Differences in stage of development are found among countries seem to relate to their economic and political atmospheres. Economic bureaucrats have dominated major policy - making for the past 40 years. When economic grows better spending on elderly services are always generous. An example of affluent country , like Singapore , when ageing of population was becoming noticeable , they have become a priority target of national policy for security and well – being since 1984. In contrast to the other Asian countries with political instabilities and the economy have been in a recovery from the 1997 crisis like Thailand , of which up to today is still vulnerable to a recurrent crisis . The elderly population may not be a priority although a comprehensive policy for promotion of their well- being is already framed.

3.1 Changing Household Structure

Regarding family structure, country development have brought about changes in family where smaller family size and preference of nuclear family are replacing the expanded family structure and larger family size. Moreover, households of elderly living alone without caretaker is more prevailed especially in urban area, that appropriate living arrangement should be designed and put into action.

Changes have been brought by reduction of fertility and the out-migration of young population to urban areas, with the growth of female labor force participation. These changes put double and compound burden on effect as lack of caretaker of the elderly. Moreover it is evidenced that the elders in the rural of Thailand have to take responsibility or even earning for grandchildren due to loss of parents earlier by HIV/AIDs (Knodel et al, 2002, cited in Thailand paper).

The data of **Malaysia** reveal of increasing in nuclear household and a little decrease of extended family during the 1980 and 1991 with average household size, being 5.2 to 4.8 for total , 4.9 to 4.8 for nuclear family and 7.1 to 6.5 for extended family (Malaysian Department of Statistics , 1998, cited in Malaysia paper).

Singapore census of population 2000 is increase in "*elderly only*" households from 1.8% in 1990 to 2.8% in 1999. Parallel to this social trend , there was a decrease of extended or multigenerational household from 6.7% to 5.6% and the increase of one – person household from 5.2% in 1990 to 8.2% in 1999 (Singapore Department of Statistics , 2001, cited in Singapore paper). The increase of 3% in one - person

household is a matter of concern due to the problem of social isolation , vulnerability to depression and suicide.

The social - economic changes experienced by **Hong Kong** during the last two decades has also weakened the ability of the family to take care of their elders. The reliance on spouse for care is also a myth when elderly people age into older ages, more will become widowed or singled. Despite most of the elderly people in Hong Kong is poor and has to rely on social security payment, the reflection of diminishing family support is foreseen.

Thai elderly women are lacking of informal care by their families. The prevalence of widowhood-divorce-separation is much higher among the elderly women (Report of the 1994 Survey of Elderly in Thailand, cited in Thailand paper). Three percentage of the female elderly are single while only one percent of the male counterpart are. The difference is remarkable higher among elderly female living in urban areas and also increased with age. The very old persons living alone usually considered a high –risk group that are vulnerable to lack of appropriate caregivers. In Thailand, the older person aged 75 and over and women in particular , had high prevalence of living alone (6.5%) and living with a non- relative (5.6%) (Report of the 1994 Survey of Elderly in Thailand , National Statistical Office , Office of the Prime Minister, cited in Thailand paper).

3.2 Needs for LTC

When people gets older, one's dependent life expectancy increases while active life expectancy decreases. Data are presented by Korea and Thailand. The dependent period in the later part of old age is becoming an universal and normal life cycle. Not only do the elderly living a dependent life requires health care but they also need social care in their daily life.

Currently almost all ASEAN aged population are cared by informal systems mainly by families , relatives , neighbors and others in various circumstances. The certainty is that the proportion of those who utilize formal care services will increase. However, those who are cared for by the informal system will be out - numbered those who utilize formal care services in the future. In estimating the long term care needs of the elderly, the degree of mental impairment as well as physical impairment may have to be considered. The estimated number

and proportion of the elderly who need formal long term care is important for policy formulation. The reliable proportion of mentally impairment is not always available , prevalence of disability by level of dependency is preferable in order to estimate needs for formal LTC in a country.

While **Thailand** uses prevalence of disability by categories of home bound, bed bound, personal care dependent, and dementia among total elderly population to project the need for LTC. It is estimated 14.8% of aged people 60 years and over who may need for LTC in 2000(Jitapunkul, S., Kunanusont, C., Poolcharoen, W., and Suriyawongpaisal, P., 1999, cited in Thailand paper).

The LTC Policy Planning Committee, Ministry of Health and Welfare (2000) of **Korea**, estimated the number of those who need formal LTC in term of physical health is 19% of aged people 65 and over. The level of dependency measured by IADL and ADL, by types of LTC, whether it is institutional or community / family care are used by Korean team to estimate such needs (Policy Planning Committee, Ministry of Health and Welfare Korea, 2000, cited in Korea paper).

The need for long term care for the elderly in **Hong Kong** arises not merely as a result of the growing ageing population, but also reflects the interplay of multiple factors that affect the supply and demand for long term care in the long run. There is almost one in two elders suffering from depression in Hong Kong. On top of ailments, dementia, depression, and suicide will bring multiple problems including behavioral or personality changes, and inter-personal conflicts. For all these to be treated properly, a good deal of services has to come from long term care resources.

Table 9 Changes in household structure.

		1 person household	nuclear household	multifamily household	average household size
Singapore[1]	1990	5.7	81.0	10.8	…
	1990	5.2	84.6	6.7	…
	2000	8.2	82.1	5.6	…
Malaysia[2]	1980	…	55.2	27.8	5.2
	1991	...	59.9	26.4	4.8
Hong Kong	1996	…	59.2	…	…
	1999	…	63.6	…	…

Source: 1. Survey of Population Census, Singapore Department of Statistics, 2001.
2. Survey of Ageing population , Malaysia Department of Statistics, 2001.
3. Social Welfare Department, Hong Kong, 2000.

Change in household structure of the five countries are similar, such as Singapore, increase of 3% in one-person household is a matter of concern due to the problem of social isolation, vulnerability to depression and suicide, as well as lower possibility of immediate treatment at times of crisis faced by the elderly. Lonely persons, would require social networks to maintain their integration with the rest of the society. The well being of older persons is closely linked with the availability of social support, a key point which has been emphasized by many social researchers (Antonucci, 1990; Argyle, 1992, cited in Singapore paper).

Table 10 Living status by age and sex of the older persons according to the people they are staying with, Thailand.

Living status (%)					
	Alone	**With spouse +/- others**	**With children +/- others**	**With other relatives**	**With non relatives**
Male					
60-64	2.1	55.4	41.7	0.5	1
65-69	2.2	47.8	47.8	0.8	1.8
70-74	2.3	47.7	46.5	0.3	3.2
75+	2	36	58.4	1.6	2.2
Total	2.2	48.7	47	0.7	1.9
Female					
60-64	4.4	41.9	51.7	1.1	1.5
65-69	4	41.3	51.9	1.3	1.6
70-74	5.1	34.8	55.2	1.7	3.4
75+	6.5	27.2	57.4	3.3	5.6
Total	4.8	37.6	53.5	1.7	2.7

Source: Report of the Survey of Elderly in Thailand, National Statistical Office, 1995.

The need for LTC care would hinge on two main dimensions, the degree of the older person's physical and cognitive impairment and the availability of informal care for him/her (Deloitte and Touche, 1997 cited in Hong Kong paper). The needs of the older persons may change during the ageing process. It is hence essential for the government to develop a comprehensive long term plan which would cater for the changing needs of the elderly population. The elderly health centers, the community geriatric and psychogeriatric assessment schemes, and the gate-keeping (need assessment) mechanism recently developed are exactly geared to this.

4. National Policy on Ageing

The session will review the national policy on ageing population, including philosophy, principal and social value which based behind the policy characteristics and strategies for policy formulation. Responsive plans, programs and financial scheme will be described along with its monitoring and evaluation system. The last part is summary of National policy for ageing population.

