Maintaining Independence, Establishing Communities: International Case Studies of Assisted Living for the Elderly
EXECUTIVE SUMMARY

Assisted Living is a way to organise housing and care for seniors who are still fairly independent but anticipate a gradual increase in the level of assistance over time as they age. Under this housing model, seniors have their own individual apartments or units and subscribe, based on their needs, to additional eldercare and healthcare services and assistance with daily activities. This model empowers elderly to live independent and enabled lives and prevent them from being over-medicalised or institutionalised in nursing homes.

As part of our research on Assisted Living, the Centre for Liveable Cities (CLC) visited three such facilities, two in Osaka, Japan and one in New York City, United States. This article details the three models and share key learning points for interest.

While the three models differ, certain key principles were observed. They include: (i) safeguarding and respecting the seniors’ privacy and independence; (ii) embedding the Assisted Living facility within a neighbourhood with established systems and (iii) ensuring barrier-free accessibility and assisting older elderly with activities of daily living, such as bathing or feeding.

Other insights derived from the site visit includes:

a) Establishing an eco-system of care (in addition to the Assisted Living facility) i.e. The Assisted Living facility is located near to or has established networks with complementary social and healthcare services such as public hospitals and emergency services.

b) Empowering the elderly: In all three models, the elderly’s privacy and independence were respected and their day-to-day living not regimented. For example, despite the fact that most of the residents in Dairyo No Le are wheelchair bound, the seniors have individual private rooms and the choice and independence to select their meals and activities for the day.

c) Enabling intergenerational interaction: In all three models, the Assisted Living facility was located next to or nearby elementary schools where young children would play and at times interact with the elderly. Particularly for Yuimarl Fuku, there is a children’s reading corner in the facility’s library that prompts mothers living in the neighbourhood to visit with their children to read and interact with the elderly. Staff at the facility noted the benefits of the intergenerational interaction which encourages the elderly to come out of their rooms and interact with the children.

The three facilities are as follows:

- Yuimarl Fuku in Osaka, Japan
- Dairyo No Le in Osaka, Japan
- Isabella in New York City, United States of America
YUIMARL FUKU
Osaka, Japan
ABOUT THE FACILITY

Yuimarl Fuku was established in 1998 by a private company called CommunityNET, which started a social enterprise to run facilities that provide ‘assisted living’, or what they term ‘housing with services’. Yuimarl Fuku is one of the six housing with services operated by CommunityNET and is located at Fukumachi, Nishiyodogawa-ku in Osaka, a rather central location in the city.

Yuimarl Fuku comprises of three blocks, each three-storeys high. There is a total of 53 units and the facility is presently 90% occupied (Figure 1).

The facility is located in a neighbourhood that is well-serviced by amenities and facilities. There are two hospitals in the vicinity, one of which is less than 10 minutes’ drive away. A large supermarket and commercial shops are within walking distance. It is also well-served by public transport and the subway is a 5 minutes’ walk away. The facility also has access to a ‘green corridor’, a pedestrian path in a park, where seniors can take a walk up to 2-hours (Figure 2).

The facility operates with the philosophy of ‘for seniors, by seniors’. Before the facility was built, the facility management engaged seniors interested to live in such a facility to understand what they needed and what they would like to see in the facility. The entire engagement process took about 1.5 years as compared to the actual construction that took about 1 year.

Similarly, instead of pre-planning programmes and activities, staff work with the elderly to find out their aspirations and needs in order to discuss and decide upon activities and programmes they would like to attend.

Furthermore, Yuimarl Fuku encourages its residents to write down their life plan before moving into the facility so staff can work with them to ensure that their needs and aspirations are met. Allowing pets, providing additional storage in the facility are some of the ways they have tried to provide a sense of comfort to the seniors, to assure them that their former way of life, prior to moving into the facility, can be maintained.

The staff at Yuimarl Fuku shared that the facility abides by three key principles: Satisfaction of residents; satisfaction of staff and stability of management.
Figure 1: Yuimarl Fuku comprises of three blocks, each three storeys high. The facility has a total of 53 units.

