

Article

## Review on Public Long-Term Care Services for Older People in Malaysia

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**Abstract**— Long term care is initially known for its traditional way in providing elderly care service in family- and relative-dependence society. Advancing from that point, public long-term care services begin in Malaysia by the government and this emerges into a higher demand industry with private service provision. Long-term care components include healthcare, accommodation, meals, daily tasks assistance and others, the facilities and caregiving services are expected to cover those components comprehensively. Previous researches extensively reviewed the available facilities, but less is done on classifying these facilities according to benefit types of services. This paper discusses the function and facilities available under Malaysia's Department of Social Welfare particularly in the long term care aspect for their elders. Further discussion is done on how these available facilities engage the long-term care need for Malaysian elderly based on Activity of Daily Living (ADL) and Instrumental Activity of Daily Living (IADL) categories. From cash and in-kind benefits, home and institutional care, the paper is expected to explore how they are functioning accordingly as compared to other countries, in accordance to the need of long term care for the elders in Malaysia.

**Keywords**— public long-term care; department of social welfare; elderly caregiving; long term care in Malaysia

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### I. PUBLIC LONG-TERM CAREGIVING

Long term care is a service for those who are unable to take care of themselves and in need of caregiver on long-term basis [1]. Long term caregiving is provided to all ranges of generation, provided by family members, relatives in taking care of their elders or anyone with chronic diseases or any kind of inability to self-care. The traditional long-term caregiving is referred as informal long-term caregiving and has been practiced for a long time in our society. United Nations [2] defined 'older person' is a person reached 60 years old, which this range of age is very vulnerable to chronic diseases [3], this is very famous for this generation. Progressively, informal long-term caregiving has becoming less popular [4] among the potential caregivers due to sociodemographic changes and less-preferred co-residence [5]. This brings up the idea of formal long-term care where professional caregivers and more facilities and services are provided for a more proper elderly caregiving.

Dealing with self-care disability, two categories describing the tasks of the caregivers are outlined based on the elder's functional needs [6]. "Activities of Daily Living" (ADL) is fundamental tasks for anyone such as bathing, dressing, using the toilet, transferring, continence and feeding. The other category would complement on any additional daily tasks as compared to ADLs. Many might be independent on ADLs but

cannot be as independent in the community due to disability to cook, perform housework, do laundry, go shopping or take medication. This category is called "Instrumental Activities of Daily Living" (IADL).

In general, Colombo Fancesca et. al [7] has outlined three broad country clusters under public long-term caregiving as shown in Figure 1. The first cluster is a single universal coverage within a single program which incorporates health coverage. This cluster is for all eligible individuals according to their care-dependency status. Even though charges are imposed to the users, it is still considered a comprehensive collective LTC cost coverage with payment exemptions, or financial aid assistance based on income thresholds. The second cluster provides LTC coverage through safety-net programs. Based on their income and/or assets, this will decide on the eligibility of the individuals to fund personal care publicly. This offers individuals the protection they need, or they might not be able to pay by themselves. The third cluster mixes different universal programs and benefits or means-tested LTC entitlements. Many countries from this cluster would rather have multiple LTC benefits and programs, including cash and in-kind services.

Colombo Francesca et al. too managed to outline the public LTC coverage by OECD countries. It is commonly known for LTC benefits includes in-kind services (28 OECD countries), institutional care (26 OECD countries), home care (25 OECD countries), cash (23 OECD countries) or other additional