SINGAPORE

Expressed by words of Mr. Goh Chok Tong, the Prime Minister of **Singapore** illustrated succinctly the main philosophy of the government in regards to ageing issues, "*We want Singaporeans to age with dignity and to remain actively involved in society. We want them to be actively engaged in family and community life. And, in line with the Singapore 21 vision*, *We must maintain a strong sense of cohesion between the generations. Singapore should be the best home for all ages"*. (IMC Report on Ageing Population, 1999: 13, cited in Singapore paper). The government has clearly stated its stand that family is still the best approach, it provides the elderly with warmth and companionship of family members and level of emotional support that cannot be found elsewhere.

The "*Many helping Hands*" policy, the community and the government are expected help the aging families in order to reduce the stress of care giving for older members. This policy basically emphasizes that the government expects to work with civic bodies such as voluntary welfare organization, religious institutions, ethnic- based organizations. The support given is in form of funding, land leased at special rates, training of staff, and guidance in program planning.

A national policy of **Singapore** on ageing has taken shape after a number of successive policy reviews. Two characteristics in the policy formulation process have been noted as strategies and policy forming process. ***First,*** the various Committees have the benefit of representation from various sectors. Historically, cross- sectored representation has worked well in the local context and it is the standard feature in Singapore's government problem-solving approach. ***Second,*** the Committees were given much publicity. Public awareness of the issues was heightened especially when controversial recommendations were made. Public inputs thus become

an important consideration in the Committee' deliberations (Mehta and Vasso, 2000, cited in Singapore paper).

While the government of **Singapore** has to monitor carefully whether its safety net is effective in the midst of global economic changes. As such, a great deal of money is being spent on lifelong public health education. ***The recommendation on Health Care for the Elderly is the establishment of a national disability prevention program***. Another dimension of primary care, which the government is focusing on, is free health screening for senior citizens.

The importance of comprehensive health care system of *"step-down care"* after the patient is discharged from hospital. The hospital would provide professional leadership in the development of geriatric step-down care in each zone. This includes provision of professional staff e.g. geriatric nurse, social worker, physiotherapists on a rotation basis, training programs, development of quality assurance programs and sharing of resources. In addition, Ministry of Health would draw up guidelines and standards of care for step-down services, and would audit the providers to meet the standards.

The ***co-payment*** is a main principle for funding policies of **Singapore**. This applied to the Medisave scheme, which is a compulsory medical savings scheme under the Central Provident Fund. An individual may use his Medisave for his own or his parent's hospitalization expenses (including expenses incurred at a hospice). The implication of the system of co-payment is that individuals should not depend on the state, but rather be self-reliant as far as possible. When there is a need, the state would come in to assist. It should be noted that the co-payment principle preserves the self-dignity of the consumer and militates against abuse.

To summarize, five high level committees have been appointed to review the various issues and problems that are anticipated as an outcome of a rapid ageing population (Vasoo, Ngiam and Cheung, 2000:177 cited in Singapore paper). They have been very effective in crystallizing the issues and possible negative outcomes. The Inter-Ministerial Committee on the Ageing Population has proposed a more co-ordinated and comprehensive plan to deal with challenging issues of Singapore's ageing population in the 21st century.

A continuum of care for the sick Singaporean from acute to community-based to home care is the aim of the Singapore government's policy for the elders but this has yet to be achieved.

Malaysia

"Creating a society of elderly people who are contented and possess a high sense of self worth and dignity, by optimizing their self potential and ensuring that they enjoy every opportunity as well as care and protection as members of their family, society and nation" has been stated as National philosophy of **Malaysia** (GOM, 1996 p.571, cited in Malaysia paper).

The National Policy for the Elderly is a great step forward in preparing the Malaysian society for a transition into an ageing society. Although health care receives substantial attention, the financial aspect is not covered. The emphasis of the policy appears to be on social aspects, not denying that these too contribute toward the well-being of the elderly.

In line with the objectives of the national policy for the elderly, several action plans, several sub-committees, and monitoring system have been put in place to monitor the progress of all activities for the period 1997-2005. The formal social protection system includes: the Employees Provident Fund, the Social Security Organization established, Government Pension Scheme for Civil Servants, Old Age Benefit Scheme for Armed Forces, and private sector provident and pension funds.

Several action plans are initiated and several sub-committee have been set up to look into the various aspects related to ageing and the welfare of the elders. ***They include: social and recreational, health, education and training, religion, housing and research***. In 1995, the program is aimed at improving and maintaining health and functional outcome of the elders with the objective of promoting quality of life as well as forging productive ageing among the elders. Various primary and secondary health care have been identified and strategies formulated to achieve the objectives of the program.

In caring for the elders, both the family and the community have long been perceived to be of primary importance (Chow, 1992, cited in Malaysia paper). In the case of developing countries such as Malaysia where competing needs are varied and sometimes more urgent than the lesser priority issue of the elderly, family and community care seem to be the most

viable alternative than the welfare state approach. In addition the deeply rooted Asian culture that stresses *the importance of filial piety* dictates that care by family become an automatic old age security.

Apart from social security as the primary source of income for the aged, savings, personal life insurance and unit trust funds are alternative forms of sources of protection. The national investment schemes provide attractive returns with the aim to encourage wider participation, particularly, participation from the lower income group. All these are voluntary schemes and hence individual decision is critical in influencing participation. No specific insurance scheme is tailored for the elders before the year 2000.

The significance of financing has been appropriately acknowledged in the Eighth Malaysian plan (2001-2005) as ***one of the strategies for heath sector development: developing and instituting a healthcare financing scheme.***

The monitoring system (control mechanism) provides checks and balance as well as evaluates the progress of programs and activities. Various ministries and departments undertake action plans and activities for the elderly, but the agency that oversees all matters is the Department of Social Welfare. This will ensure that gaps and shortfalls are identified and corrective actions taken for future development of a sustainable national policy for the elderly.

KOREA

Korea's philosophy ***is a perspectives of economic-growth-then-distribution, perspective of reactive and piecemeal policy development and perspective of ageism, and value of filial piety have been observed , attempts are made to find a new approach.***

Responding to the problems, the government recognized the ageing as a social problem since the 1970s and has become increasingly serious since then. However serious one may think the issue is, if the people in key positions of the government do not pay sufficient attention, the issue will remain neglected.

A delay in policy decision making for elderly may partly due to their social and familial ***values of filial piety,*** familism and communalism.

Families, generally been safety nets for the elderly and culturally belief not to take them away to any institutional care facilities.

In the process of major revisions of the Welfare Law in 1989, 1993, and 1997, many interest groups and citizens' groups initiated suggestions to revise the law. Creation or improvement of some programs, many cases initiated by interest/citizen groups. The power of ***NGOs*** has grown over the past 10 years in the social welfare policy for the elderly.

Almost all of the national policies and program for the welfare of the elderly are currently planned and implemented by the Ministry of Health and Welfare. The National Policies for the Aged can be grouped into four categories according to the nature of the provision; income maintenance, health care, housing, and social services.

The government created the Elderly Persons' Welfare Division under the Bureau of Health and Welfare for Families, Ministry of Health and Welfare in 1990 and in 1999 the Elderly Persons' Health Division was created. The National Pension Law and the Older People Employment Promotion Law were enacted. In order to guarantee a minimum living standard, the existing public assistance law was re-codified into the National Basic Livelihood Security Law. Institutional care services became diversified with the revision of the Elderly Welfare Law. The home help services, adult day care and short-stay services are provided to the low-income elderly.

The end of 1990s, the general public and the government became aware of the importance of long-term care services. Two national surveys was revealed the increasing needs of long- term care (Lee et al., 1994; Chung et al., 1998 cited in Korea paper). In response to this need, the government established a policy planning committee. The first report of the committee (2001) recommends the government to set up mid and long-term policy development plans and some important basic research projects.

The budget for social welfare has increased in **Korea**, but it still remains less than five percent of the national budget and less than one percent of GDP. Most of the public policy programs for social services for the elders aimed at the low-income elders.

The government heavily subsidizes most of the voluntary social service organizations, however, subsidies are not sufficient to provide

quality services. On the other hand, they need to secure a substantial amount of funds from the general public to improve and develop services in response to the emerging needs of the elders.

