SOCIAL CARE FACILITIES MANAGEMENT AUDIT AT THE RESIDENTIAL CARE HOME FOR THE ELDERLY IN MALAYSIA: A CASE STUDY OF RUMAH SERI KENANGAN

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ABSTRACT

By the year 2030, it is expected that 15 per cent of the Malaysian population will be aged 60 years old and above. Reports show that the elderly in Malaysia for the coming decades are likely to be living alone or ending up in the welfare homes. The reliance of elderly on the Care Home for the Elderly (CH*f*E) has clearly shown an increase trend over the years. CH*f*E which provided accommodation, meals and personal care will be the alternative living arrangement for the elderly in Malaysia for the coming years. However, the quality of the social care service delivery varied for each care homes due to the absence of common standards regarding the establishment and running of CH*f*E in Malaysia. Hence, the best way to secure the CH*f*E in Malaysia from future liability is to conduct an effective Facilities Management Audit (FMA). However, up to this moment, there are still no FMA being conducted to audit the standards delivered at the public RCH*f*E in Malaysia. Interview sessions have been conducted with the care homes managers of RSK in Malaysia and officers from Department of Social Welfare (DSW) Malaysia. It aimed to understand the current social care practices being delivered at the RCH*f*E in Malaysia. The findings of the study indicated that there are no official formal standards being established to guide the operational facilities management at the RCH*f*E in Malaysia. Regrettably, the absence of formal standards has led to no official structured inspection and auditing process available at the RCH*f*E in Malaysia. Thus, the researcher had proposed an auditing guideline for the operational facilities management at the RCH*f*E in Malaysia based on the elements in *National Minimum Standards (NMS): Care Homes for Older People* in United Kingdom.

ABSTRAK

Menjelang tahun 2030, populasi penduduk Malaysia yang berumur 60-an dan ke atas dijangkakan akan mencecah 15 peratus daripada jumlah populasi negara. Laporan menunjukkan bahawa golongan besar warga emas di Malaysia akan hidup bersendirian atau menetap di rumah kebajikan dalam masa 10 tahun yang akan datang. Warga emas didapati semakin bergantung kepada rumah kebajikan orang tua. Institusi rumah kebajikan yang menyediakan penginapan, makanan dan kebajikan orang tua dijangkakan akan menjadi tempat tinggal pilihan alternatif untuk warga emas di Malaysia pada masa akan datang. Namun begitu, kualiti perkhidmatan penjagaan sosial yang disediakan untuk warga emas adalah berbeza mengikut institusi rumah kebajikan kerana tiada piawaian umum yang wujud untuk penubuhan dan pengurusan rumah kebajikan orang tua di Malaysia. Maka itu, pelaksanaan Audit Pengurusan Fasiliti yang efektif dapat menjamin rumah kebajikan orang tua daripada liabiliti. Sehingga kini, masih tiada Audit Pengurusan Fasiliti yang telah dilaksanakan untuk mengaudit piawaian yang disediakan oleh rumah kebajikan orang tua di Malaysia. Sesi temu bual telah dijalankan bersama pengurus Rumah Seri Kenangan di Malaysia dan pegawai di Jabatan Kebajikan Masyarakat Malaysia. Ia bertujuan untuk memahami amalan semasa penjagaan sosial warga emas di rumah kebajikan orang tua di Malaysia. Hasil kajian menunjukkan bahawa tiada piawaian umum yang telah disediakan untuk pengurusan fasiliti (operasi) di rumah kebajikan orang tua di Malaysia. Oleh itu, pemeriksaan dan pengauditan telah dijalankan secara tidak formal di rumah kebajikan orang tua di Malaysia. Kesimpulannya, penyelidik telah mencadangkan satu garis panduan pengauditan untuk pengurusan fasiliti (operasi) di rumah kebajikan orang tua di Malaysia berdasarkan elemen dalam *National Minimum Standards (NMS): Care Homes for the Older Person* di United Kingdom.

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LIST OF ABBREVIATIONS AND SYMBOLS

1M4U	-	1Malaysia for Youth
1MFC	-	1Malaysia Family Care
BIFM	-	British Institute of Facility Management
BOS	-	Blue Ocean Strategy
BSI	-	British Standard Institution
BWA	-	Bernard Williams Associates
CCAC	-	Community Care Access Centre
CH*f*E	-	Care Home for the Elderly
CMS	-	Client Management System
CQC	-	Care Quality Commissions
CSCI	-	Commission of Social Care Inspection
CSR	-	Corporate Social Responsibility
CWC	-	Central Welfare Council Peninsular Malaysia
DBD	-	*Desa Bina Diri*
DCC	-	Day Care Centre
DCS	-	Day Care Services
DoH	-	Department of Health
DSW	-	Department of Social Welfare
EIU	-	Economist Intelligence Unit

ESCAP	-	Economic and Social Commission for Asia and the Pacific
FM	-	Facilities Management
FMA	-	Facilities Management Audit
FMAA	-	Facility Management Association of Australia
HAWA	-	Department if Women Affairs (Malay: *Hal Ehwal Wanita*)
IFMA	-	International Facility Management Association
ISM	-	Malaysia Social Institute
ISO	-	International Organisation for Standardisation
JKR	-	Public Works Department Malaysia (Malay: *Jabatan Kerja* Raya)
JPW	-	Department of Women Development (Malay: *Jabatan Pembangunan Wanita*)
KPKM	-	Malaysian Population and Family Survey (Malay: *Kajian Penduduk dan Keluarga Malaysia)*
KPKT	-	Ministry of Urban Wellbeing, Housing and Local Government (Malay: *Kementerian Kesejahteraan Bandar, Perumahan dan Kerajaan Tempatan*)
LA	-	local authority
LPPKN	-	National Population and Family Development Board (Malay: *Lembaga Penduduk dan Pembangunan Keluarga Negara Malaysia)*
LTCH	-	Long Term Care Home
MAKPEM	-	*Majlis Kebajikan dan Pembangunan Masyarakat Kebangsaan Malaysia*
MIDEF	-	Malaysian Institute of Defence and Security
MIER	-	Malaysian Institute of Economic Research
MNUSD	-	Ministry of National Unity and Social Development
MoH	-	Ministry of Health