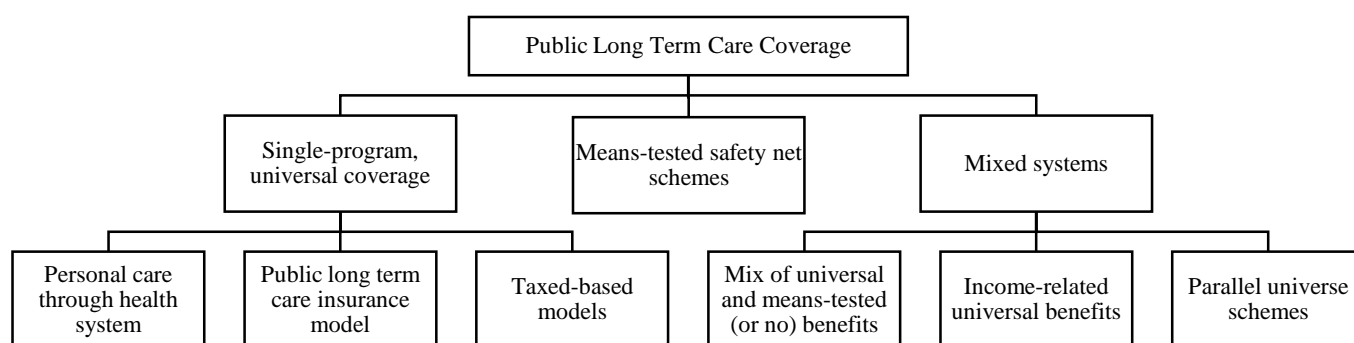


Fig. 1 Different clusters under public long-term care coverage in OECD countries

TABLE I  
OECD COUNTRIES WITH DIFFERENT TYPES OF BENEFITS

	In-kind	Institutions	Home	Cash	Other benefits
Belgium	✓	✓	✓	✓	Need-tested, income-tested
France	✓	✓	✓	✓	Social contributions
Slovak Republic	✓	✓	✓	✓	Government organises providers
Czech Republic	✓	✓	✓	✓	
Denmark	✓	✓	✓	✓	
Estonia	✓	✓	✓	✓	
Finland	✓	✓	✓	✓	
Germany	✓	✓	✓	✓	
Italy	✓	✓	✓	✓	
Japan	✓	✓	✓	✓	
Korea	✓	✓	✓	✓	
Luxembourg	✓	✓	✓	✓	
Netherlands	✓	✓	✓	✓	
Norway	✓	✓	✓	✓	
Poland	✓	✓	✓	✓	
Slovenia	✓	✓	✓	✓	
Switzerland	✓	✓	✓	✓	
United Kingdom	✓	✓	✓	✓	
Australia	✓	✓	✓		
Canada	✓	✓	✓		
New Zealand	✓	✓	✓		
Hungary	✓	✓	✓		
Ireland	✓		✓	✓	
Sweden	✓		✓	✓	Institutional care varies across municipality, vouchers for care
Austria		✓	✓	✓	
Portugal	✓	✓			
Greece	✓	✓			
Spain	✓			✓	
United States	✓			✓	Mandatory institutional benefits, optional state community benefits, Means-tested safety net
Iceland		✓			
Mexico					Programme for older adults

benefits for their elders. Among listed countries, there are 18 of them who offers all four benefits and all 5 countries (Germany, Japan, Korea, Luxembourg and Netherlands) which have public long-term care insurance falls in the same list.

Based on Table 1, there are 4 types of long term care benefits that are very commonly shared across OECD countries, while few countries have their own unique approaches in providing such benefits. In-kind services (90%) are the most common type of benefit provided publicly where they offer goods, commodities or services to ease the burden

of the current caregivers. In contrast than in-kind services, cash allowance (74%) is also given in some OECD countries for them to be able to hire required long term care assistance service for the recipients' dependents. Apart from services, institutional care (84%) and home care (81%) facilities are also ready for the eligible elders to stay. Home care covers those who mainly reside at their own home or those who needs temporary additional support such as community care, day care and respite care. In the meantime, institutional care refers to nursing and residential care facilities due to chronic impairments and a reduced degree of independence in ADL.

The requirements to be qualified for such benefits are based on the elder's care-dependency status and income status for them to be able to enter such public facilities.

## II. PUBLIC FACILITIES FOR MALAYSIAN ELDERLY

In Malaysia, this particular role is mainly governed by the Ministry of Women, Family and Community Development, specifically under the Department of Social Welfare. In order to enforce the old age services in Malaysia, the 2011-2015 Department of Social Welfare's Transformation Plan formed a division specifically to take care of the elder's welfare which is called Elderly Division [8]. With their main role to plan, execute and oversee programs and activities related the elders including issues and challenges, the division is divided into 4 branches which are;

### A. Institutional Services

The main function for this branch is to oversee operation, administration and finance management for public facilities for the elders. This is particularly on the physical facilities initiation and development, such as day care centres and nursing homes for the elders. While *Desa Bina Diri* and *Rumah Sejahtera* are built to cater the people, who are really in financial need, protection and shelter, the other well-known public facilities for the elders are *Rumah Seri Kenangan*, and *Rumah Ehsan* [9]. There are nine *Rumah Seri Kenangan* units which offer protection, guidance, activities and health treatments for qualified older person to be admitted into the facilities. On the other hand, *Rumah Ehsan* also serves the same function as *Rumah Seri Kenangan*. However, they only accept older persons who are chronically ill and unable to take care of themselves.

### B. Elders Empowerment

This particular branch is mainly on welfare programs and activities for the elders, including spiritual and religious programs at the institutions or in the community. This branch also manages Program Pembelajaran Sepanjang Hayat, a life-long learning program for the elders [10].

### C. Elders Social Support

Apart from providing fundamental services such as facilities and programs, the government is also managing any additional support programs and facilities for the elders. This includes public access for the elders in public such as special seats in public transport, special parking lots and many more [11]. Other than those specialties, Respite Care, financial assistance, Pusat Aktiviti Warga Emas (PAWE), Unit Penyayang Warga Emas (UPWE), and Home Help are initiated to further furnish the public social provision for the elders [10].