HONG KONG

It has several major attempts in formulating policy. The ***coordination between different service departments*** is difficult so the issues become only the health and social services. The Colonial Government ‘s response to an increasing number of the elders by creation services presented by professionals and government departments. Under such a development, services are confined to within departmental efforts rather than cross-departmental. Service types, through broadly covered, have not been integrated and coordinated.

The Social Services Branch of the Government Secretariat drew up the first plan. It was then proposed in 1982, as a revised edition after five years of the Plan. ***The Central Committee*** functioned as an advisory panel on health and social welfare services on the elders. In 1989, this Committee produced the report contents were still very much the echo of the earlier plan. The Five-Year Plan review was responded to this Central Committee’s review. However, actual reforms remained slow for the following few years till 1997.

Living arrangement can be a significant for family support in **Hong Kong**. Primary healthcare service aims to maintain health and to compress morbidity. The recent introduction of family medicine is to support a holistic health incorporating physical and psychosocial domains. The messages for the elders have become loud and clear: ***be active, eat well and quit smoking.*** The health centers is promoting health education and to carry out health screening in prevention domain. Dental healthcare focuses on dental health education and prevention. The community health services are aimed at maintaining the elder people at home for as long as possible.

There is a whole range of services including community geriatric and psycho-geriatric assessment teams. They are multi-disciplinary teams conducting regular out reaching services in elderly centers and private nursing home. Their main task is to make accurate needs assessments and to provide the necessary medical and health support in maintaining for elderly patients to live in the community.

The health and social services of Hong Kong are coverage. These are easily accessible and almost free at the point of delivery. Health services can even be considered as universal, heavily subsidized for all who wants to use them. The social services are provided though the social centers, multi-services centers, home help services, and day care center and various types of homes for the elders was organized and managed mainly by the Social Welfare Department.

Most of the elders in Hong Kong are from lower status, the government are main source of financial support.

The Government has set up the Central Committee since 1987, which commented the problem in services after the first program plan implementation. The Social Welfare Department reviewed the programs and plans, then the elder services were well focused by Government planners. The governor set up a Commission for the Elderly Services and new initiating plans. The plan went so far as to indicate the inadequacies of services for the elders whilst at the same time pointed out the need for policy and service co-ordination amongst Government departments and between service providers. The Elderly Commission has achieved a comprehensive overview of policy and services, some innovations and new directive.

Until most recent, in the Policy Address 2000, though a lack in centrally directed and coordinated structure is observed, it echoes what the Chief Executive's advocates in promoting '*sense of security', 'sense of belonging', and 'sense of health and worthiness'*. Two principles guiding for all policy and services for elderly in Hong Kong are set for first time a clear directions, '*Ageing in place' and 'continuum of care'*.

THAILAND

The National Committee for the Elderly of Thailand developed the National Long-term Plan of Action for the Elderly (1986-2001). The plan gave support for the implementation of government policies on care of the elders and was used as a framework and guideline for elderly activities initiated by authorized and organization (National Committee on Ageing of Thailand, 1986, cited in Thailand paper). Therefore, the main features of this plan were based on recommendations of the International Plan of Action on Ageing, an output of the First World Assembly on Ageing (United Nation, 1983 cited in Thailand paper). Measures in the Plan are confined to health, education, income and employment, and social and cultural aspects.

The Government developed the *"Essence of the Long-term Policies and Measures of the Elderly (1992-2011)*"(Working Committee on Policy and Action for the elderly, 1992 cited in Thailand paper). This accelerated a progression of actions, particularly welfare actions of state organization. It also influenced the current Eighth National Economic and Social Development plan (1997-2001) to include a section providing social welfare benefits to the elders (Knodel, J., et al 2000 cited in Thailand paper). ***These welfare benefits include a living allowance to indigent elderly people, universal free health services, and discounted fares for public transportation.***

Since 1996, academic researchers and institutes with support from funding agencies have reviewed and conducted invaluable research toward this end. These works provide the factual situation of older persons and its impact in the near future, and provide essential data for developing a new national long-term plan for the elders (Working Group on Drafting of the Second National Long-term Plan for Older persons, 2001 cited in Thailand paper). During this period, some key persons, governmental and non-governmental organizations have motivated the Thai government to set up a national committee called the "*National Commission of the elderly".* A priority task of this commission is to develop the second National Long – term Plan for Older Persons of Thailand. This Plan was drafted and conceptualized mainly by the motivation and movement of the local institutions and individuals.

There was little progress in activities of Thailand between 1986-1991. Research and personnel training were the outstanding achievements of the elderly plan during this period.

In the last 10 years, after the announcement of the "*Essence of the Long-term Policies and Measures of the Elderly*", many major programs related to the elders have been implemented. The Department of Social Welfare, Ministry of Labor and Social welfare is the main organization responsible for social service provision, including both institutional and community care. In 1993, this Department set up a welfare fund, which provides 200 Baht per month to poor older persons. Since 1999, the monthly allowance has been increased to 300 Baht per month. In 1999, 200 "*Social Services Centers for older Persons in Temples*" has been set up. These community centers operated by communities' leaders are able to provide only the recreation activities and health promoting programs but not the community/home care.

Many ***NGOs*** provide community care for older persons, especially those in poor and remote areas. The International agency funds many projects on community services, including social and health services in several areas. ***Some NGOs run institutional care programs including homes for the elderly and nursing home***. Many acute-care private hospitals have turned their wards into long-stay care facilities.

In 1994, there were 3,487 registered senior citizen clubs in Thailand (Siripanich, B., et al., 1996 cited in Thailand paper). In 1992, the Ministry of Public Health started a free healthcare program for Thai elders.

Thai government has promoted seniority and family values by creating and "*Elderly day* " and a "*Family's day* " during the Songkran festival, a traditional Thai new-year day. Public train transportation gave 50% fare reduction from June to September. The educational and training for health personnel, caregiver, and older persons is available across the country.

The main supportive funding of **Thailand** is the government. Since 1997, the constitution of the Thai Kingdom clearly state that the government must provide assistance and welfare to the elder persons aged 60 years and over, particularly those who lack a subsistence income or are underprivileged. Under the Universal Health Insurance Scheme, Thai people will receive almost medical and health services with a 30 Baht co-payment. However, it needs to be stated that the elders have been eligible for free healthcare scheme provided by the Ministry of Public Health since 1992. Hence it is possible that this scheme may add only minimal benefits if special health care for frail and disabled elders is not under consideration.

5. Development of Long- term Care Policies

5.1 Policy on Long Term Care

Among five countries in this study, some countries have explicit policies on long term care, some have not. Principals and practices vary from country to country, however all of them depicting some infrastructures of long term care for the elderly.

The first is the government of Hong Kong, which has put the principle of "***ageing in place***" and "***continuum of care***" as a base of policy development, that is elders should live with their families or in the environment which they are familiar as they aged. This has been the foundation of social welfare policy since 1977 and was ascertained in the

1991 White Paper. The Policy Address 2000 is *'sense of security', 'sense of belonging', and 'sense of health and worthiness'.*

The interesting framework was presented by **Singapore** (1999) suggested a three-pronged approach in terms of *"Heartware"*, " *Software*" and "*Hardware*"**.** Heartware refers to the individual's and society's value, attitudes and perceptions of ageing and senior citizens. Software refers to development of policies, programs and services that constitute the community infrastructure. The third "Hardware" refer to the built environment such as housing infrastructure and the transport system. Ultimately, all three types of "ware" have to be aligned and coordinated to achieve the creation of an age-integrated society.

As part of the national planning process, the government produced a Five-Year Master plan of Eldercare Services. The three prongs of the plan are: (1) establishment of an appropriate infrastructure and a new service delivery system, (2) revamping of current funding policy, and (3) provision of a continuum of programs.

Singapore emphasis on ***family caregivers and care support centers***, it arises from the government's realization that the family responsibilities increase with longer life expectancy of ageing family members. The paradigm of services is a partnership of the state, community and family (Mehta, 2000, p.249 cited in Singapore paper). The "*Many Helping Hands*" policy upheld by the government is discussed earlier in the first part of National Policy on Ageing.

There is no explicit policy on long term care in **Malaysia** (2001). However, the absence of one does not reflect a total absence of infrastructure to safeguard the interest of the elderly, nor does it mean an absence of services necessary for long term care.