MOU	-	Memoranda of Understanding
MWFCD	-	Ministry of Women, Family and Community Development
MWFD	-	Ministry of Women and Family Development
MyBN	-	My Beautiful Neighbourhood
MYR	-	Ringgit Malaysia
NACSCOM	-	National Council of Senior Citizens Organisation Malaysia
NBOS	-	National Blue Ocean Strategy
*n*CH*ƒ*E	-	Nursing Care Home for the Elderly
NCW	-	National Council of Welfare
NCWSDM	-	National Council of Welfare and Social Development Malaysia
NFP	-	National Family Policy
NGO	-	Non-Governmental Organisation
NHS	-	National Health Services
NMS	-	National Minimum Standards
NPFDB	-	National Population and Family Development Board
NPOC	-	National Policy for Older Citizens
NSP	-	National Social Policy
OFM	-	Operational Facilities Management
PAWE	-	Senior Citizen Activity Centre (Malay: *Pusat Aktiviti Warga* Emas)
PbRCH*ƒ*E	-	Public Residential Care Home for the Elderly
PTWEN	-	Plan of Action for Older Persons (Malay: *Pelan Tindakan Warga Emas Negara*)
QMS	-	Quality Management System Standards
RCH*ƒ*E	-	Residential Care Home for the Elderly
RE	-	*Rumah Ehsan*

RICS	-	Royal Institution of Chartered Surveyors
RO	-	Research Objective
RQ	-	Research Question
RSK	-	*Rumah Seri Kenangan*
RTB	-	Tunas Budi Home (Malay: *Rumah Tunas* Budi)
RTC	-	Rural Transformation Centres
SCFM	-	Social Care Facilities Management
SCFMA	-	Social Care Facilities Management Audit
SOP	-	Standard Operating Procedure
SSM	-	Companies Commission of Malaysia (Malay: *Suruhanjaya Syarikat* Malaysia)
STCH	-	Short Term Care Home
SUHAKAM	-	Human Rights Commission of Malaysia
UK	-	United Kingdom
UN	-	United Nations
UPM	-	Universiti Putra Malaysia
UTC	-	Urban Transformation Centres
WHO	-	World Health Organisation
WPO	-	World Population Organisation
WOKU	-	Division of Person with Disabilities
WTK	-	Unit of Senior Citizen and Family

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CHAPTER 1

INTRODUCTION TO RESEARCH

1.1   Preamble

"*Old age is the most unexpected of all the things that happen to a man.*"

Leon Trotsky (1879 – 1940)

The world is facing a situation without precedent: We will soon encounter an unbalance situation when there will be more older people (elderly) than children and more people at extreme old age than ever before. As both the proportion of elderly and the length of life increase throughout the whole world, it leads to an issue called aging. For the past 25 years, politicians, academics, and the laypeople have been discussing about the fact that the world's population is aging (Wacker & Roberto, 2011). The year 2000 marked the first time ever in human history that the number of elderly has reached 600 million people and the number is expected to climb well into the middle of this century to a projected 2 billion of elderly people (United Nations, 2007). Virtually across all countries, with the exception of Africa, have experienced or are on the verge of experiencing a marked growth in their aging population.

Today – in Malaysia and elsewhere, there are more elderly people in the population than ever before. World Population Organisation (WPO) of the United Nations (UN) states that when the population at the age of 60 or above in a certain

country reached for at least 10 per cent of the total population, or the population at the age of 65 or above accounts 7 per cent in the whole population, it can be defined that the whole population is aging and this country or region has become aged (Abdul Rani, 2007; Bernama, 2010; Saravanabavan, 2012; Sanmargaraja, 2012; Zhang, 2012). It is assumed that Malaysia will reach the status of an ageing nation by year 2030, when those aged 60 years old and above will make up 15 per cent of the total population (Ganesan, 2010; Aurora, 2011; Firdaus, 2011; Rattanachot, 2011; Bernama, 2011; Ajang, 2012; Tugong, 2012; Gun, 2012; Ambigga *et al.*, 2011). Population aging is caused by two factors, which are the declining fertility rates and increasing longevity. People are living longer due to socio-economic developments and improving medical technology (Ajang, 2012; Ibrahim, 2011; Ganesan, 2010; Yazid, 2012; Bernama, 2010; Mafauzy, 2000; Selvaratnam et. al, 2009; Abdul Rani, 2007; Forsyth & Chia, 2009). The advancement of medical facilities development, especially in the developing countries has successfully extended the life expectancy, where population increases seems to be concentrated (Aurora, 2011; Karim, 1997; Chen, Ngoh & Harith, 2012). Evidences show that the society is getting older.

Malaysia's population as of today is not predominantly elderly. However, the real number of elderly has increased considerably. Presently, the total population of the elderly is approximately 2.4 million, representing 8 per cent of the Malaysian population of 28 million (Ministry of Health, 2011; Ajang, 2012; Ibrahim, 2011, Gun, 2012; Firdaus, 2011; Bernama, 2011; Mohd. Noor, 2011). The census also projected that the percentage of elderly in our country is expected to reach 3.2 million by year 2020 which marked 9.9 per cent of the Malaysian population (Ajang, 2012; Ibrahim, 2011; Yazid, 2012; Aurora, 2011; Gun, 2012; Firdaus, 2011; Bernama, 2011; Sanmargaraja, 2012; Malaysian Institute of Economic Research (MIER), 2006; Mafauzy, 2000; Sherina et. al, 2004; Selvaratnam et. al, 2009; Abdul Rani, 2007; Mohd. Noor, 2011). It showed a clear indication that demographic ageing is taking shape in our country.

