

## CHAPTER 6

# Community-Based Services and Residential Care

### VISION

***Persons with disabilities in Singapore will live an independent life with dignity in the community. Institutionalisation will be the last resort. There will be a barrier-free environment, with adequate and critical support services made available for them and their families.***

### INTRODUCTION

1. Transportation, barrier-free environment and assistive technology devices are important 'vehicles' to enable PWDs to integrate into society, so that they can travel to work, educational and training institutions, receive social, medical and rehabilitation services, as well as engage in social and recreational activities. For PWDs who are unable to work, they should be meaningfully engaged in the community through day activities. A range of residential care options in the community should be available to PWDs in order for them to live a life with dignity, and to meet changing needs of their caregivers and family.

### EFFORTS OVER THE LAST FIVE YEARS

2. While efforts have been made to improve the transport and accessibility of buildings to PWDs over the last five years, more initiatives are in the pipeline. All Mass Rapid Transit (MRT) stations have been retrofitted with disabled-friendly features and are barrier-free accessible. While the first wheelchair-accessible bus (WAB) was introduced in June 2006, LTA has announced that the replacement of their existing fleet of 3,550 buses to be WAB could be expected by 2023. In addition, LTA has also committed to further upgrade public roads and thoroughfares to be more barrier-free over the next three to seven years following the Committee of Ageing Issues' recommendations. A parallel plan had also been announced by the Housing and Development Board (HDB) to make all HDB estates barrier-free by 2011.

3. The Code on Barrier Free Accessibility is currently under review by BCA. While BCA targets to complete its public feedback by mid 2007, new buildings are now required to submit an "accessible route plan" to demonstrate how it can be accessed by persons with mobility difficulties from neighbouring buildings and public facilities. To ensure key areas are barrier-free in five years' time, BCA has planned a five-year Barrier-free Accessibility Upgrading Programme (2007-2011) to support the upgrading of existing buildings. There is also an inter-agency

coordinating committee that addresses cross-agency implementation issues for Barrier Free Accessibility.

4. For community integration, a review of Day Activity Centres (DACs) for PWDs was conducted in 2003, which helped in the refinement of the service model and addressed its long waitlist. To date, three new Centres have been set up and the waitlist numbers have been reduced significantly from over 100 to less than 50. A review of homes for the disabled was conducted in 2004. Admission criteria and discharge plans were fine-tuned as a result of the review. Where there used to be only one home for children with special needs, there are now four facilities, which provide respite care for parents and residential care for children who need protection and special care for challenging behaviour. Three homes and one hostel were supported for relocation and redevelopment. A new hostel was added and two homes were supported to provide a Day Activity Programme. A pilot programme Therapy@Home is presently being tested.

5. The Government also started the Assistive Technology Fund (ATF). The ATF was set up in 2003 for a period of three years and has just been further extended for another two years, to provide financial assistance up to \$10,000 per PWD in need of assistive devices for education or employment. In March 2005, the scheme was enhanced to increase the quantum of subsidy to pay for assistive devices and to extend to pre-school children for mainstream education. As at Oct 2006, the fund has benefited about 200 PWDs. In 2003, an Assistive Technology Centre (ATC) for the physically disabled was also piloted. An evaluation of the ATC programme has found that it has been effective in its assessment, training and support in the use of assistive technology (AT) by PWDs. Similar AT support for the hearing impaired and the visually impaired is in the pipeline.

6. The Committee supports the Government's initiatives in the last five years to create a barrier-free environment. In contrast to the earlier approach where MCYS and NCSS would take the lion's share of the work, even in areas that fall outside their competency, the Committee commends MND, MOT, BCA, LTA and HDB for fully taking on disability needs and requirements in their respective portfolios. Their approach mainstreams disability issues, and will result in significant progress for a barrier-free future for PWDs.

## **CONSULTATION WITH VARIOUS STAKEHOLDERS**

7. In addition to caregivers, the Committee also conducted focus group discussions with PWDs to gather their views toward existing community-based and residential services; and what they felt was needed in those areas over the next five years.