The government of **Korea** has no clear policy development plan for LTC in either the public or private sectors (2001). Almost all the elderly who need LTC are cared for by informal caregivers. There are a number of reasons for this. They are: lack for long-term care services, traditional values of filial piety and family responsibility, face-saving, cultural attitudes of being reluctant to use services provided by non-familial persons, and lack of understanding of in-home/community care services.

The debate on long term care for the elderly of **Hong Kong** (1999) has been focused on the existing gap between demand and supply which

requires much policy and program initiatives to meet the needs of the growing ageing population. In this regard, reforms in the funding source and structure and initiatives to promote continuum of care and enhanced home care are put forward. While these reforms and measures have aroused uncertainty and criticisms among the health and social service sectors, they have also started to move in a direction that long term care is to undergo some fundamental changes.

The main features of the Long-term care for elderly of **Thailand** is based in the First and Second National Long –term Plan for Older Persons of Thailand since 1986 (as discuss earlier in the National Policy on Ageing).

Generally, the public perceives LTC as long-term institutional care especially nursing home and residential home, but not the shelter service nor home/community care. The first National Long-term Plan of Action for the Elderly of Thailand mainly emphasized the informal care of the family; however, it ignored provisions needed to support the family.

The Second National Plan for older persons is implemented in 2001. It includes strategies on LTC provisions which cover a wide range from services both in home/community and institution, and developing shelter/accommodation services and environmental adaptation to suit with activities of the elderly. Moreover, under the universal coverage scheme in healthcare finance, which is currently implemented, primary care units must provide community health services. This will strengthen the formal LTC for elderly people in the future.

However, over-reliance on the family care and the current economic problems may suppress the progress of LTC development, particularly the home/community services and the state-owned nursing homes.

5.2 The Administration of Long- term Care

The administration of long term care facilities and services in each country are varied depend on their infrastructure of the governances. Mostly, the Social Welfare services are provided by Ministry of Social Welfare and institutional health and medical care facilities and services are rendering from the Ministry of Health. The problem is that services for aged are multidisciplinary and older people's issues are multidimensional. In Australia, the government has solved the problem by creating a Ministry for

Aged, while some countries have combined the Ministry of Health and Welfare under one roof.

In **Singapore,** most of the community-based social care facilities fall under ***the Ministry of Community Development and Sports*** while nursing home facilities, hospices, community and chronic illness hospitals belong to ***the Ministry of Health***. The Ministry of Health of Singapore is also responsible for monitoring quality of care in nursing homes, which include homes for dementia patients and their caregivers (Hartz and Splain, 1997; Burgio, Allen-Burge, Stevens, Davis, and Marson, 2000, p.242, cited in Singapore paper). The government established the ***Inter-Ministerial Committee on Ageing Population*** to be the co-ordinating body. This committee addresses some of the problem of co-ordination.

The main responsible organization for long term care in **Malaysia** is ***the Social Welfare Department*** under the Ministry of National Unity and Social Development. This Department and the Ministry of Health monitor the nursing homes those run by private organizations. The qualified care centers are licensed by the Social Welfare Department (The Edge, 19.2.2001). The other ***Welfare Department*** is responsible for selection the elderly residents for the Community Caring Village.

Community care services subsidized by the government of **Korea** are delivered through government agencies under the ***Ministry of Government Administration and Home Affairs (MGAHA)***. Currently social welfare policies made by the ***Ministry of Health and Welfare*** are implemented through the general administrative agencies of central and local governments under the control of the MGAHA. That is, the delivery system of social welfare services is fused with the general administrative system. With the current public delivery system of social welfare services, it is very hard to be professional and to utilize people with professional expertise and knowledge of social welfare and health care.

The ***Social Welfare Department*** of **Hong Kong** is responsible on long-term care, development of a policy to meet the public demand for better quality and quantity in service provision have been an attempt, and put into effect a number of innovative measures and programs. The public reliance on the private sector inevitably brings legislation to regulate these homes. The regulation of all nursing homes is now governed by the Nursing Home (Elderly) Ordinance implemented in 1996. The Ordinance puts the Director of Social Welfare Department as the ultimate authority in licensing all elderly homes in Hong Kong.

Co-ordination and integration of service policies have not been seriously discussed both within and across departments. So, the present ageing policy represents essential efforts from the Elderly Commission and the Health and Welfare Bureau. The Elderly Commission has so far developed guidelines mainly for the three executive departments, namely the Hospital Authority responsible for hospital treatments and rehabilitation, the Department of Health responsible for health promotion and disease prevention, and the Social Welfare Department responsible for personal social services. Other departments, depending on their own will, have implemented complimentary policy to improve the services for the elderly people.

The ***Social Welfare Department, Ministry of Labor and Social Welfare*** of **Thailand** is a major state organization responsible for the social welfare services. Nearly all of state-owned social services in Thailand are run by this organization. In term of formal LTC provided by the state organizations, social services are more advanced compared with health services. Recently, there is no information available to show the coordination between the social and health services of formal LTC.

5.3Facilities and Services in each Country

All of these five countries have defined the facilities and services into institutional/residential care and community based-care/home care. The facilities and services are quite similar, the different is the strategies and the owner type of whether they are state, private, NGO or voluntary, to enhance provision for accessibility, coverage and quality of the services.

Singapore

Singapore highlighted the need for ***multi-service centers*** so that services such as day care for children and elderly could be housed in one building. It is also referred to ***Neighborhood Links*** such as day activity centers for elderly living in the government housing flats, in order to provide a social support system as well as focal point for organizing volunteers and disseminating information on services and programs for the residents in the vicinity. The Maintenance of Parents Act of Singapore passed by the Parliament Legalizes the financial duty of adult children to look after their elderly parents in old age.

The institutional ***step down cares*** are community hospitals, nursing homes; and non-institutional step down care (community based care and home care) e.g. day rehabilitation centers (including centers for dementia patients), social day centers; and home care services such as home help, home nursing and home medical services (IMCa, 121, cited in Singapore paper).

The funding of health and social care services thus far has been a combination of individual (and indirectly his employer), the family, voluntary welfare institutions and the state. A safety net exists for those who do not have any family, in the form of Public Assistance from the government.

To encourage families to look after their older family members, ***tax incentives*** are provided in the form of Aged Parent Relief and also available for those who care for a handicapped spouse.

Housing grants are provided for adult children or parents who opt to live within the same housing estate. Known as the Reside Near Parents/Children Scheme, it encourages intimacy at a distance (Shanas, 1968, cited in Singapore paper). To overcome the accessibility services, the ***Ministry of Health*** recently announced the introduction of a Framework for Integrated Healthcare Services for the elderly, over the next 10 years.

Table 11 Current provisions for long term care in each country

	Singapore	Malaysia	Korea	Hong Kong	Thailand
A.Residential Long term Care					
Hospital for the chronically sick: for long stay patients	✓	✓	✓	✓	
Community hospitals: for rehabilitation after acute illness/nursing hospital	✓		✓		
Nursing homes	✓	✓	✓	✓	✓
Hospices	✓				
Home for dementia patients/Aged home	✓	✓	✓	✓	✓
Cluster Living (or studio apartments)	✓				
Joint HDB-MCDS housing project	✓				
Community caring project		✓			
Short stay care			✓		
B. Non-Residential Long Term Care					
Day rehabilitation centers	✓				✓
Social day care centers	✓	✓			✓
Day care centers	✓	✓	✓	✓	✓
Home care such as home medical care, home nursing care	✓	✓	✓	✓	✓
Carers' support center				✓	
Care-giving center					✓
C. Community-based Support Services					
Home help services	✓	✓	✓	✓	
Home modification service eg. Grab bars, non-slip tiles and leveled floors	✓				
Telephone hotline services: for crisis and counseling	✓				
Be friender service: volunteers matched with lonely elderly for home visits	✓				
Mutual help groups: neighborhood based small groups of about 10-30 elderly to foster mutual care and concern	✓				
Escort services: for volunteers to accompany elderly to clinics or hospitals	✓				
Bereavement and funeral service.	✓				
Alarm response service	✓				

Malaysia

With regards to medical and health services for long term illness, public hospital in **Malaysia** do play role. The most obvious effort by the government is to set up ***Homes for the Chronically Ill***. In terms of medical

services for long term care, ***public hospital*** do play role. It is the goal of the government to introduce geriatric care to all ***district hospitals*** by the year 2020. In line with this development, the geriatric training is become a priority for human resource development in the health care sector. In addition, training for caregivers is also being conducted.