Population aging is a matter of great concern for the health sector. As the number of the elderly in this country is increasing by years, it highlighted the need of the elderly for better health care services and programme (Selvaratnam, & Tin, 2007; Sulaiman, Baldry & Ruddock, 2008; Mafauzy, 2000). Davies (1985) and Karim (1997) emphasised that the increasing age of the elderly is often associated with the

higher morbidity, higher use of health services (number of visits to doctors and hospitalisations) and greater demand for specialised services. All these factors will contribute to an increase in the complexity of health services required (Karim, 1997).

It is expected that there will be a higher demand for Residential Care Home for the Elderly (RCH*f*E) whilst to meet with the country's demographic changes (Leung, Yu & Yu, 2012; Sanmargaraja, 2012). The reliance of elderly on the residential care home or sometimes which is also known as the elderly nursing home has clearly shown an increase over the decade (Nasser & Doumit, 2011; Wan Ahmad, Ismail & Che Mamat, 2003). The expansion of health care related services, management, monitoring and oversee of RCH*f*E has demanded greater accountable measures by these institutions (Nasser & Doumit, 2011). As both the elderly population and demand for the elderly homes continued to climb, the aspirations for having a quality RCH*f*E are much higher. Elderly and their guardians seek to demand and stipulate a greater quality of service, suitable structures and a functional health care system in order to meet with their needs. Therefore, it is important for the RCH*f*E providers and management team to provide a better quality of health care services for the elderly in our country.

This chapter will discuss about the introduction to the study entitled "*Social Care Facilities Management Audit (SCFMA) at the Residential Care Home for the Elderly (RCHfE) in Malaysia: A Case Study of Rumah Seri Kenangan (RSK)*". The study was conducted to explore and understand the current standards being employed at the RCH*f*E in Malaysia. It aimed to study about the SCFMA at the RCH*f*E in Malaysia and then to propose a guideline of SCFMA for future development and management of RCH*f*E.

1.2   Research Background

Nowadays, one of the current major issues in our world is the expansion of the social care sector, especially the health and care service delivery for the elderly. Since a decade ago, there has been an increasing international awareness of health issues relating to aging populations (Szucs, 2001). Traditional perceptions of old age have been challenged during the past few years. The elderly are an important population in a country and they are not supposed to be taken as a burden on society, but rather as a national asset. The elderly play a respectable role in today's society in which it can

be highly beneficial for all the young generation and less-experienced people. Elderly offer the young generation much in the way of accumulated knowledge and historical accounts, as well as being engaged in the workforce and in their own families.

In the recent years, the rapid development process in Malaysia has led to significant socioeconomic and demographic transformations. When the rate of fertility and mortality decreased, it has resulted in increasing survival of population to later life (Karim, 1997; Bernama, 2010). Research shows that the proportion of the elderly in our country is increasing by years (Karim, 1997).

Census 2010 revealed that the total population of Malaysia was 28.3 million and it hit 30.2 million of people in year 2014 when compared to 23.3 million in year 2000 (Department of Statistic Malaysia, 2015). Refer **Figure 1.1**.
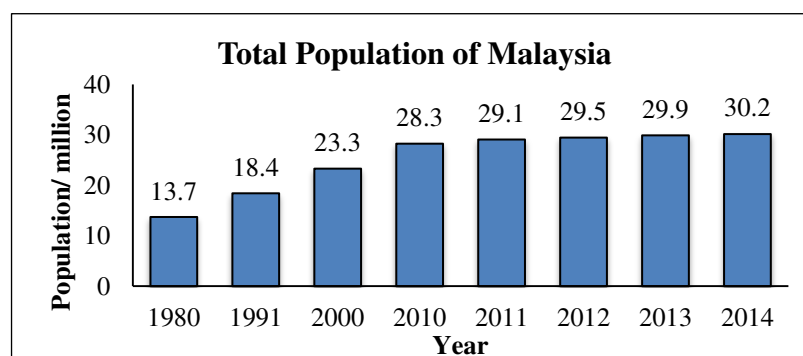
Figure 1.1: Total Population of Malaysia
(Department of Statistic Malaysia, 2010; 2015)

For many developed nations in Asia, the ageing of population has become a common phenomenon as a result of increasing longevity and declining fertility. Economic and Social Commission for Asia and the Pacific (ESCAP) pointed out that the number of elderly aged 60 years old and above in Asia, as a whole, will increase more than double, which will increase from 322 million people in year 2000 to approximately 705 million people in year 2025 (Malaysian Institute of Economic Research, 2006). Thus, developed countries such as Japan and Singapore will likely have the oldest population by year 2030.

If compared to the developing countries, the proportion of elderly in our country is still small. However, the increasing numbers of the elderly in Malaysia had resulted to a higher rate of increment for the elderly age group than the other age

group. This implied the need to address the problems faced by the elderly group, especially the health care issues (Arokiasamy, 1999). Hence, based on this statement, it is important for the RCH*f*E providers to plan for a variety of health care systems and service delivery to meet with the special needs of the elderly.