Figure 2: Map of Yuimarl Fuku and its neighbourhood. The facility is well-serviced by amenities and facilities in the neighbourhood such as hospitals, supermarket and commercial shops. Residents also have access to a ‘green corridor’, a pedestrian path in a park, where they can take a walk up to 2-hours.
OPERATING MODEL

The private company CommunityNET owns the land and the facility. The organisation receives subsidies from the government on the basis that this is a ‘service apartment for seniors’.

Three key conditions must be met in order for facilities to be recognised as service apartments for seniors: (i) Ensuring the safety of the seniors e.g. availability of 24/7 emergency services (ii) Providing counselling services for the seniors and (iii) Ensuring barrier-free accessibility in the facility.

Seniors “buy the right to live until the end-of-life” and can choose to either rent or own their units.

FACILITY DETAILS

Individual Units

Yuimarl Fuku is able to accommodate both single elderly and elderly couples, and hence their units have varying sizes ranging from 31 sqm² to 58 sqm² (Figure 3b; Annex A for detailed room sizes)

Every unit is barrier-free, wheelchair friendly and fitted with emergency bells (in the living area and in the bathroom) so that seniors can activate if they require help (Figure 3c).

Each unit consists of a small kitchenette, bedroom and bathroom. The bathroom is fully furnished and the kitchen is fitted with key amenities such as stove and oven (Figure 4 & 5). Seniors would have to purchase their own furniture such as dining tables and beds.

Figure 3a: View of Yuimarl Fuku
Figure 3b: Interior of an individual unit
Figure 3c: Emergency bells are fitted in the room

Pictures from Yuimarl Fuku
Figure 4a & 4b: Bathroom of an indiviual unit. All bathrooms are barrier free and equipped with emergency bells

Figure 5a & 5b: Self-contained kitchen in an individual unit. All kitchens are furnished with a stove and mini oven

Figure 6a & 6b: Multi-purpose room in the facility where residents can interact and plan activities. The multi-purpose room is opposite the cafeteria and separate by a nice deck

Pictures from Yuimarl Fuku
Communal Facilities

The facility has a number of communal facilities, most notably the Community Cafeteria. The cafeteria sells ready meals that even residents in the neighbourhood can purchase (Figure 7a & 7b).

Seniors also have the choice of cooking at the communal kitchen, located beside the cafeteria (Figure 7c). Staff noted that seniors would cook in the communal kitchen about once a week, but they would gather at the cafeteria almost daily to enjoy meals together.

There is also a community library, started primarily because residents in the neighbourhood would donate new or used books. Mothers bring their children to the community library, enabling interactions between the young and the old. Located at the ground floor and near the entrance of the facility, the community cafeteria and library encourages interaction between the residents in the neighbourhood and the elderly in the facility (Figure 8).

The facility also has a community garden at the ground floor, in the centre of the blocks (Figure 9). Staff reflected that the community gardening is very popular with the seniors and also helps keep them active. Some units are also lucky enough to have a small plot behind their homes where they garden.
Services Provided

The staff explained that this facility is not meant for seniors who need excessive care as they only provide basic services such as (Figure 10):

- **Safety** – The assurance of 24/7 monitoring and assistance upon the activation of the emergency bell where staff on duty will attend to the seniors immediately. They are also able to activate other healthcare services e.g. ambulance where necessary

- **Counselling services** – The facility shared that most service apartments for the elderly in Osaka would have to have this counselling service as a pre-requisite to ensure that seniors are cared for especially in terms of mental wellness

- **Barrier-free accessibility** – Providing barrier-free accessibility throughout the facility and within the individual units

Beyond the basic services, the staff noted that they would also assist with general day-to-day issues that seniors may face such as reading of letters or medication reminders. While seniors enjoy social activities and programmes, staff emphasized that these programmes are not pre-planned or mandatory. Instead, staff would facilitate seniors to come together and engage each other on the types of programmes they would like to take part in.

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**Figure 8:** Community Library where elderly could interact with young children would come to read
*Picture by CLC*

**Figure 9:** Community Gardening. Staff noted that this is very popular with the residents
*Picture from Yuimarl Fuku*

**Figure 10:** List of services that Yuimarl Fuku provides
**Average Monthly Costs**

If a senior chooses to rent, the basic cost of living, including management and servicing fees would be 56,280¥ for one person and 84,570¥ for two people.