8. The focus group discussions (Refer to Annex 5-2 for details) revealed that stakeholders generally agreed that there ought to be more residential-based options available to caregivers in addition to existing homes for PWDs. One option which was frequently cited was group homes. For persons with acquired disabilities, they tend to be more independent and expressed the need for an option to sell their purchased flats and move to rental units so as to still be able to live within their own means. Unfortunately there is a current policy for two and a half years of wait before this can be done. With reference to community-based support services, some felt that the existing DACs' operating hours were too short and should be extended.

*"... group homes better than asking siblings to take care... siblings may have their own families..."*

*"... I need to work... should extend the DAC hours for my child..."*

9. Participants at the focus group discussions also agreed that whilst services could be provided, there still existed physical barriers to these services. Therefore it was vital that there was barrier-free accessibility within the community.

*"...public areas... slopes for wheelchair access too steep, steps and raised platforms..."*

*"... make barrier free environment mandatory..."*

## **DESIRED OUTCOMES**

10. Moving forward, the Committee identified 12 strategies over **four main strategic thrusts** to achieve the following three desired outcomes:

- a. Increased access to community care services;
- b. Integration of PWDs into society and improved quality of life; and
- c. Family enabled as the first line of support in the community.

## **RECOMMENDATIONS**

### **Increased Access to Community Care Services**

11. Access has to be made available at three levels, at a person's own home, services outside of one's own home and the ability to commute from one point to another.

## **Strategic Thrust 1: Enhance Existing Services**

### ***Extend Home-Based Services to Families of Persons with Disabilities***

12. At present, there are not enough regular home-based services available to PWDs. The Committee recommends that MCYS **extends existing home-based services for the elderly to PWDs who need assistance with activities of daily living** to enable them to live in their own homes for as long as possible with dignity. This will enhance their quality of life and provide support to their caregivers in coping with the challenges of caregiving. The services should include:

- a. Home help services which include personal hygiene, escort services, laundry, meals etc;
- b. Befriender service to home-bound PWDs and their frail and elderly caregivers;
- c. Home modification service;
- d. Home nursing care;
- e. Home medical care;
- f. Home therapy service (new); and
- g. Home-based training and consultancy for caregivers (new).

### ***Feasibility Study for an Affordable and Viable Transport Arrangement***

13. The Committee recognises that while our public transport system is increasingly made accessible, there remains a group of PWDs who would still not be able to use public transport. Some are unable to use public transport without escort because they either lack the mental capacity to do so, exhibit disruptive behaviour or have mobility difficulties. These PWDs would not have full access to centre-based services, which are not within the close proximity of their home.

14. Many of the current day centre programmes are also unable to provide longer operating hours to match the working hours of some parents because private transport operators do not provide a dedicated fleet for PWDs and elderly to bring them to the services. Private transport operators use the same fleet of vehicles to fetch school children and workers to and fro workplace, school and home. The transport providers thus can only cater to PWDs after and before the morning and evening peak hours respectively.

15. In view of the current situation, the Committee proposes to **conduct a feasibility study tapping on transport experts to recommend a more efficient, viable and sustainable transport arrangement for PWDs to maximise the operating hours of the day activity programmes**. The study should explore the technical details and a viable system of either pooling VWO vehicles or operating a private transport service. As far as possible, PWDs who can be trained to take public transport would not need this service. The target

clientele would be PWDs who are unable to take public transport without escort and the elderly served by VWOs in the same region, picking them and alighting en-route. This provision would enable more PWDs to access the services they need in a timely manner. The Centres should also operate at longer hours to suit the needs of the users and their caregivers. Shuttle services to pick PWDs from MRT stations could also be considered.

### ***Enhance Day Activity Centres***

16. The Committee also notes that the current day care provision for adults with disabilities lacks competencies and resources to provide greater access to more user-friendly operating hours, proximity, care for those with autism, challenging behaviours and those who are not productive enough to be employable.

17. **The Committee therefore recommends an enhancement of the DACs through:**

- a. Extending operating hours to allow PWDs whose caregivers have to work, to match their day shift working hours;
- b. Introducing two additional core components: - work activity to allow for meaningful occupation at the centre so PWDs could still earn an allowance from jobs done; and caregiver training and support;
- c. Increasing access to day care by allowing Day Care Centres for the elderly to set aside places for non-elderly PWDs; and
- d. Building the capabilities of DACs and caregivers to cope with the care of PWDs with autism and behavioural challenges. As persons with autism and behavioural challenges require a longer time to adjust from one environment (home) to a centre (a new environment), consultancy service and training of caregivers (for a period of three months to a year) would help the PWDs transit and be integrated into a Centre-based programme. This is currently a gap, as apart from respite, caregivers need to learn skills to modify the home environment and to cope with the behavioural challenges of their dependents. Relevant training and coaching are also required for programme staff in the Centres to be competent in the behavioural challenges.