In addition, the government of Malaysia has aware about the issue of aging that will take place in our country for the next few years. It is promising to note that more attention is currently being paid to the ageing population in Malaysia. The government of Malaysia took an action to formulate the National Policy for the Elderly in year 1995 and the setting up of the National Elderly Health Council in year 1997 shown that the government is committed to provide a better health care service delivery for the nation's elderly. It is also assuring to note that the NGOs, voluntary organisations, private sectors and the community are equally committed in supporting the well-being of the elderly.

The policies aimed to maintain and improve the health and functionality of the elderly in our country. Subsequently, several action plans were initiated by the government in line with the policy objectives. In addition, sub-committees were recruited to help in implementing programs and activities specifically for the elderly population. As with many other Asian countries, the government of Malaysia continued to encourage family-oriented support system to cut down and to minimise the budgetary burden. RCH*f*E should be considered only as a last resort.

Though Malaysia is at the less severe end of the ageing scale, it will still set significant challenges for our country in the next few decades and Malaysia has to prepare itself for it. The DSW Malaysia, in line with the Ministry of Women, Family and Community Development (MWFCD), provide two forms of assistance and helps for the nation's elderly, which are the monetary aid (Malay: *Bantuan Orang Tua*) and prosthetic assistance (Malay: *Bantuan Alat Tiruan*).

In line with the provision of RCH*f*E in Malaysia, Sulaiman (2011) has identified that there are three types of institutional care provided by the government, that is:

(1)   Residential Care Home for the Elderly (RCH*f*E);
(2)   Nursing Care Home for the Elderly (*n*CH*f*E); and
(3)   Day Care Centre (DCC).

Currently, there are eleven (11) public care institutions that are allocated under the management of DSW and 165 centres running by the non-government and private organisations across Malaysia. The management process of the RCHƒE will be further discussed in **Chapter 2**.

1.3 Problem Statements

Malaysia currently has about 3 million of elderly population and the number is rising. The increasing number of elderly population in Malaysia will lead to a greater demand for the RCHƒE in the next few years (Leung, Yu & Yu, 2012). The trend of increasing proportion of the elderly population showed a need for the nation to prepare in advance, especially in providing adequate facilities, infrastructures and health care for the senior citizens (Aurora, 2011).

Malaysians, with the typical Asian culture, have a long tradition of filial piety for the elderly parent. It is the children's responsibility to provide sufficient health and social care support for their elderly parent. Unfortunately, the culture of familial care for the elderly parents within the young generation in Malaysia is fading (Malaysian Institute of Economic Research, 2006; Rengasamy, 2008). The value of family is fading away and changing. The process of modernisation, urbanisation and migration for work has caused the young adults to leave their parent at home and living apart. This has indirectly reduced their ability to provide their elderly parent with good health care and supports (Sulaiman, 2011). In the end, the young generation will send their elderly parents to the RCHƒE as the solution.

In addition, National Population and Family Development Board (NPFDB) had conducted the Fourth Malaysian Population and Family Survey in year 2004. Malaysian Population and Family Survey (Malay: *Kajian Penduduk dan Keluarga Malaysia*, KPKM) is a serial research conducted by NPFDB systematically every ten years since 1974 (National Population and Family Development Board, 2013). The Fourth KPKM revealed that about 675,000 or one out of three elderly people aged 60 years old and above, were abandoned and did not receive financial support from their children (Sim, 2012; Kumar & Lai, 2011).

Furthermore, the numbers of elderly ending up in the welfare homes after being abandoned by their families at public hospitals is increasing. According to *The Star* newspaper, the Head of Department for Medical Social Work in Hospital Kuala Lumpur, Hasnah Sulaiman, argued that up to June 2012, there were 157 elderly people aged 60 years old and above being abandoned by their families at the hospital. Report revealed that a total of 205 elderly were abandoned in year 2011 and 95 per cent of them came from poor families (Lim & Yuen, 2012). In most cases, the guardians refused to take their elderly parent back and some were unable to be contacted because of fake telephone numbers and addresses were given during registration. As a consequence, the hospitals have no choice but to hand over the neglected elderly patient to the RCH*f*E which either run by the government, private or the non-government organisations. Unfortunately, even these shelters are now almost filled up (Lim & Yuen, 2012; Sue, 2012).

As the demand for the RCH*f*E is increasing, there are now a total of 176 residential cares managed by DSW, private and non-government organisations. Although the government of Malaysia has set up several RCH*f*E to provide healthcare services for the nation's elderly, the provision and accessibility to formal long-term care is still uneven between urban and rural areas (Malaysian Institute of Economic Research, 2006).

The social care institutions are slow to respond to changes in demography and demand from the society (Ganesan, 2010). The existing RCH*f*E will not be adequate to meet with the expected demand from the society for the next few years as more social care institutions would be required (Mafauzy, 2000). The trends show a need for the nation to prepare in advance, especially in providing adequate facilities, infrastructure, health and social care for senior citizens (Aurora, 2011).

To achieve the standards of care practices at the Care Home for the Elderly (CH*f*E), the Commission of Social Care Inspection (CSCI) in United Kingdom has developed a *National Minimum Standards (NMS): Care Homes for the Older People*. The detailed NMS covered the minimum aspects with which the nursing and residential CH*f*E must comply under the Care Standards Act 2000. In United Kingdom, the *NMS for Care Homes for Older People* are applicable to all care homes in providing accommodation and nursing or personal care for the older people in the country (Commission for Social Care Inspection, 2006).

However, Sulaiman (2011) pointed out that Malaysia does not have such a NMS being used as a reference or practices at any CH*f*E in Malaysia. On top of that, Taye (2012) agreed that currently there is no common legislation concerning the set up or running of care home services in Malaysia. Therefore, it is quite common to see a wide degree of differences between the qualities of care being provided by these set-ups. In addition to that, there is also no Facilities Management Audit (FMA) being conducted to audit standards delivered at the public RCH*f*E in Malaysia.