The staff shared that for an average single resident, total monthly expenditure, adding on meals, utility and basic eldercare costs would total 156,640¥ – 168,000¥, approximately SGD$1,875 – $2000 (Figure 11a and 11b).

If a senior chooses to purchase a unit, the cost would depend on the type of unit purchased (Refer to details in Annex A).

<table>
<thead>
<tr>
<th>固定でかかる費用</th>
<th>共益費</th>
<th>10,000円</th>
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<tr>
<td>生活支援サービス費</td>
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<tr>
<td>合計</td>
<td>56,280円</td>
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<table>
<thead>
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<th>Common Service Fee</th>
<th>~SGD$120</th>
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<tr>
<td>Living Support Service Fee</td>
<td>~SGD$554</td>
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<tr>
<td>Sub-Total</td>
<td>~SGD$674</td>
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Figure 11a: The basic fixed cost payable for single occupant is 56,280¥, about SGD$674

<table>
<thead>
<tr>
<th>その他の費用</th>
<th>食費（昼食、夕食でしか出しません）</th>
<th>45,360円</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>水光熱費</td>
<td>15,000円</td>
</tr>
<tr>
<td></td>
<td>医療・消耗品費など</td>
<td>20,000円</td>
</tr>
<tr>
<td></td>
<td>交通費</td>
<td>20,000円</td>
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<tr>
<td>合計</td>
<td></td>
<td>100,360円</td>
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| 総合計 | 156,640円 |

<table>
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<tr>
<th>Other Monthly Expenses</th>
<th>Food (if purchased from cafeteria)</th>
<th>~SGD$543</th>
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<tr>
<td></td>
<td>Utilities</td>
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<td>Medical supplies</td>
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</tr>
<tr>
<td></td>
<td>Leisure</td>
<td>~SGD$239</td>
</tr>
<tr>
<td></td>
<td>Sub-Total</td>
<td>~SGD$1,201</td>
</tr>
</tbody>
</table>

| TOTAL | ~SGD$1,875 /mth |

Figure 11b: Other monthly expenses for single occupant is estimated to cost 100,360¥, totalling the monthly cost to be about 156,640, about SGD$1,875

**Profile of residents and staff**

The average age of the residents is 75, with 60% of them female. Most residents are still fairly healthy, even if they are having chronic illnesses.

At any one time there are 3 staff on standby (minimally 2 in the day, 1 at night). In total there are 9 staff that oversees 53 residents.

The staff shared that they see a very low turnover rate. For example, only 5 spaces out of the total 53 rooms may see a change. However, 4 out of those 5 changes is due to the senior passing on. The staff attributed strong community bonds to the low turnover. Seniors rarely change their minds after moving into the facility because they see this as a place which they can age-in-place and live out the rest of their lives.

The facility does not have stringent entry criteria except an age criterion of 60.
KEY LEARNING POINTS

Yuimarl Fuku seems to be for seniors who are still fairly healthy, perhaps with some chronic illnesses, and looking for a place where they can receive some basic eldercare services to age in place, with a community where they are respected, engaged, and have the assurance that help will be rendered when the need arises. This reflects the idea of a “housing plus typology”, which adapts to the needs of a senior resident as he or she ages.

There is much to learn from how Yuimarl Fuku has managed to build this housing community for seniors, particularly the way they have engaged the seniors. The engagement is seen from various aspects, even prior to the construction of the facility. Yuimarl Fuku’s management noted that they engaged seniors who were interested to live in such an ‘assisted living’ type of facility and worked with them on a whole range of ideas, from the design to the programming of the facility. This enabled Yuimarl Fuku to establish a home-like environment that seniors are familiar with. The fundamental idea is to build with seniors, not just for seniors.

Moreover, with the staff encouraging the seniors to discuss with them their needs and to write down their life plan before moving into the facility suggest an interest to customise and personalise services and care. This is important and establishes Yuimarl Fuku distinctively as a housing community and not an institutionalised facility.