## **Integration of PWDs into Society and Improved Quality of Life**

### **Strategic Thrust 2: Plug Service Gaps**

#### ***Implement Case Management Services***

18. The socio-emotional struggles of PWDs, caregiver and family members at the onset of an acquired or congenital disability or the trauma of a PWDs exposed to a highly vulnerable situation of abuse or crime, are often overlooked. Such unmet needs, if addressed, would go a long way to build resilience, socio-emotional stability and self-reliance for the PWDs and the family.

19. To address this service need, the Committee recommends the implementation of Case Management Services for persons with acquired disabilities and vulnerable persons with congenital disabilities, alongside the review of the eldercare case management model. Upon discharge from medical and penal institutions, PWDs should be given the appropriate support in the community through a case manager who is able to garner inter-agency collaboration in the intervention or rehabilitation plans that cut across medical, legal, financial and psychosocial aspects.

20. Case management for persons with acquired disability would require the following:

- a. Comprehensive needs assessment - Various forms of acquired disabilities have specific needs and would require different intervention and services from those acquiring physical or sensory disabilities.
- b. Rehabilitation programmes - This should comprise areas such as vocational, therapy and mobility orientation rehabilitation.
- c. Socio-emotional support - This should include community living skills; counselling and support services in the areas of help line service, face-to-face counselling, support group and befriending services, as well as caregiver support services providing training and emotional support.

21. For the vulnerable congenital disability group, besides (b) and (c) highlighted above, there is a need for crisis management through a helpline service and emergency response team to address safety needs of the client, behaviour management or modification.

### **Strategic Thrust 3: Improve Accessibility**

#### ***Increase Barrier-Free Accessibility***

22. While Singapore is progressively moving towards this objective, there would still be kerb-to-kerb issues to be addressed, especially in old districts and at the vicinity of old buildings. Frequent feedback were heard on the misuse of disabled-friendly facilities such as disabled-friendly toilets, car park lots for disabled drivers, failure to comply to guidelines on barrier-free designs and the lack of enforcement by the authorities. **The Committee recommends two strategies to increase barrier-free accessibility to both buildings and other physical environments:**

- a. The first strategy is to tap on the existing Inter-Agency Coordinating Committee chaired by BCA to address cross-agency implementation and enforcement issues for Barrier-Free Accessibility, especially in the needs of emergency response system and infrastructure for those with sensory and physical disabilities; and
- b. The second strategy is to have an independent unit formed by VWOs to provide feedback and advice to the Authority and building owners on barrier-free accessibility and universal designs.

23. **The Committee feels that more can be done in the area of improving accessibility to private buildings**, since most government buildings are already leading by example in having barrier-free accessibility. The Committee is pleased to note that MND has taken steps to address this issue through barrier-free accessibility upgrading programme.

#### ***Accessible Public Transport System***

24. While Singapore is moving towards a barrier-free environment, it would still take about two decades for the entire public transport, roads and thoroughfares to be fully accessible. The Committee recommends that **the Government expedite its plans so that a fully accessible public transport system can be implemented in a shorter time**. If this is not possible, the Committee recommends that the MOT study how to provide a viable and affordable alternative for PWDs in the interim.

#### ***Implement a Holistic Approach to the Development of Assistive Technology***

25. Currently, the provision of AT is primarily targeted at helping PWDs in education or employment. The Committee conducted three separate focus group discussions with persons with physical and sensory disabilities and they reiterated the importance of AT devices as essential enablers in their daily lives,

beyond education and employment. PWDs face a myriad of challenges at home and in public places such as mobility difficulties and communication. Assistive device suppliers are few and because devices are often imported, they are not within affordable range. Research and development on AT are also necessary to meet local needs and to bring down the costs.