Apart from staying at the public facilities, RM300 is given per month to those aged 60 years and above for their daily expenses. They also have alternative service for the caregivers to temporarily reside their dependents which is called Respite Care. This is convenient for any caregiver who are unable to take care of their elders due to temporary inability. As to resolve 'empty nest syndrome' issue among the lonely older person, PAWE is designed for them to join daily activities. With various kind of activities designed, a total of 21,027

older persons benefited from 45 activity centers and it is hoped to continue reaching out older persons to engage in community activities and development [11].

If the older persons have difficulties to come to hospitals for their treatment or any social elders' needs, UPWE is ready to provide transportation service to ease the burden and improve treatment accessibility at the same time. Apart from that, Home Help service program is also designed for volunteers to reach out the elders who live alone. Managed by the Community Division under the Department of Social Welfare, this program meets four main criteria which are low cost, high impact, rapid execution and sustainable in accordance to the principle of "value for money" [9]. This advocates the idea of volunteerism and moral values to be instilled in any generation to respect and value the elders while living in the community.

### D. National Advisory and Consultative Council for Older Person

To focus on the preparation for the older age and give inter-generational solidarity, the government has already formed policy and plan of action, primarily, to have friendly services to the elder person [11]. The council members, which include the Minister of Women, Family and Social Development herself, are expected to assist the government for proper responses formulation dealing with the ageing population [12]. Since 2011, National Policy for Older Persons is established, having "Health" component as the utmost priority within their plan of actions. National Health Policy for Older Persons by Ministry of Health is also being formed to ensure the elders receive enough health and health related services to achieve optimal health. Among seven strategies being highlighted under this policy, one of them provides a continuum of health care services for the elders. The National Family Policy also being formed to continuously advocates the family values across generations and further instil the importance of family development, thus promotes informal long-term care by the family members. This is done through the formation of National Population and Family Development Board (LPPKN).

## III. CLASSIFICATION OF MALAYSIA'S LONG-TERM CARE SERVICES

Originated from 1982 United Nations World Assembly on Ageing in Vienna where International Plan of Action on Ageing (IPAA) was formulated [12], Malaysia's National Policy on Older Persons was present with one of its principle objectives is on promoting the establishment and availability of specific facilities to ensure the care and protection of the elder person. After the policy was first endorsed, it is reported that the current 2011 National Policy on Older Persons has given more focus on old age preparation [11].

In executing the national policy, general Plan of Action is adopted to facilitate one of the national policy's objectives which is on care and protection, forming Health Sub-Committee chaired by the Ministry of Health themselves. Other than that, the 2008 National Health Policy for Older Person by Ministry of Health has proven on Malaysia's commitment to health of the elders at the clinics and hospitals [12]. Among common medical facilities provided, social

outreach approach is also done through home visit and nursing.

Comparing these 3-different long-term care components with public facilities and programs offered under the Department of Social Welfare, below table is mapped to show on how Malaysia's public elderly facilities are complementing the different long-term care types of services.

TABLE 2  
PUBLIC FACILITIES ACCORDING TO MAIN TYPES OF COVERAGE

Types of coverage	Public facilities and programs	Type of caregiving
Cash and in-kind benefits	Financial assistance Respite Care UPWE	IADL
Institutional care	Rumah Seri Kenangan Rumah Ehsan	ADL and IADL
Home care	"Home Help" program Programs and Activities Respite Care PAWE UPWE	IADL

Table 2 shows how different programs and facilities in Malaysia are mapped according to the 3 main types of long term care coverage. The first type of coverage is on cash and in-kinds benefits where it is publicly providing cash, items or services to lessen the burden of the caregivers. Under Department of Social Welfare, there are RM3000 financial assistance, Respite Care and UPWE to be classified as "cash and in-kind benefits". Respite Care also aids the caregivers to provide temporary living for their dependents to leave for works or any other commitments that requires the caregivers to seek help in caregiving. Meanwhile, UPWE offers transportation service for the dependents who need to get treatment but unable to independently do so due to staying alone or incapable caregivers to bear the cost. Thus, the government is offering such services to ease the dependents to get their treatments and take care of them on behalf, by bearing all the costs and offer such services publicly.

The second type is institutions which offers nursing and residential care facilities that is not offered by hospitals to serve the eligible elders. Rumah Seri Kenangan and Rumah Ehsan are both for elders to reside at the nursing and residential care facilities which are equipped with nursing, supervision with healthcare and IADL assistance. However, Rumah Ehsan is only for those who are chronically ill and need extra care, and such facilities are very limited. Such service is specifically designed to suit the elders who need moderately- or highly-care dependence, which is referred as ADL assistance.