As seniors move in with the intention of staying until end-of-life, it is important for the facility to be able to cater to changing needs and health statuses. While not all services can be provided within the facility, the location of Yuimarl Fuku in a well-established neighbourhood serviced by key amenities and facilities such as hospitals, clinics, dentist, supermarket and public transport system, ensures that seniors will be able to access not just the medical care but also the social programmes they need as they age.

Intergenerational contact is an important factor in the planning of a senior living facility. The staff noted that interaction with children contributes to the good living environment at Yuimarl Fuku. Besides the community library where young children would come by to read, the facility is also located near an elementary school. The seniors enjoy watching the school-going children pass by the facility and interact with them when the chance arises.

The three key takeaways from Yuimarl Fuku can be broadly summarised as: (i) Engaging seniors in the entire process of building a ‘housing with services’ facility (ii) Embedding the facility in a good environment well-served by amenities (iii) Enabling intergenerational interaction.
DAIRYO NO LE
Osaka, Japan
DAIRYOO NO LE

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2-8-20 Dairyo, Sumiyoshi-ku, Osaka

ABOUT THE FACILITY

Dairyo No Le was started by a private restaurant company, Gourmetkineya, who wanted to build such a facility as part of their corporate ‘social contribution’. Gourmetkineya had prior experience running nursing homes but Dairyo No Le is its first Assisted Living, or housing with services facility.

Dairyo No Le was started about 5 years ago and is located in the city area of Osaka, in a slightly affluent and good residential neighbourhood. A five-storey building, it accommodates 50 seniors and is currently fully occupied.

Dairyo No Le is equipped to care for seniors who require assistance in activities of daily living (ADLs). It also liaises with hospitals and healthcare systems to bring in the necessary care services that the seniors require. Given the intensity of care needed, the facility only takes in single elderly.

Its single rooms are further sub-divided into three types: Type A (18 m²); Type B (25 m²); Type C (26 m²). Type A is catered to those who require extensive or 24 hour nursing care while Type B and C are for more independent living with services and the ability to activate the nursing care services when needed. Among the 50 rooms, 31 rooms are Type A, 16 rooms are Type B and only 3 rooms are Type C.

OPERATING MODEL

Gourmetkineya owns the land. Its welfare organisation arm owns and manages the building and have to pay rent for the land. The facility is given a 30-year lease.

Seniors can only rent, not buy, their units.

In order to ensure financial sustainability, the facility provides day and home care services. The day-care centre is located at the ground floor of the building while their nurses deliver home-care services to residents in the neighbourhood. The day and home care services are separate from the care services for the residents in the facility.

Figure 12: Activity Hall in Dairyo No Le. This doubles up as the dining hall for residents.
FACILITY DETAILS

Individual Units

As mentioned, there are three types of units: Type A (18 m²); Type B (25 m²); Type C (26 m²). Type A rooms, given their limited size, consists of only a bedroom and bathroom. Type B rooms consists of a small pantry, bedroom and bathroom while Type C rooms are similar to Type B but has additional space for storage and a bigger pantry. Each room is fully furnished (Figure 14 – 16).

Every unit is barrier-free and wheelchair friendly and fitted with emergency bells so that seniors can activate if they require help.

Communal Facilities

Every floor of the building has a common area for the residents living on that floor. The common area consists of the communal kitchen and a lounge area when seniors can gather for meals or watch television (Figure 13b). As seniors are unable to cook in their own rooms, they can do so in the communal kitchen or order meals from the main kitchen.

There is also a multi-purpose room and a karoke / games room which is open to both the residents of the facility and the day-care centre’s members (Figure 13c). In order to accommodate to some of the habits and likes of the elderly, the facility also created a public bath, similar to the idea of an onsen (Figure 17).

Pictures from CLC and Dairyo No Le
Figure 14: Type A room pictures and floor plan. Type A rooms are only 18m². There are a total of 31 Type A rooms for single elderly, mostly on wheelchairs.

