enable successful ageing across the spectrum—from the healthy and well, to the frail and the dying.

The idea here is to engage in community development that aims to identify all the stakeholders who are involved with older people in some capacity and can value-add



The 100th birthday celebration for Mdm Wong, who has been with the Hua Mei Mobile Clinic.

to an age-friendly neighbourhood. They can be the police, town council, local business owners—anybody who’s interested in being part of an effort towards an age-friendly community. By building a stakeholders’ network, we foster understanding and actually build a community that takes ownership of their own older people and their own future.

The community stakeholders don’t often know enough about what’s going on with the older members; they need to be informed and to better understand the situation. We need to facilitate that connection, help the community understand and encourage them to take ownership of the well-being of the elders.

Once committed, much more resources are then available, and most importantly, they too, will find satisfaction in being part of that “kampong spirit.” In fact, that’s how people get their passion. It’s not always easy to do but we’ve got to give it a shot. Our experience has been that, when people collaborate and get the benefits of seeing what they can do together, they will be motivated to do more, because they derive fulfilment from that purpose. So here, we want to facilitate the building of that social capital and social structure, and with time, the community will be able to take ownership of their own development. Thereafter, we can participate as a member and just play the supportive role.

So that’s our next big thing—to get a whole-community approach to creating a community for all ages, something that would help us all age well throughout the life course. ■