26. **The Committee recommends a holistic approach to the development of AT in Singapore.** The three essential elements of the AT industry are identified as service provision, research & development and advocacy through macro policy recommendations. This should be made possible through a four-tier model:

- a. Expand the pilot ATC to a National ATC serving the physical and sensory disability;
- b. Develop a centre for research, development and production of assistive devices;
- c. Set up a taskforce to drive the development of AT in Singapore; and
- d. Make the ATF a long term scheme that provides financial assistance to PWDs to procure assistive devices to enable them to pursue education, training and employment.

### **Family Enabled as the First Line of Support in the Community**

#### **Strategic Thrust 4: Provide Residential Options to PWDs**

27. The Committee noted that PWDs today have only two residential care options: hostel or home. **The Committee therefore recommends increasing a range of residential care options** according to the functional abilities of the PWDs and needs and abilities of the caregivers.

#### ***Review Housing Policies to Enable Independent Living***

28. For the moderate to high functioning PWDs, housing policies should be reviewed to enable PWDs to live independently in the community and/or near their family.

29. **The Committee proposes formalising the waiver of the 30-month debarment period for the application for rental housing** for those who need to downgrade from their purchased flats. Persons in their mid life who acquire physical disabilities through illness or accident, who are unemployed or only able to be employed at a lower salary, with no family support or other possible housing options after the disposal of their Home Ownership flats, may find the need to downgrade. A 30-month period would be too long a period for such PWDs to wait and remain self-sustainable.

### ***Provide Assisted Living Residential Units***

30. In USA, Sweden, UK, Australia and Japan, Assisted Living Residential Units are made available for PWDs and the elderly. **The Committee proposes extending existing Assisted Living Residential Units (Project LIFE and Senior Activity Centres) for the elderly to PWDs.** This model applies to rental flats having disabled-elder friendly features and support services provided by VWOs to monitor and cater to their special or emergency needs. This provision in the form of 'Project LIFE' and Senior Activity Centres is at present available to the elderly and the Committee proposes that it be extended to all PWDs. Such an arrangement has not only been found to improve quality of life and personal dignity, but also increases self-sufficiency through the provision of supportive services in a residential setting.

### ***Build More Hostels for Transitional Training***

31. The Committee supports the current Transitional Training Programme for independent living in Ubi Hostel that is available for persons with intellectual disabilities and recommends that it should be replicated for persons with physical or acquired disabilities and autism. More hostels should be built for training in independent living to enable PWDs of different disability types to live on their own or acquire life skills to be re-integrated back to their family. This transitional programme helps PWDs to acquire advanced skills in household management, independent and personal social skills so as to prepare them for independent living. There will also be a group who will not be able to transit to assisted living, as they do not have the economic capability for the rental fees. The Committee recommends that this group remain in the two other existing hostels run by MINDS and Thye Hua Kwan Moral Society.

### ***Provide Smaller and More Manageable Group Homes***

32. There is a need to provide smaller and more manageable Group Homes for the rehabilitation and aftercare of PWDs. Separate facilities should be set up for those who had committed minor offences and for those with specific disabilities such as severe autism, that pose challenging behaviours. The Committee feels that with a smaller setting, there could be more focused attention given to the PWDs to improve their coping and social skills. For PWDs who are victims of offences or trauma, the existing residential homes for the PWDs should be equipped to take care of them.

### ***Enhance Institutional Residential Home for the Disabled Model***

33. **The Committee recommends that residential homes for PWDs should extend admission age to 60 years** from the current cap of 55 years old since the eldercare-sheltered homes are admitting cases only from 60 years onwards. Funding support should also be provided for a dedicated short-term respite care

programme for caregivers. Resources should also be allocated to allow residents to age in place until their condition requires a transfer to nursing homes for intensive nursing care.

## **CONCLUSION**

34. The Committee hopes that in the next five years, more PWDs would live an independent life, even when they leave the education system or the workforce. With increase in access to support services, caregivers and PWDs are empowered to continue to bond with their families and live within the community for as long as possible. With full support of an accessible transport system and partial support of transport fares and assistive technology, PWDs could live in an environment that is more disabled-friendly and accessible. This would enable PWDs to be actively involved as an integral part of the society and lead a life with dignity.

35. The Committee also hopes that the set of recommendations put forth in this Chapter would assist in alleviating the concerns of many parents on the lack of caregiving options available. This was very clearly articulated in the Parents' Workgroup on "Enhancing the Financial Security of Persons with Special Needs" released in October 2006.