Figure 15: Type B room pictures and floor plan. Type B rooms are 25m². There are a total of 16 Type B rooms.
Figure 16: Type C room pictures and floor plan. Type C rooms 26m$^2$. There are only 3 such rooms, meant for slightly healthier and ambulant seniors.

Figure 17a & 17b: In order to accommodate to some of the habits and likes of the elderly, the facility also created a public bath, similar to the idea of an onsen.

Figure 18: The main kitchen where meals are prepared.

Figure 19: All bathrooms in the individual units would look similar to this.

*Pictures from CLC and Daiyo No Le*
**Services Provided**

Similar to Yuimarl Fuku, staff explained that the following basic services are provided given that this facility is also a service apartment for seniors (Figure 20).

- **Safety** – The assurance of 24/7 monitoring and assistance upon the activation of the emergency bell where staff on duty will attend to the seniors immediately. They are also able to activate other healthcare services e.g. ambulance where necessary

- **Counselling services** – The facility shared that most service apartments for the elderly in Osaka would have to have this counselling service as a pre-requisite to ensure that seniors are cared for especially in terms of mental wellness

- **Barrier-free accessibility** – Providing barrier-free accessibility throughout the facility and within the individual units

In addition to the basic services, Dairyo No Le is able to assist the elderly with activities of daily living such as bathing and feeding. Trained nurses are on-site to help residents who require assistance.

In terms of social activities, as Dairyo No Le runs a day-care, residents of the facility would join in for the daily activities such as exercise or wellness programmes. The facility also organises programmes for the residents according to what they are interested in.

Meals are provided but only mandatory for those living in Type A units and optional for those living in Type B and C units.

*Services that are not just for the seniors living in Dairyo No Le but for the larger community as well*
**Average Monthly Costs**

The average monthly cost for a Type A room is about 116,500¥ (~SGD$1398) while Type B and C pay about 75,000 – 78,500¥ (~SGD$900 – SGD$950) because meals are not mandatory. The computation is detailed in the table below (Figure 21).

Residents are also required to pay a security deposit that is equivalent to 3 months of rent. The deposit is used for restoration at the time of withdrawal and the remaining balance will be refunded.

As residents staying in Type A rooms mostly require nursing care, they are required to pay for the nursing care insurance. The amount depends on the level of support and nursing care needed (Figure 22).

Residents would also have to pay for their electricity, gas and water usage in the room, which is charged by the meter.

While there was no illustrative payment of the average monthly cost for a typical resident, we estimated that it would cost around SGD $1,600 per month.

**Profile of residents and staff**

The average age of the residents is 85 and over 80% are women. The facility sees residents from the surrounding neighbourhood choosing to move into the facility.

The staff are mostly nurses although there are some healthcare aides. The facility has a total of 25 staff given the higher care needs of the residents.

The criteria for entry is as follows: Age criteria of 60; requires care and assistance in daily living and has the backing of a financial guarantor.

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### Table: Average Monthly Costs

<table>
<thead>
<tr>
<th>Room Type</th>
<th>Deposit (3 months of Rent) (¥)</th>
<th>Rent (¥)</th>
<th>Common Service Fee (¥)</th>
<th>Basic Services (¥)</th>
<th>Meals (¥)</th>
<th>TOTAL (¥ / S$)</th>
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<tbody>
<tr>
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<td>40,000</td>
<td>30,000</td>
<td>N.A.</td>
<td>46,500</td>
<td>116,500 (~SGD$1398)</td>
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<tr>
<td>Type B</td>
<td>165,000</td>
<td>55,000</td>
<td>15,000</td>
<td>5,000</td>
<td>0 – 46500 (optional)</td>
<td>75,000 (~SGD$900)</td>
</tr>
<tr>
<td>Type C</td>
<td>175,500</td>
<td>58,500</td>
<td>15,000</td>
<td>5,000</td>
<td>0 – 46500 (optional)</td>
<td>78,500 (~SGD$950)</td>
</tr>
</tbody>
</table>

**Figure 21:** Average monthly costs for the different types of units in Dairyo No Le. Meals are mandatory for those living in the Type A units. As residents in Type A units have to pay for a nursing welfare insurance, they need not pay for the basic services.