Domiciliary care is the most common aspect of ***community based services*** to older people, which include basic care (help with daily living, mobility, self care), home nursing, and home visiting (Tester, 1996 cited in Malaysia paper).

Under ***the Central Welfare Council Malaysia*** (MPKSM), a scheme known as the ***Home Help Service*** is offered to the elderly. Services include home visits, hospital visits, occupational therapy, simple medical tests and counseling. This is an outreach program that brings care to the elderly. The ***residential homes*** and ***huts*** are provided by MPKSM. The huts is catering to elderly Malays who are reluctant to relocate and residential homes are mostly catered for those who have no major functional disability. In addition to the non-medical care services, district health centers provide the necessary medical care on a regular basis.

Another NGO known as ***Golden Foundation*** (Usiamas) provide ***nursing care*** and ***home visits*** to the elderly, in particular those who are newly discharged from hospital. In addition, visits to the elderly are also being carried out from time to time as a social activity for the elderly in order to lessen the feelings of loneliness among them. ***Day center service***, training for caregivers and a resource center for ageing are also provide by the Golden Foundation.

Institutional care are nursing home, day care center, home help, catering services (meals on wheels) and other services. Most of the nursing home are run by private organizations. These homes are available to those who have the means to purchase. Because of the lack of regulation and supervision by respective authorities, the quality of care provided by nursing homes is in consistent (The Edge, 19.2.2001, cited in Malaysia paper).

Day care centers offer a place for social interactions for elderly who are dependent. However, a day care center is also provided the elderly people who have a problem of performing some of the daily living activities. It is hoped that facilities for long term care will be greatly improved since MPKSM receives grants from the government for its operations, it implies

that more allocation of resources would have to channeled towards provision of care for the elderly.

It has been the Malaysia government‘s policy to assist and encourage voluntary bodies to provide care and shelter to the elderly, by granting. The ***National Council of Senior Citizens Organization Malaysia*** (NASCOM) was map out policies and implement programs in order to foster better intergenerational understanding and interaction. In term of health and medical services, NASCOM is attempting to urge authorities to plan and provide comprehensive health care facilities and services for the elderly, and advocate for more geriatricians, specialized nurses and health workers for aged care.

Most of the expenses for health care are usually borne by the individuals and their family in the form of out-of-pocket expenses. The private health insurance cannot be ruled out as an alternative or supplementary source of financing for health care. For long term care needs such as institutional services, the cost is the responsibility of the individuals and family.

Korea

Institutional care services are the elderly housing welfare facilities and elderly health care facilities. The elderly housing welfare facilities are home for the aged. The elderly health care facilities are ***nursing homes***, ***geriatric hospitals and nursing hospitals***.

There are four kinds of ***community care services*** in Korea: ***home help, adult day care, short-stay care and visiting nurse services.*** The home-help program was introduced in 1987 by a voluntary organization. Home help services are currently provided on a free-of-charge basis exclusively for elderly people residing in the community under the public assistance program. Non- profit agencies providing free and low-fee-charging services are subsidized by the government, and agencies providing full-fee-charging services are those which collect fees from users. The amount of government subsidy differs with a small scale of range according to the results of program evaluations.

LTC focusing on health care can be provided in ***geriatric hospitals***, ***nursing hospitals*** or ***health care institutions*** in **Korea**. Geriatric hospitals mainly deal with elderly patients. Most elderly Koreans are reluctant to use hospitals as the place for long term care because of high medical cost. In

addition with costs of institutional care are not reimbursed by health insurance (2001).

However, compared with other community care services, the utilization rate of ***adult day care*** seems to be higher. This increased trend can be seen with the results of a research study which showed substantial proportion of the elderly under LTC and their family caregivers were willing to use this service in the future (Lee et al., 1999, cited in Korea paper).

The ***short stay care program*** provides necessary services to the elderly who need care for a relatively short period of time staying at a certain place because of temporary absence of their caregivers. The period of time to receive services is limited up 45 days and a total time cannot be over three months a year. The utilization of this service is low.

The visiting nurse program provide nursing care, transportation of patients, medication, injection, health counseling, health education under the supervision of physicians, etc. Fees for services are charged with reimbursement from the National Health Insurance for their insurees, and free and low-fees are charged to those who are using visiting nurse services offered by community health care centers and community centers. Services provided by the Korean Nurses' Association is usually fully charged.

There are only gatherings of ***self-supporting family caregivers*** at a private level and no governmental support is provided at all. Presently only one private social welfare foundation provides some support for the self-supporting family caregivers.

Hong Kong

Under the directives for " *ageing in place and continuum of care*", elders in **Hong Kong** are encouraged to remain living in their homes for as long as possible, assistance with community support services is available when needed.

The ***residential care*** in Hong Kong is further subdivided according to the level of care it provides, ranging from ***self-care hostel, aged home, care and attention home to nursing home and infirmary*** which provides the highest level of care.

The current provision of various types of home/community- based care are ***community geriatric assessment team***, ***community nursing***

services, day care centers, home help team, home care team, meal service team, carers' support centers, day care center for demented elderly and day respite service.

Thailand

Almost all the elderly who need LTC in **Thailand** mainly received informal care provided by their families and relatives.

Residential home or " *Home for Older Persons*" is the most common and traditional service offered by the governmental and non-governmental organizations. The provision of services are lodging, food, clothes, other necessary consumer goods, religious activities, physical exercise and therapeutic activities for physical rehabilitation, occupational activities, recreation activities, traditional activities, medical services, social work services, and traditional funeral activities (Department of Social Welfare, 2001a, cited in Thailand paper). It provides service for the low-income elderly who cannot stay with their families or have no relative to stay with. Only the elderly who are independent in personal care and have no need for nursing care. However, when these elderly people get older, they turned frail and need personal or nursing care.

Most of ***day care centers***, attached to residential homes, are provide services to limited number of older persons living within the distance of 5-10 kilometers. Apart from the day care and basic rehabilitation programs, these centers also provide medical screening and treatment, counseling, recreation activities and mobile clinic.

A ***formal care-giving center*** is organizing caregivers to look after the elders and children in home setting. A majority of these caregivers usually work as paid caregivers in the homes of the elderly.

During the last decade, The **Ministry of Public Health** lunched a *"Home Healthcare"* outreach to visit patients in their homes in the community. The primary care units in the universal coverage scheme in healthcare finance have to provide community and home services. Therefore, these services, particularly the "*Home Healthcare*" service for the elderly, will be inevitably established in the near future.

Although the Department of Social Welfare has no concrete idea or policy on LTC, it developed the ***Social Service center*** for older persons. In term of LTC, these centers provide day care and basic rehabilitative

services. Other well established home/community services for LTC is not available.

5.4 Problems of long term care and solving scheme

Problems of long term care will be discussed, with references to structure of facilities, delivery of services, financial support, quality of services and manpower.

Problems observed in Singapore are fragmentation of services, lack of service to middle class, gaps in service provision due to cultural and linguistic differences, manpower shortage and lack of attention to standardization of procedures for geriatric assessment across the board.

The government of Singapore has addressed the solution introduced to solve the problem of fragmentation of services, a case management program. The ***case management*** is the service which involves the assessment of an elderly person's health, psychological and social needs and maximization of services to attain optimal and most cost-effective care of the elderly and their caregivers to prevent unnecessary institutionalization (SAGE, 1998, cited in Singapore paper).