During the 1st National Elderly Symposium held on November 2013, Shamsul Bahari (2013) has addressed several topics regarding to the policies and management of the elderly care home in Malaysia, which are:

(1)   Poor awareness of the policies from the perspective of the stakeholders. The content of the policies are poorly understand and it is not easily accessible to the stakeholders;

(2)   Definition on the standard of care for the elderly is required;

(3)   The importance of establishing the standard of care for the elderly by defining the type and level of care required;

(4)   The issues on setting up facilities for the elderly care;

(5)   There is a need for standardisation and accreditation for facilities used for the care of the elderly; and

(6)   The importance of establishing the definition on the term for facilities used in the elderly care homes.

Similarly, during the National Conference on Ageing 2014 that was conducted in November 2014, the participants have pointed out several issues as the following:

(1)   Poor enforcement of relevant Acts and regulations by the authorities in managing RCH*f*E in Malaysia (Ibrahim, 2014);

(2)   Lack of universal design for the RCH*f*E in Malaysia (Hamid, 2014);

(3)   Inadequate Acts and supervision to manage long-term care homes (Poi, 2014);

(4)   Increasing demands for long-term care institutions in Malaysia (Goh, 2014);

(5)   The necessity to have new set of laws and regulations in the near future to regulate the social care institutions (Goh, 2014).

With reference to the above-mentioned statements, it has highlighted the needs and importance of conducting a comprehensive study on the current standards being employed by the RCHfE in Malaysia. Therefore, this study is justified to identify the relevant Acts or standards needed to regulate RCHfE in Malaysia.

1.4   Research Questions

(1)   What are the standards being employed at the Residential Care Home for the Elderly (RCHfE) in Malaysia?

(2)   Who documented the standards of practice for the Residential Care Home for the Elderly (RCHfE) in Malaysia?

(3)   What are the instruments being used to conduct Social Care Facilities Management Audit (SCFMA) at the Residential Care Home for the Elderly (RCHfE) in Malaysia?

(4)   How is the process of Social Care Facilities Management Audit (SCFMA) being practiced at the Residential Care Home for the Elderly (RCHfE) in Malaysia?

(5)   What are the setbacks for the implementation of Social Care Facilities Management Audit at the Residential Care Home for the Elderly (RCHfE) in Malaysia?

1.5   Research Aims

An inadequate knowledge of the operational Facilities Management Audit (FMA) practice in the social care organisation, especially in the provision of RCHfE in Malaysia continued to prevent researchers and practitioners from gaining knowledge and understanding of how the FMA approach could help in within the social care sector. The researcher aims to study the existing social care practices at RSK and to propose a guideline for SCFMA to be employed at the RCHfE in Malaysia.

1.6   Research Objectives

From the research questions derived, the objectives of the study are made;

(1)   To study the standards being employed at the Residential Care Home for the Elderly (RCHƒE) in Malaysia;

(2)   To examine the instruments of Social Care Facilities Management Audit (SCFMA) at the Residential Care Home for the Elderly (RCHƒE) in Malaysia;

(3)   To explore the Social Care Facilities Management Audit (SCFMA) at the Residential Care Home for the Elderly (RCHƒE) in Malaysia;

(4)   To determine the setbacks for the implementation of Social Care Facilities Management Audit at the Residential Care Home for the Elderly (RCHƒE) in Malaysia; and

(5)   To propose a guideline for Social Care Facilities Management Audit (SCFMA) at the Residential Care Home for the Elderly (RCHƒE) in Malaysia.

1.7   Research Scope and Limitations of the Study

In order to achieve the proposed objectives, the research scope and limitations of the study has been derived. The research scope and limitations of the study are as the following:

(1)   Review the provisions and requirements from Destitute Persons Act 1977, Care Centres Act 1993 and any other legislation related to the development of RCHƒE;

(2)   Review related guidelines and regulatory controls related for the development of RCHƒE in Malaysia; and

(3)   Identify the formal and informal standards being employed at the RCHƒE in Malaysia.

1.8   Importance of Research

This study is expected to benefit and provide references to the authorities such as the following.

1.8.1   The Elderly in Malaysia

This study aims to identify the SCFMA applied at the RCH*f*E, particularly RSK in Malaysia. The elderly people who are staying in RSK Malaysia are the one to receive the substantial benefits and advantages from this study. The research outcome is expected to propose a guideline of SCFMA for a better future management and development at the RCH*f*E. From that, facilities management (FM) in the RCH*f*E can be upgraded and enhanced simultaneously. Besides that, from the constructed guideline developed, the constructive lessons are particularly important to the elderly who is currently staying at the RCH*f*E. This study can be considered as a cornerstone in developing a better practice of health and social care to the current and future elderly population in Malaysia.

1.8.2   Government of Malaysia

This study helps to identify the current standards of SCFMA being employed at the RCH*f*E and to make improvement based on the outcomes of the research. It aims to propose a guideline of SCFMA for the RCH*f*E in Malaysia. It can be considered as an integrated standard for all the development of RCH*f*E in Malaysia. The outcomes of the research could be made by identifying and eliminating the poor and unsuitable practices, as well as malpractices delivered at every stage of FM in Malaysia. It helps for the future improvement of every social care institutions in Malaysia whilst providing a benchmark for the improvement of current standards and policies at the RCH*f*E. The research outcomes are expected to help the government of Malaysia to improve the health and social care service delivery at the national level to create a better future practices to Malaysians.