### Table: Costs for Type A only

<table>
<thead>
<tr>
<th>For Type A only</th>
<th>Support 1 (¥)</th>
<th>Support 2 (¥)</th>
<th>Nursing Care 1 (¥)</th>
<th>Nursing Care 2 (¥)</th>
<th>Nursing Care 3 (¥)</th>
<th>Nursing Care 4 (¥)</th>
<th>Long-term Care 5 (¥)</th>
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<tbody>
<tr>
<td>Costs (¥)</td>
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<td>11,010</td>
<td>19,029</td>
<td>21,213</td>
<td>23,567</td>
<td>25,751</td>
<td>28,071</td>
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<tr>
<td>(S$)</td>
<td>$79</td>
<td>$132</td>
<td>$228</td>
<td>$255</td>
<td>$283</td>
<td>$309</td>
<td>$337</td>
</tr>
</tbody>
</table>

**Figure 22:** Residents staying in Type A unit will be charged according to the level of support needed.
KEY LEARNING POINTS

Compared to Yuimarl Fuku, Dairyo No Le is more of a “nursing home minus” than a “housing plus” typology as most of the residents, especially in Type A units, require nursing care.

However, it is still worth noting that despite the level of nursing care needed, residents are accorded their personal privacy and independence with individual rooms and personalised care. Seniors continue to have the freedom of choice to decide when they want to eat or shower, even though they require assistance or nursing help to do so. It is indeed heartening that despite the fact that some residents are eligible for nursing homes, they do not have to be institutionalised and can be able to live in this facility.

At Dairyo No Le, the emphasis is on giving the seniors a ‘peace of mind’. As such, the 24 hour nursing care aims to ensure that seniors who require assistance with daily living can still live independently in their individual rooms. Similarly, even those Type B and Type C units are for slightly more ambulant seniors, they are assured that they can activate the nursing care services as and when necessary.

Similar to Yuimarl Fuku, the effects of intergenerational interactions are felt. Dairyo No Le is located next to a school and the rooms overlooks the school field. Staff noted that the seniors appreciate the occassional intergenerational interactions although they are not as often as they are spontaneous.

Dairyo No Le has also been able to tap on a larger eco-system of care such as linking up with key emergency healthcare services and hospitals in the area so that residents have access to a suite of services. Dairyo No Le is also simultaneously contributing to the ecosystem by providing home-care services to the neighbourhood and providing day-care services at the facility. This allows the facility to become a hub which provides services and allow residents living in the neighbourhood the ability to step-up or step-down their care.

The three key takeaways from Dairyo No Le can be broadly summarised as: (i) Safeguarding privacy and independence of seniors (ii) Enabling intergenerational interaction (iii) Being part of a larger eco-system of care.
ISABELLA
New York City, USA
ABOUT THE FACILITY

Isabella is a non-profit long-term health care center serving the community since 1875. Although it began as a nursing home, Isabella now offers a suite of services comprising of a 705-bed nursing home, senior housing, day care and rehabilitation centre, child care, and long-term home health care programs for seniors living at the centre as well as in the surrounding neighbourhood which includes a Naturally Occurring Retirement Community (NORC).

Isabella’s key principle is to give residents the feeling of being “home again”, facilitating and valuing individuality and personal choice. There are no standardized schedules for meals and daily activities. Instead, staff learn about the interests of residents and work collaboratively with them to individualize social and eldercare programs such that residents are able to arrange their schedules and activities as they wish.

Most of Isabella’s eldercare services operates out of Isabella Geriatric Center, a 17-storey integrated facility that acts as the central hub. It has some resident rooms within the center but the center’s role is the provision of services such as the adult day health care, barber and beauty shop, clinical services and so on.

The Assisted Living concept is seen through the partnership with Isabella House, which is a block of individual apartments that connects to Isabella Geriatric Center by a podium.

Seniors can thus go to the Geriatric Center for relevant healthcare needs and services can be delivered to their apartments.

FACILITY DETAILS

Individual Units

Isabella House offers studio and one-bedroom apartment rentals, with a small kitchen including two burner stove and a refrigerator, closet and walk-in shower (Figure 23a and 23b).