The second issue regards the lack of affordable services for the middle class Singaporean. The subsidized services are made accessible to low income, and the upper classes are served by private services. Other issues is communication gap between foreign labor employed in nursing homes and the residents/patients. Cultural and linguistic differences cause such a gap, which would inevitably affect the quality of care adversely. Lack of information with regard to availability of vacancies in community hospitals, day care centers, rehabilitation centers, shelter homes and other long term care facilities causes frustration not only among potential clients but also service managers and providers.

Singapore government should address the pressing need for close co-ordination between the Ministry of Community Development and Sports, and the Ministry of Health, perhaps by appointing a senior official to administer his portfolio.

The problems of manpower shortage and lack of training for volunteers, pressure of time when services have to be arranged prior to client's hospital discharge, monitoring of quality and efficiency of services, and lastly difficulties in meeting the clients' ethnic preference of diet. Much

time is spent building rapport with family members since a family-oriented approach is applied. Manpower is a major issue that the voluntary welfare organizations face, since they work on a lean budget and volunteers are not easily recruited. There is room for fostering a culture of volunteerism in Singapore.

The last issue related to lack of attention to ***standardization of procedures for geriatric assessment across the board.*** A suggestion is Singapore could benefit by studying the Minimum Data Set-Home Care version 2 (MDS-HC) introduced by Hong Kong in 2000 as ***a gate-keeping mechanism*** for elderly applying to all residential and community-based services (Yuen, 2001, cited in Singapore paper). Another model is the Support Needs Assessment protocol used in New Zealand (Howe, 1996, p.222, cited in Singapore paper).

In **Malaysia**, the major issue that confronts is ***the scale and scope of services*** rather than the service per se. To further assess the types of services available, which is essence reflect the needs of the elderly, domiciliary is examined. There may exist latent needs but the needs that are urgent and have to be fulfilled are the expressed needs. Especially the home help service and home visiting are rather limited. In addition to the range of services outlined above, ***transportation need*** is strongly expressed by the elderly, both in the rural and the urban areas, as one of the most important type of assistance needed.

The ***traditional value of filial piety*** of **Korean** emphasizing its practice at familial level greatly hinders the development of formal LTC services. This perspective of family responsibility may contribute to the maintenance of face-saving attitudes toward caring for elderly parents. Thus most Koreans still think it shameful to have their parents cared by non-familial members and to have them institutionalized in homes for the aged and nursing homes. So, the utilization of all kinds of LTC services is still very low.

The level of services provided in low-fee-charging institutions are not satisfactory because their residents expect much higher level of services than their managers think appropriate to the fees paid. The nursing homes of **Korean** elderly is not well provided because of a ***lack of experienced professional social workers*** in these institutions.

Most elder institutions tend to be of a large size, accommodating more than 100 residents. Large sizes are good for the economy of size, however

they are likely to lose the benefits of the ***home-like environment*** together with other disadvantages.

Currently there is ***no housing policy*** for the elderly who require LTC. The ***public delivery system*** of LTC is fused with the general administrative system. With the present public delivery system, it is very hard for policy planning and service delivery to be conducted in a professional manner and to utilize people with professional expertise and knowledge of social welfare.

The recent community care services with only include ***adult day care, short-stay care and home-help services*** should be expanded to include visiting nurse services, and expand their target population to include all classes of elderly Koreans. In addition, the ***quality of their services*** should be improved so that the general elderly people will be willing to use them. As a provisional measure, it would be desirable for the National Health Insurance Program to pay for nursing home services up 6 moths per year, and to reduce the proportion of co-payment from 20% to 10% for the elderly.

Almost all of the social welfare programs have been developed as reactions to the problems which have already developed and as piecemeal reactions to these problems. Social welfare policies in general have been reactive, short- term and of a piecemeal nature, and have not really considered a mid and long term perspective.

Despite the **Hong Kong** government's emphasis on family care and community care as the core theme and policy direction of elderly services, the provisions of services in this respect are often ***discrete*** and ***lack of overall strategic planning.***

Adequate provision of services is partly dependent on ***an accurate and meaningful assessment*** of both existing and projected needs. Worse perhaps is that there are about one third now residing in residential homes should be able to live independently at home (Deloitte and Touch Consulting Group, 1997, cited in Hong Kong paper).

Not until recently reviews done on long term care provisions have indicated that there is a need for encouraging community care and in revamping residential care. Then greater emphasis has been put back on the role of ***community support services*** in maintaining the elders in the community for as long as possible. At the same time, residential care types

have been looked at in matching the residents' levels of dependency hence the development of a more refined ***system of need assessment*** and ***integrated service delivery***.

The principle form of LTC in **Thailand** is an informal care provided by family. Recently is uncertain whether the present level of family support persist or ***quality of care-giving*** will remain the same.

Although the main policy direction of the Second National Plan for older persons of emphasis on home and community-based services to enable older persons to continue living in their own homes or in the community (Working Group on Drafting of the Second National Plan for Older Persons, 2001, cited in Thailand paper), the provisions of the services in this respect are very limited at present. State organizations paid little attention on developing home/community services to assist the older persons and their caregivers. Thus, the availability of community-based services to ***support caring-capacity of family*** is very limited.

Non-profit and private sectors have been major contributors for nursing home services during the last decade (Jitapunkul, S., 2000b, cited in Thailand paper). The major contributors are private hospitals and religion-linked non-government organizations. Since there is no specific ministerial regulation for nursing home, the nursing home can be registered under the ministerial regulation of hospital for acute treatment; and private hospitals with facilities to treat acute illnesses can convert some beds for long-stay care service immediately. ***Quality accreditation*** of nursing home services is currently crucial. Now, there is no regulations or assurance for the ***training standard of the care giving***.

However, the home healthcare service did not happen as anticipated. The only existing activities in some area are community curative care for people with chronic disease, and these not include rehabilitation or maintenance. Moreover, data from the survey for assessment of the Thai Government's health services for older persons showed that less than one-third of older persons have ever been visited by a healthcare worker in their homes (Kamnuansilpa, P., et al., 1999, cited in Thailand paper).

6.Future challenge in long term care planning

Suthichai Jitapunkul et al (1999) has projected that in the next 20 years the number of disabled and dement older persons in Thailand will be more than 700,000 persons which need some forms of long term care services.

Addition with the expanding of morbidity and disability among Thai population will be continue for at least 50 years are evidenced , unless appropriate actions are taken. The number of the elders in need of special care will be higher than projected trend. This burdens have exerted substantial pressure on the demand for long term care to be put properly in place to assure the quality of life of Thai elders in need for their physical , mental and social functioning.

The practice issues and procedures of implementation of policies need to be improved in **Singapore**. The concept of co-operatives is attractive for the middle-class Singaporean long-term care services. The government provides subvention (grants in aid) to voluntary welfare organization that operate nursing homes and sheltered homes. It has been unspoken policy of the state that the number of nursing homes should be controlled in order not to encourage family members to turn of them as first resort.

If the government policy of *'ageing in place'* is to be upheld, more day care centers will have to be set up in all the housing estates with relevant support services, so that ageing families' needs are met in a comprehensive way.

Challenges Of Singapore government directly related to long- term care delivery are manpower shortage, lack of relevant training, ethnical issues pertaining to care of terminally ill patients, provision of interesting social programs in residential and nursing homes and lastly transparency to the public about vacancies in long term care facilities.

To further assess the types of services available in **Malaysia**, which in essence reflect the needs of the elderly, domiciliary care is examined. The future needs are expected to be different. In addition to the range of services outlined above, the transportation need is strongly expressed by the elderly, both in the rural and the urban areas, as one of the most important type of assistance needed. Especially in the area of medical care, which has an impact on long term care, the issue that needs to be addressed is the

determination of minimum acceptable standard of care that should be accessible to all.

The informal care by family requires the *strengthening of our value system that stresses on filial piety* and responsibility of children towards parents should further cultivated through publicity and fiscal incentives that reinforce such virtues. The *media* can be crucial for awareness creation and the dissemination of information. The *education system* can be used to instill and reinforce the culture of filial piety among the young.

Community based services should be further expanded. Grants and incentives should be designed by the government in order to promote the development of these services for the elderly. The government may even consider encouraging corporate to contribute towards community care through fiscal incentives. Innovative methods of delivery of community care should be explored. The emphasis on health promotion through *healthy lifestyle campaigns* is most appropriate.