1.8.3 Providers of the Residential Care Home for the Elderly (RCHƒE) in Malaysia

The increasing number of elderly population in Malaysia will lead to a greater demand for RCHƒE in the next few years. It is important and crucial for the providers of RCHƒE to have a suitable guideline of SCFMA. An appropriate guideline of SCFMA will ensure smooth flow of social care delivery for the nation's elderly.

1.8.4 Academics

Today, the issues of aging and aging society are becoming more significant and important. Most university and college students will face these issues in their careers. For example, the Baby Boom generation has entered middle age and will move like a glacier into old age in the next few years. This mass of people will want services from professionals who understand their needs and concerns. Students in gerontology class will need to know about this aging population.

Postgraduates, lecturers and researchers could have the chance to touch on the topic of SCFMA at the RCHƒE in Malaysia. The practice of SCFMA is a new and potential sector in Malaysia. It contributes to the national growth economic. This study is able to guide them to understand and explore more in the chapters relevant to the SCFMA in Malaysia, especially for the students and lecturers in Real Estate and Facilities Management courses. This study could act as a reference to the academia in their future studies.

1.9 Methodology

This study comprised several types of methodologies or approaches in order to collect the relevant data for the research.

(1)   **Primary Data**

Data is obtained from the interview sessions with the care home managers of the RCHƒE and social care professionals.

(2)   **Secondary data**

Data is obtained from websites, books, theses, journals and any other relevant channels.

1.10   Organisation of the Thesis

The diagram of the whole research process will be portrayed at the end of this chapter. **Figure 1.2** explains the whole process of the research.

1.10.1 Chapter 1: Introduction to Research

This chapter is the foundation chapter of the study as it provided preliminary knowledge to the research. It elaborated the whole research process while emphasizing the research problems, emergence of inquiry, research aims, construction of research questions and research objectives as well as the significance of the research.

1.10.2 Chapter 2: Literature Review

This chapter imparted the findings and readings of a literature review that have been carried out for the acknowledgement towards the existing researches, works and thoughts of the experts and practitioners within the subject field. **Chapter 2** covered the definitions and concepts pertaining the general typology and standards being employed at the RCH*f*E in Malaysia. Firstly, the chapter will review the demographic structures of the elderly in our country before it proceeded to identify the formal and informal standards being employed at the RSK in Malaysia. Furthermore, this chapter will study about the current standards and SCFMA at the RCH*f*E. It will be further elaborated with the guidelines and Acts which has been formulated by the government of Malaysia.

1.10.3 Chapter 3: Research Methodology

In this chapter, it explained the research strategies and research approaches applied in the study. It comprised an overview of research methodology for this study. In addition, it highlighted the selected and adopted methods for the completion of this study along with the techniques of data analysis, software and tools that have been utilised. The selected research method for this study is to conduct interview sessions with care home managers of RSK and social care professionals based in Malaysia.

1.10.4 Chapter 4: Data Analysis and Results

This chapter consisted of the data analysis and results for the methods employed. The data obtained are analysed and presented in this chapter. Findings will be further discussed in **Chapter 4**.

1.10.5 Chapter 5: Conclusion and Recommendations

This chapter presented the conclusion of the whole study, while providing suggestions to pave the way for continuing research on this topic. Generalisation will be portrayed as the contribution to the existing knowledge within this study particularly in the sphere of Social Care Facilities Management (SCFM). Furthermore, the limitations of the study are briefed at the end of the paper.

RESEARCH TITLE:
Social Care Facilities Management Audit (SCFMA) at the
Residential Care Home for the Elderly (RCHƒE) in Malaysia:
A Case Study of *Rumah Seri Kenangan* (RSK)

RESEARCH QUESTIONS	**RESEARCH OBJECTIVES**
RESEARCH QUESTION (1) What are the standards being employed at the RCHƒE in Malaysia?	**RESEARCH OBJECTIVE (1)** To study the standards being employed at the RCHƒE in Malaysia.
RESEARCH QUESTION (2) Who documented the standards for the RCHƒE in Malaysia?	**RESEARCH OBJECTIVE (2)** To examine the instrument of SCFMA at the RCHƒE in Malaysia.
RESEARCH QUESTION (3) What are the instruments being used to conduct SCFMA at the RCHƒE in Malaysia?	**RESEARCH OBJECTIVE (3)** To explore the practice of SCFMA at the RCHƒE in Malaysia.
RESEARCH QUESTION (4) How is the process of SCFMA being practiced at the RCHƒE in Malaysia?	**RESEARCH OBJECTIVE (4)** To determine the setbacks of implementing SCFMA at the RCHƒE in Malaysia.
RESEARCH QUESTION (5) What are the setbacks for implementing SCFMA at the RCHƒE in Malaysia?	**RESEARCH OBJECTIVE (5)** To propose a guideline for the SCFMA at the RCHƒE in Malaysia.

RESEARCH SCOPE:
Rumah Seri Kenangan (RSK) in Malaysia

LITERATURE REVIEW

DATA COLLECTION

PRIMARY DATA • Interview Session	**SECONDARY DATA** • Books and Journals • Websites

DATA ANALYSIS

CONCLUSION

Figure 1.2: Research Framework
(Researcher's study, 2013)

1.11 Summary of the Chapter

This chapter is the foundation of the study as it imparted the general introduction to the research work. In general, it elaborated the whole research process and it aimed to summarise the important points for the study. **Chapter 1** comprised of eleven (11) sub-topics, which are the (1) Preamble, (2) Research Background, (3) Problem Statements, (4) Research Questions, (5) Research Aims, (6) Research Objectives, (7) Scope and Limitations of the Research, (8) Significance of the Research, (9) Research Methodology, (10) Organisation of the Thesis, and lastly, (11) Summary of the Chapter. It aimed to develop a basic knowledge for the research audiences.