Communal Facilities

Isabella House has a communal dining hall for the block and communal lounges on every floor (Figure 24).

The other communal facilities are located at the Geriatric Center, where seniors can access barber / beauty services, exercise equipments or join wellness programmes.

Figure 23a: Interior of the one-bedroom apartment at Isabella House
Services Provided

Isabella House provides a whole range of services, tapping on the services that are provided at Isabella Geriatric Center as well. Some of the services include (Figure 25):

- **Security**: 24-hour security, Emergency pull chord services in every unit
- **Meals**: Buffet style lunch and dinner; Coffee shop and cafeteria for breakfast and snacks
- **Maintenance**: Apartment maintenance and change of linens weekly
- **Activities**: Weekly activities, Wellness Services
- **Amenities**: Gift Shop; On-site barber shop / beauty salon / spa / massage
- **Free membership to Isabella Institute for Older Adults**, a resource centre that provides information regarding issues of ageing. Members can join the 50+ Club which allows them to enjoy educational workshops, support groups, general health and wellness programmes, social gatherings and events.

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**Figure 25**: List of services that Isabella provides

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**Figure 23b**: Kitchenette for each studio unit; **Figure 24**: Communal Dining Hall at Isabella House
Establishing an eco-system of care

What makes Isabella stand out from the first two examples of Assisted Living is that Isabella House is part of a larger, integrated eco-system of care. It is connected to the Isabella Geriatric Center which houses Isabella nursing home and the Adult Day Health Care. It also has access to Isabella’s other resources and community-based programmes such as the Institute for Older Adults. This family of services provides an eco-system of care where seniors have access to step up and down care seamlessly across different options and facilities.

Isabella Nursing Home

The Isabella Nursing Home provides differentiated levels of care such as long term care, short term rehabilitation, ventilator dependent care, respiratory step down, dementia care, respite care (short-term stays up to 30 days). In addition to 24-hour medical and nursing care, they provide social activities for the seniors. Seniors are eligible for the nursing home based on medical evaluation.

The sub-acute rehabilitation services and long-term rehabilitation services are available at the Isabella Geriatric Center. Isabella ensures that each individual is given a customized therapy and treatment plan, which is designed to meet the needs of the senior.

Adult Day Health Care Programme

The Adult Day Health Care Programme operates out of the Isabella Geriatric Center and is meant for chronically ill adults who live at home. To qualify, individuals must be 18 or older, referred by a physician, suffer from a chronic medical or mental health condition. Medical care offered through this programme includes:

- Individualised medical care planning
- Medication management
- Physical, Occupational and Speech Therapy
- Wound Care and Dressing Changes
- Health Education and Counselling
- Psychiatric Services
- Pain management
- Diabetes Management
- Post-Stroke Management
- Social Work Service
- Care-Giver support and education

Services from this Day Health Care Program includes:

- Transportation to and from home each day
- Breakfast and Lunch
- Recreational and Therapeutic Activities
- Social Interaction
- Health Education and guidance
- Pastoral Care

Isabella Health Home Programme

A care management programme offered free of charge to individuals who are on or are eligible for Medicaid and who cope with chronic conditions so as to prevent unnecessary hospitalisations.

A care manager will meet with the individual and his/her family to assess the individual’s needs and goals before creating a plan of care for the individual and his/her caregiver.

Services include: help to understand medical needs, coordination of health care appointments, social service support. Individuals must be coping with two or more chronic medical conditions (e.g. asthma, heart disease, diabetes); or have behavioural health needs; or have significant mental illnesses; or be living with HIV/AIDS in order to be eligible for the programme.
Isabella Senior Resource Center

A one-stop centre for benefits applications for seniors. The staff would provide information on where to turn for issues and concerns, help with assessment of eligibility for benefits applications, actual application and follow-up as well as necessary health screenings and workshops.

Isabella Institute for Older Adults

The Institute provides information regarding issues of ageing and aims to develop effective programs to maintain individual health. Participants of the institute have the opportunity to join the Fifty Plus Club, which sponsors community activities to promote health and wellness. There is also Walking Works Wonders, a health walking program that meets three mornings a week for one hour sessions led by a professional coach and exercise physiologist.