Perhaps it is time to examine the role of private corporations in contributing towards care for the elderly. Assistance and care to the elderly are mostly shown during festive seasons in the form of donations in cash and kind. It is about time for corporate citizens to initiate more organized programs that require greater commitment.

The government of **Korea** is conducting a LTC needs survey and in the process of developing ADL/IADL measurement scales. Also the government needs to recognize the fact that caregiver support service is a key to determine the success or failure of long term care services.

In developing LTC policies, what is most important is to work out the financing mechanism. In this regard, in the long run, Korean society may have to institute a social insurance system for LTC of the elderly citizens. The government is planning to develop a public LTC insurance from a mid- or long-term perspective. In addition to the LTC insurance plan, this report (Ministry of Health and Welfare, 2001, cited in Korea paper) contains plans to increase long-term care facilities and to activate visiting nurse services.

Therefore, citizens groups and gerontologists as well as interested elderly groups need to monitor government actions and apply pressure to government bureaucrats and political parties concerning their implementation.

In view of the policy directives from the **Hong Kong** SAR government on elderly services and the growing public demand for better quality and quantity in service provision, the Social Welfare Department has put into effect a number of innovative measures and programs.

Not until recently reviews done on long term care provisions have indicated that there is a need for encouraging community care and in revamping residential care. Then greater emphasis has been put back on the role of community support services in maintaining the elders in the community for as long as possible. At the same time residential care types have been looked at in matching the residents' levels of dependency hence the development of a more refined system of need assessment and integrated service delivery.

To deal with the changes and the challenges ahead, the government has considered, under the principle of capping expenditure at the present level, new sources and methods of financing long term care. The new model can be described as a mixed economy of provision elderly services will be delivered by a mixed economy of public, private and voluntary providers, with increased charges for selected items or selected user groups. In order to maintain the present level of services quality and quantity, methods of funding the services are linked with a quality assurance process, user choices and reasonable pricing.

6.1 Some trial on formal long-term care programs

The Thai Red Cross Society developed a shelter project in 1997 with occupancy of only 20%. It appears that the project criteria for eligibility is not appropriate for requirement of elder persons.

The Department of Social Welfare set a Social Service Centers for Older Persons in Temples in 1999. However, the result was not impressive. The success rate was under 10%. The reasons of the failure were inadequate community participation, a rigid of service package of which did not suit with need of the community, and a lack of continued financial supports. In 2001, a Social Service Center for Older Persons located in Bangkok started a trial respite service. The project was aimed to support middle-income families, which were providing care for the elderly. Each family was requested to pay 5,000 Bath a month for the service.

6.2 Long term care programs recommended for Thai

It is crucial that the policy and programs dealing with the Thai elder, need to be more clarified in LTC needs, health and social service, and integrated systems especially for the old, frail, and dependent elders.

If the government policy of *'ageing in place'* is to be upheld. Then greater emphasis should be community support services in maintain the elders in the home/community for as long as possible. So that ageing families' needs are met in a comprehensive way.

Most of the elders' needs for LTC received informal care provided by their families and relatives. The policy direction is how to support the informal care system in order to keep the elderly in their homes. Although the Department of Social Welfare has no concrete idea or policy on LTC. So, the establish of home/community service for LTC is challenge for Thailand.

The primary care units in the universal coverage scheme in healthcare finance have to explore the feasibility to provide community/home care services. Therefore, the primary care services, particularly the "Home Healthcare" for every elderly in needs, will be inevitably established in the near future.

The new initiative of LTC services should target at elders with moderate level of impairment. The Thai elders and caregivers are supported in home help service, personal care activity, nursing and allied health services. Under these service, the mechanism of assessment used an international standardized assessment tool (MDS-HC) to determine the care need of the elderly and match them with the appropriate services.

As a guide for the future development of a long-term care policy, certain principles are essential. An adequate system of long-term care must include some basic elements (Estes and Harrington, 1985, cited in Malaysia paper):

1) It must be comprehensive, including a full range of health and social services covering long term care continuum from community-based care to institutional care
2) It must provide incentives for providers to keep cost at a reasonable level, to prevent over-utilization, and to promote the usr of appropriate services

3) It must have a financing system that provides protection from impoverishment to individuals who need long-term care and that allows for combining private and public resources to assure protection for individuals before they become ill.
4) It must ensure access to those who need the services regardless of financial ability to pay or other characteristics.

7. Conclusion, Lesson Learned and Recommended Research

The profile of ageing population in the five countries are similar. They have been undergone demographic transition and most recent economic changes. Low fertility and mortality have been observed with longer life expectancy. Advance in medical and health technology have brought the World on unprecedented volume of elderly people. Parallel to modernization and urbanization, migrations of young people to cities or urban center seeking for employment have been a phenomenon of today world. Changes in the roles and structures of family, life styles, economic constraints make move women entering the formal workforce, meaning that fewer people are available as care-giver for the elders.

The rapid growth of aged population is demonstrated by sheer number and proportions to total population. Approximately it will be double in growth rate within the next 20 years. The projected rates in 2020 are 13% in Hong Kong, Korea, and Singapore, 9.5% in Malaysia and 16.2% in Thailand. The increase of most vulnerable group, females of old-old age group are evidenced in every countries, reflecting the increasing diversity in the elder's diseases and health risk factors. This trend indicates requirement of varied and diversified health care services, particularly long- term care services in the near future.

With respect to long-term care policy, apparently all countries in the study adopted LTC services to include the full range of health, personal care and social services provided at home and in community for a continuous period to adults who lack or have lost the capacity to care fully for themselves and remain dependent. The continuum of care may extend from non-medical, personal services to highly skilled medical care, depending upon the stage of development, economic and political atmosphere of the countries.

Three groups of elder are classified regarding needs for LTC, healthy and independent, functional dependent and sick people whether acute or

chronic. Policy in every country for the first group is for them to live with their adult children or relatives at home as long as possible and external help will come when changes occur to them. The second group needs social welfare services in daily living and services related to health and health risk surveillance. The needs for the last group may range from primary medical care to highly skilled institutional medical care.

The deeply rooted Asian culture that stresses the importance of filial piety dictates that care by family become an automatic old age security. The family and community care seem to be the most viable alternative than the welfare state approach.

Although, the traditional value of filial piety seems to be still relatively well upheld, but ways of realizing this value are changing, become more practical, reasonable and reciprocal. The individualism and a nuclear-family orientation is developing and expanding. All of these changes tend to weaken the consciousness of familial support and care for the elders by the family and within the family.

The informal care by family requires the strengthening of our value system that stresses on filial piety and responsibility of children towards parents should further cultivated through publicity and fiscal incentives that reinforce such virtues. The media can be crucial for awareness creation and the dissemination of information. The education system can be used to instill and reinforce the culture of filial piety among the young as well as to foster the sense of obligations of the young towards the elderly.

Promotion of active and reproductive ageing through lifestyle approaches recommended by WHO appear to be wel accepted by all countries under study.

The assumptions of productive ageing reflect today's reality that elders are repositories of wisdom and experience and important assets for society. They are healthy with the potential for maintaining that condition until late in life, capable of making economic and social contributions and in need of purposeful and meaningful roles and activities in life. A productive ageing activity model emphasizes involvement in paid work, volunteerism, education, fitness and exercise, leisure and travel, advocacy and political action, and consumerism.

To promote health in old age, we often forget that old people themselves, together with their families, relatives and friends, have a key

role in maintaining a good quality of life. The present challenge to community agencies and to health and other professional is to find a balance between actions designed to support (rather than under mind) the efforts of elderly people and their families to look after themselves, without at the same time neglecting their welfare needs.

Data for estimating needs for long term care of elderly is most superative for policy decision. The severity of mental impairment as well as physical impairment have to be considered. At the individual level, apart from the measure of ill-health in terms of burden of diseases, indirect measure that reflects physical independence in self-care activities, the ADL_s and prevalence and severity of long-term disability presented by Korea and, Thailand (national survey) and Hong Kong are good examples. It is estimated that 14.8% of Thai elders 60 years and over who need LTC in 2000. Korean estimated number of 19% aged people 65 and over in need of formal LTC in the same year.