The idea of the study will be further elaborated in the following chapters, in which **Chapter 2** will discuss about the Literature Review, **Chapter 3** about Research Methodology; **Chapter 4** with data analysis and results while the last chapter will be the conclusion and recommendations of the study.

CHAPTER 2

LITERATURE REVIEW

2.1   Introduction

This chapter reviewed the literature in regards to the study. It imparted the findings and readings of a literature review that have been carried out for the acknowledgement towards the existing researches, works and thoughts of the experts and practitioners within the subject field. This chapter will specifically cover the context on the elderly and social care service delivery. From this premise, the definition and context of the elderly and social care service delivery are explained comprehensively. Firstly, the chapter will review the general demographic structures and population rate of the elderly in Malaysia before it proceeds to identify the living arrangement provisions for the elderly in our country. This chapter will further discuss the policies made by the government regarding to the social care for the elderly in Malaysia. It will study about the elderly and its needs, the long-term care provision for the elderly and finally the structure of care home for the elderly offered by the providers in our Malaysia.

2.2　　　Background of the Elderly

2.2.1　　Stages of Human Development (Human Life Cycle)

"Growing old is compulsory. Growing up is optional."

Bob Monkhouse (1928 – 2003)

Life is all about growing up and growing old. Humans grow and age through various stages in their lifetime. It is a process known as the human life cycle. All the way along the human life cycle, there are various points that offer the individual a range of growth and development, both on physical and emotional levels (Stern, 2011).

The five main stages of human life cycle include birth, infancy, childhood, adolescence and adulthood. Birth is the first stage of human life cycle when the new born infant comes out from its mother's body whereas infancy lasts from birth through the first year of life. Infancy is the second stage of the human life cycle when the child is dependent on others for her life and safety. On the other hand, childhood is considered to be the third stage of the human life cycle, which lasts about ten years to age 11 or 12. The fourth stage of the human life cycle is known as adolescence, lasting from about age 12 to 18. Individual will undergo many physical, emotional, intellectual changes and is preparing for adulthood. Lastly, adulthood is the longest stage in the human life cycle and it lasts from age 18 to old age. Old age is identified to be the last part of adulthood (Stern, 2011; Rowbottom & Spicer, 2010; Advocates for Youth, 2008). Refer **Figure 2.1**.
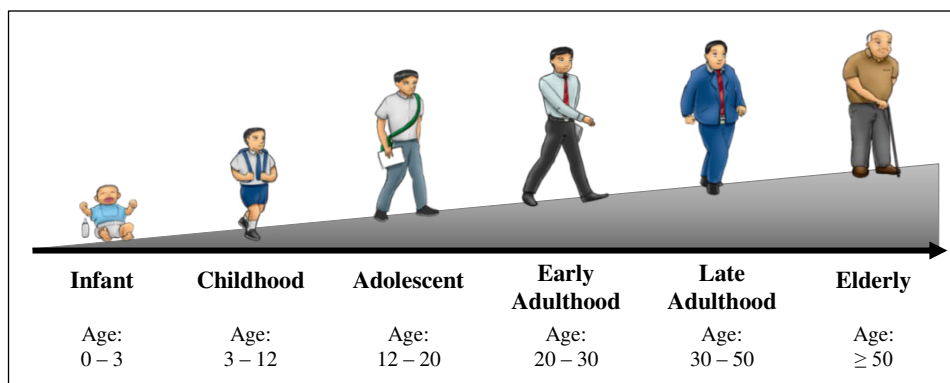

Figure 2.1: Human Life Cycle
(Researcher's study, 2013)

2.2.2   Definition and Context: The Elderly

In this 20th century, '*old age*' has been a frequent topic of discussions, reports, and even governmental policies. Issues on old age or elderly are likely to increase as the century progresses. According to Karim (1997), ageing can be defined as a biological, sociological, economic and chronological phenomenon.

'*Elderly*' is an old adjective dating back hundreds of years. It originated from an even older noun, called elder, in which the Oxford English Dictionary traced to the 10th century and defined it as "*in a wider sense, a predecessor, and one who lived in former days*" (Weeks, 2013).

Elderly people are labelled with the similar image in which they are painted with the same brush and in the same grey colour. Generally, when we referred to the word 'elderly', the picture that appeared firstly in our mind is the changes of physical appearance. The most obvious changes in the elderly's physical appearance are skin thinning, wrinkled skin and grey hair (McNamara, 2010).
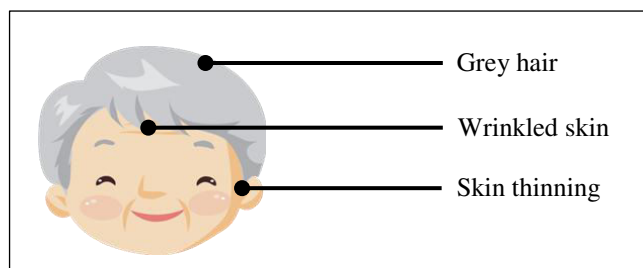
Figure 2.2: Physical Appearance of an Elderly
(Researcher's study, 2013)

Aging inevitably means physical decline where energy reserved dwindle, cells decay and muscle mass decreased. During late adulthood, the senses begin to dull. With age, the lenses of the eye discolour and become rigid, interfering with the perception of colour and distance and the ability to read. In addition, the elderly's hearing also diminished, especially the ability to detect high-pitched sounds (Newmark, 2007; Newswire, 2006; Schwartz, 2012; NIH Senior Health, 2012). Therefore, in short, aging can be translated into decline, frail and vulnerable.