While institutional care offers residential facilities for the elders, home care, on the other hand, focuses on the elders who reside at their own home, either with or without any caregivers. This type of benefit offers temporary support for the elders, with the intention to further aid the current caregivers. This includes any support programs and facilities that are designed to further facilitate and enhance social support for the elders. Although this type of benefits meant to

provide ADL assistance for the elders too, so far Malaysia only able to provide IADL assistance for their elders. This includes providing program and activities, PAWE and UPWE for the elders.

This shows how Malaysia only provides mostly IADL assistance within their public LTC benefits. ADL assistance is only available through their Rumah Ehsan in their institutional facilities. However, to compare Malaysia and other OECD countries, Malaysia is still providing all 4 main types of benefits for their citizen, joining other 18 OECD countries.

#### IV. CONCLUSIONS

Through this mapping, this clearly shows how the government already caters long term care services for the elders as broad as possible. Malaysia is still considered traditional when the value of taking care of the elders by themselves is still strong among Malaysians [13]. In the meantime, the government is still being responsible to offer such variety of public long-term care benefits for their people through their four main branches under the Department of Social Welfare. Based on the classification of public programs and activities for the elders, it shows Malaysia is on track with other OECD countries in providing public elderly benefits.

However, these programs and activities are still functioning on a very individual basis and the management is done roughly across the Department's plan of actions. The programs and activities provided under the Department of Social Welfare have less focus on long term caregiving and only focus on elders in general. This shows through less focus on ADL assistance, even though Malaysia is still can provide more varied benefits for their elders.

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#### REFERENCES

- [1] World Health Organization, "Lessons For Long-Term Care Policy," Switzerland, 2002.
- [2] United Nations, *World Population Ageing 2017 - Highlights*. 2017.
- [3] M. Avendano, M. M. Glymour, J. Banks, and J. P. Mackenbach, "Health disadvantage in US adults aged 50 to 74 years: A comparison of the health of rich and poor Americans with that of Europeans," *Am. J. Public Health*, vol. 99, no. 3, pp. 540-548, 2009.
- [4] C. Hanaoka and E. C. Norton, "Informal and formal care for elderly persons: How adult children's characteristics affect the use of formal care in Japan," *Soc. Sci. Med.*, vol. 67, no. 6, pp. 1002-1008, 2008.
- [5] National Population and Family Development Board, "Fifth Malaysian Population and Family Survey 2014," Kuala Lumpur, 2014.
- [6] C. Levine, S. C. Reinhard, L. F. Feinberg, S. Albert, and A. Hart, "Family Caregivers on the Job: Moving Beyond ADLs and IADLs," *J. Am. Soc. Aging*, p. 124, 2004.
- [7] Francesca Colombo, A. Llana-Nozal, J. Mercier, and F. Tjadens, *Help Wanted? Providing and Paying for Long Term Care*. Paris: OECD Health Policy Studies, OECD Publishing, 2011.
- [8] Department of Social Welfare, "Division Info - Elderly Division," 2016. [Online]. Available: <http://www.jkm.gov.my/jkm/index.php?r=portal/left&id=UG1MU3BJL1NYL2xyYy9QUE9NSXdkdz09>. [Accessed: 29-Sep-2016].

- [9] Department of Social Welfare, "Services - Community," 2016. [Online]. Available: <http://www.jkm.gov.my/jkm/index.php?r=portal/left&id=VWJOWjd0c0NKZnhPU1BYVXJnZUdXdz09>. [Accessed: 29-Sep-2016].
- [10] Department of Social Welfare, "Services - Older Person," 2016. [Online]. Available: <http://www.jkm.gov.my/jkm/index.php?r=portal/left&id=Wm1WK115dnZkUGwvRU5MNkdtbm5zZz09>. [Accessed: 29-Sep-2016].
- [11] N. H. M. Hashim, "Aged Care In Malaysia," 2014. [Online]. Available: <http://www.imapac.com/wp-content/uploads/2014/06/9.10-Dato-Norani-Hj-Mohd-Hashim.pdf>.
- [12] T. A. Hamid and N. Yahaya, "National Policy for the Elderly in Malaysia : Achievements and Challenges," in *Ageing in Southeast and East Asia: Family, Social Protection, Policy Challenges*, Illustrate., Lee Hock Guan, Ed. Singapore: Institute of Southeast Asian Studies, 2008, p. 247.
- [13] C. Levine, D. Halper, A. Peist, and D. A. Gould, "Bridging troubled waters: Family caregivers, transitions, and long-term care," *Health Aff.*, vol. 29, no. 1, pp. 116–124, 2010.