Isabella Caring Partner Program

This program collaborates with and trains students to assist Isabella nursing staff with the care of the elderly. Students are paid to work on Saturday and Sunday from 9am – 130pm or weekday evenings (Except Tuesday) from 4pm – 7pm.

Community-based programmes

Isabella also provides community-based programmes at neighbouring Naturally Occurring Retirement Communities (NORCs). The CLC delegation visited Isabella’s Ft. George VISTAS NORC Community, which partners with the New York City Department for the Aging, to provide free social services, healthcare assistance, recreational, educational and volunteer opportunities to adults age 60+ who reside in three Mitchell Lama Co-op buildings in the vicinity of Isabella – 11 Ft. George Hill, 17 Ft. George Hill and 45 Fairview Avenue.

The Ft. George VISTAS NORC provides on-site support to help the older adult residents age in place given that they are already residing together with a retirement community. Isabella provides case assistance, case management, health screenings, medication counselling, emergency home visits, escorts to medical appointments and social activities such as trips and support groups.

KEY LEARNING POINTS

Although Isabella is not solely an Assisted Living facility, its provision of an eco-system of care is an important learning point. With the Isabella Geriatric Center encompassing a nursing home, senior housing and day care services, it allows seniors living in the assisted living units the peace of mind and option to transit across different facilities and services depending on the amount of care needed.

It is worth noting that Isabella, too, is located nearby a school, suggesting the co-location with schools and the promotion of intergenerational interaction a key element in such senior living facilities.

The integrated services also allow Isabella Geriatric Centre to operate like a central hub and provide community-based services and home-care to seniors living independently in the neighbourhood and naturally occurring retirement villages in the vicinity. With the shift towards greater decentralisation of care, Isabella proves to be a good model providing care to a district, both within its facility and to the surrounding neighbourhood.
CONCLUSION
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The three models are rather unique examples of Assisted Living facilities in Japan and New York. Although the three models differ, some key information gathered may be useful for our reference. For example, the average age of the residents in all three assisted living facilities seems to be around 75 – 85 years old, even if the eligible age is above 60. This suggests that Assisted Living may be more attractive to older seniors who are planning for their later years or the fact that older seniors may require more care or assurance and hence find Assisted Living attractive.

Gender is also an interesting aspect to note as all three facilities see more female than male residents. While this could be attributed to the fact that women live longer than men, it is also important to understand if there is a gender difference in terms of the interest or demand for Assisted Living.

While services provided differed across the models, basic services such as general assistance, provision of barrier-free accessibility and 24-hour monitoring are seen in all three models. The two Japanese Assisted Living facilities even noted three basic services: Safety, Counselling and Barrier-Free Accessibility that have been established as mandatory for senior housing communities. It may be worthwhile to study further what are some of the key services that seniors in Singapore would need or want to see in such facilities that can be key parameters for facilities in Singapore.

Other key insights derived includes:

a) **Establishing an eco-system of care (in addition to the Assisted Living facility)** i.e. The facility also has access to or provides step-up and step-down care. For example, at Isabella, the Assisted Living units are sited alongside a day care centre and a nursing home so that the elderly is able to transit seamlessly depending on the amount of care needed.

b) **Empowering the elderly**: In all three models, the elderly’s privacy and independence were respected and their day-to-day living not regimented. For example, despite the fact that most of the residents in Dairyo No Le are wheelchair bound, the seniors have individual private rooms and the choice and independence to select their meals and activities for the day.

c) **Enabling intergenerational interaction**: In all three models, the Assisted Living facility was located next to or nearby elementary schools where young children would play and at times interact with the elderly. Staff all noted the benefits of such intergenerational interaction.

The three examples shared in this article showcases some of the key principles of Assisted Living facilities and in turn highlights the diversity of Assisted Living facilities. There is no one-size-fits-all model, and it is important to tailor it to the cultural context and needs of the seniors who will be living in the facility. More importantly, any Assisted Living facility must abide by the principle of protecting and respecting seniors’ independence for them to age-in-place and age with grace.
Acknowledgements

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