Age-specific prevalence of dementia and suicide death rate among elderly are used for determining size of mental impairment and community mental health status. Moreover it gears towards specific intervention of health and psychological care.

Age-specific prevalence of senile dementia in Thailand is quit similar to Singapore around 3-4% , while Korean rate of this respective condition is estimated to be higher at 8.2% of elderly 65 years and over in year 2000. The differences may due to diagnostic means and cohorts in the survey.

Hong Kong elderly suicide rate of 28 per 100,000 is presented as opposed to 12 per 100,000 among general population, of which is lower than Singapore rate (50 per 100,000). The respective rates for most advanced countries are 20 in USA, 16 in Australia and 12 in New Zealand. In contrast to Thailand where elderly suicide rate remains lower than 10 per 100,000.

Lesson Learned for Thailand

Culture and religion

The Asian culture of filial piety dictates that care by family become an automatic old age security. Especially, in the area that the communities has developed for a long time. Most of the elders are relatives or friends, such as in Singapore that the policy of many helping hands is initiated.

Thailand is a Buddhist society and a filial piety culture. Therefore, the needs and the problems of the elders is recognized as an individual not a society. Despite the elders in the urban area are confronted with the needs for services and caretakers especially among the middle and poor elders.

In developing country, the problem and needs are varied and some more urgent than the issue of elderly, so the government put less attention. Until recently, there is no explicit philosophy for the Thai elders.

National policy formation process

In line with the process of formulation of the National Policy for the elderly in **Singapore**, step of review was conducted for the last policy before the new one is putting into shape. Two important characteristics are the various Committees and the publicity. The Singaporeans give many inputs thus become an important consideration in the Committee' deliberations.

In response to the needs of long-term care from the survey, the government of **Korea** established a policy planning committee. The first report of the committee (2001) recommends the government to set up mid and long-term policy development plans and some important basic research projects.

In 1982, **Hong Kong** revised the first plan after five years of the plan. The Central Committee was set in 1987, function as an advisory panel on health and social welfare services with a special focus on the elderly people.

The National Committee for the Elderly of **Thailand** developed the First National Long-term Plan of Action for the Elderly (1986-2001). This plan were based on recommendations of the International Agency. There was a little progress in activities between 1986-1991. This may be logical for development of the "*Essence of the Long-term Policies and Measures of the elderly (1992-2011)*". The Thai government set up the "*National Commission of the Elderly*" to develop the Second National Long –term Plan for Older Persons of Thailand (2002-2021).

Academic research as evidence-based

The government of Korea was conducted two national surveys for assessment needs of long- term care. In response to these needs, the

committee was established and recommends to set up mid and long- term plans and research projects for the elders.

The Thai academic researchers provide the factual situation of older persons and its impact in the near future, and essential data for develop the Second National Long –term Plan for Older Persons of Thailand.

Monitoring system

A monitoring system of Malaysia has been put in place to monitor the progress of all activities for the period 1997-2005. This control mechanism provides checks and balance as well as evaluates the progress of programs and activities.

The monitoring system of the Thai Policy should be the most important part for the policy implementation. This will evaluate the progress of program and activities. The development of a coordinated, systematic and responsive database is essential for government to make informed decision for policy formulation and planning, to assess the impact, and to operate programs effectively.

The evaluation of the plans and programs of the elders, the senior club, the social service center and the Aged Home, will help to make decision and reform the roles of each sector. Some programs may be decentralized to the community organization or private organization or NGO and the government should set up a mechanism for control the quality of services.

Responsive Plans and Programs

The plans responsive to the policy of Thailand should be documented at the range of time, addition with the priority sets of the plan. The delegation of the authority and responsibility should be noted. Both the health and social plans must take action by the government, NGO, community, private and voluntary organizations in concert with a budget plan. Without a corresponding to policy programs and financing methods the policy plan cannot be properly implemented.

Education for ageing

Malaysia and T**hailand** seem to have pronounced education and training for the elders. They are orientation for approaching aged livelihood,

training for vocation after retirement and upgrade skills for gainfully employed, training for volunteers to assist in community outreach programs, with inclusion of training of caregivers specific for the elderly. These should be pursued with quality and audit mechanism put in place.

Living arrangement

Living arrangement and friendly environments including transportation are essential for elderly people with specific to those disabled. The government of Singapore is set up about housing, apartment and infrastructure that support to the elders, as well as **Hong Kong.** The government of **Malaysia i**s tried to do this such as a community caring village, the transportation of the elderly, both in the rural and the urban areas.

A continuum of care

A comprehensive system of geriatric step- down care after the patient is discharged from the hospital of **Singapore** is very interesting because it includes provision of professional staff, training programs, development of quality assurance and sharing of resources. In addition, Ministry of Health has a guidelines and standards of care and audit the providers.

The continuum of care for the sick Singaporean from acute to community-based to home care is the aim of the government's policy. It is recommended to conduct in-depth study to actually reform the primary care service at Thai PCUs to be holistic, continuous and integrated to cover whole range of social, psychological and health care for long term sick people.

Advocacy and Public awareness

The concept for promotion of healthy ageing should be clear and simple for publicity, for example: Hong Kong messages: ***be active, eat well and quit smoking***. So, the increase of public awareness of the issues is heightened.

The Chief Executive's advocates in promoting '***sense of security', 'sense of belonging', and 'sense of health and worthiness'.*** Two principles guiding for all policy and services for elderly in Hong Kong are set for a clear directions, '***Ageing in place' and 'continuum of care***'(2000).

The three-pronged approach of **Singapore** (1999) is very interested in terms of ***"Heartware", " Software" and "Hardware***". **Singapore set** a great deal of money is being spent on lifelong public health education. Public education is a key mechanism in implementing the "*Heartware*".

Lack of data

The major drawback for Ageing Policy in Thailand may have been the lacking of policy initiatives, a lack in policy- service delivery links and the implementation process that always are problems. The vision on the role of each sector in Thai society including comprehensive and operational plans that appropriate to the cultural and the Thais' life style are apparently less directive.

The recommended research

1. Research to explore the demographic, social and health profile of ageing population for every 5 years.
2. The study for assessment needs of the elderly by age-sex for long term care, for instance, to determine the degree of mental impairment as well as physical disability have to be conducted, for every 5 years. The estimated burden in number and proportion of the elderly who need formal long term care for 10 to 20 years is evidence-based input for policy formulation. Addition with prevalence of disability by level of dependency is preferable in order to estimate specific needs for formal LTC.
3. Periodical study to assess the essential health behaviors of the elderly.
4. The older women have a longer life expectancy, chronic illness, and sometimes coincide with an inadequate financial resources may accentuate the needs for formal long term care. The lack of research data on ageing women per se is a gap that needs to be addressed especially those of middle-class and poor in urban areas.
5. The screening test should expand from detection of disease to assess the functional capacity and social need, and the support systems after the test.
6. What is the balance between public sector involvement and private sector participation?
7. In the area of medical care, which has an impact on long-term care, the issue that needs to be addressed is the determination of minimum acceptable standard of care that should be accessible to all.
8. A monitoring and evaluation system is essential in ensuring quality

of service to the elderly and for continuous improvements in social service and health care. How to monitoring and evaluation of the LTC for Thai elder?

9. The model of lifelong public health education for preparation the Thai is essential for society in order to ensure that individual entering old age with an acceptable quality of life.

10.Comprehensive study on the elderly to provide information specific to physical, mental, social and spiritual functional changes with advance in age.

11. Study on legitimate boundaries of social welfare and health services for ageing population.

12.How to support the informal care system in order to keep the elderly who need to be placed in an institution as low as possible? It also has to assure that family and relatives can provide adequate care to elderly people.

13.Housing and town planning in anticipating the growth of an ageing population, planning for township should take into account the facilities for the elderly. In line with the advocacy for the elders to remain in the community, infrastructure for the mobility of the elders is important and should be incorporated into town planning.