When does old age begin? The tag elderly is generally given to a person who is between 58 – 65 years old and has superannuated from active service (Rajagopal, 2010). The term 'elderly' is a very subjective term. According to World Health Organisation (2013), the chronological age of 65 years old have been adapted by most developed world countries as a definition for an elderly. Back in Britain at 1875, the Friendly Societies Act has enacted the definition of elderly as "*any age after 50*", yet pension schemes mostly used age 60 or 65 years for eligibility (Roebuck, 1979). Elderly age is often associated with the age at which one can begin to receive pension benefits. Likewise, World Health Organisation (2005) also added that the start of old age or elderly in the Western societies is considered to be the same as the retirement age, which is between 60 to 65 years old. For instance, the elderly age in United Kingdom started when the people reached the pension age of 60 years old for women and 65 years old for men (Sulaiman, 2011; Age United Kingdom, 2013).

On the other hand, with reference to the statement made at the World Assembly on Aging in Vienna in year 1982 (Selvaratnam et al., 2008, Sanmargaraja, 2012), the DSW Malaysia (2012b) claimed that elderly in Malaysia are defined as those who aged 60 years old and above. In Malaysia, there is no specific provision of law defining the term of elderly. The common use on the age at which a person becomes old is assumed to be equivalence with the biological age. Therefore, National Policy of Senior Citizen Malaysia acknowledged elderly to be people who aged 60 years old and above (Public Service Department of Malaysia, 2013). This resolution has been accepted by the academicians and related parties for research reports and forums.

Even though there are commonly used definitions regarding of elderly, there is no general agreement on the age at which a person becomes old. The definition is somewhat arbitrary. Old age is thus regarded as that time of life when people, because of physical decline, can no longer carry out their family or work roles.

2.2.3 The Elderly in Malaysia

The world is ageing and Malaysia is no exception. Today – in Malaysia and elsewhere, there are more elderly people in the population than ever before.

According to Department of Statistic Malaysia (2010), the average annual population growth rate for the period 2000 – 2010 is 2.0 per cent. The rate was lower compared to the 2.6 per cent of average annual population growth rate for the period of 1980 – 2000. Refer **Figure 2.3**.
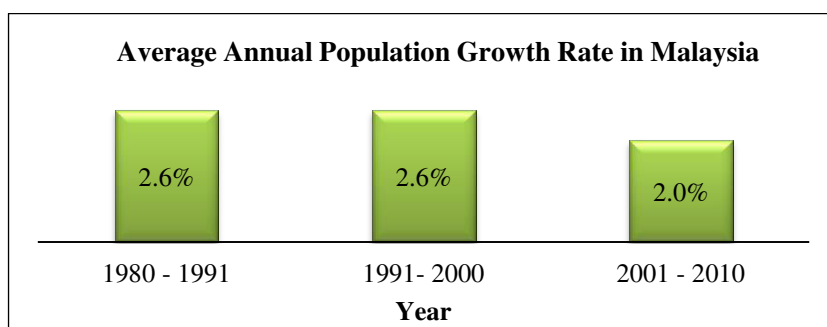
Figure 2.3: Average Annual Population Growth Rate in Malaysia
(Department of Statistic Malaysia, 2010)

The proportion of the population below the age of 15 years old in Malaysia for year 2010 has decreased to 27.6 per cent compared to 33.3 per cent in year 2000. In contrast, the proportion of population above the age of 65 years old in Malaysia for year 2010 has shown significant increase to 5.1 per cent when compared to 3.9 per cent in year 2000 (Department of Statistic Malaysia, 2010). Refer **Figure 2.4**.
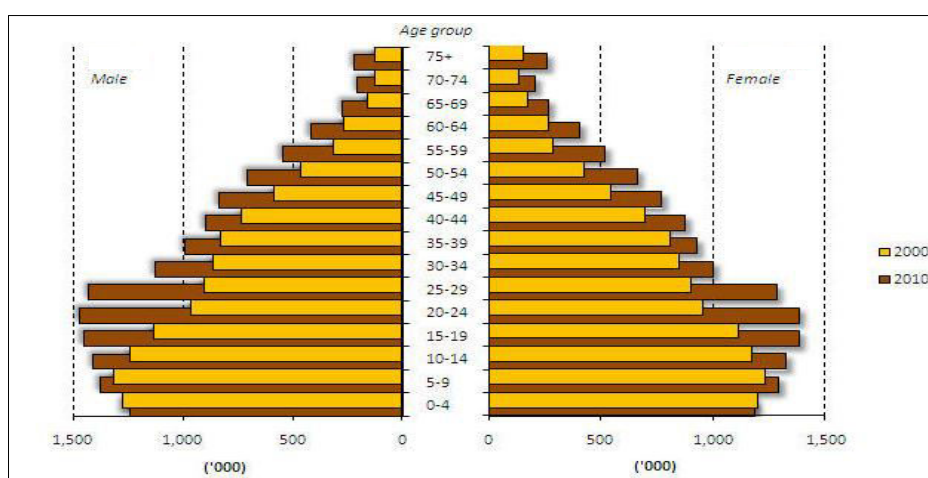
Figure 2.4: Malaysia Population Pyramid – Year 2000 and 2010
(Department of Statistic Malaysia, 2010)

It is estimated that the population aged 65 years old and above in year 2040 will be projected more than three folds of the 2010 population. The changes in the age structure of the population can be seen from the population pyramid in **Figure 2.5**. In year 2010, the shape of Malaysia population pyramid is regressive and is expected to remain until year 2040. Regressive population pyramid has a smaller base and it indicates a low birth rate and has convex slopes which reflect adult population mortality rate is low. In addition, the population pyramid as shown below indicates a flat and boarder apex which highlighted a rise in the elderly population (Department of Statistic Malaysia, 2013).
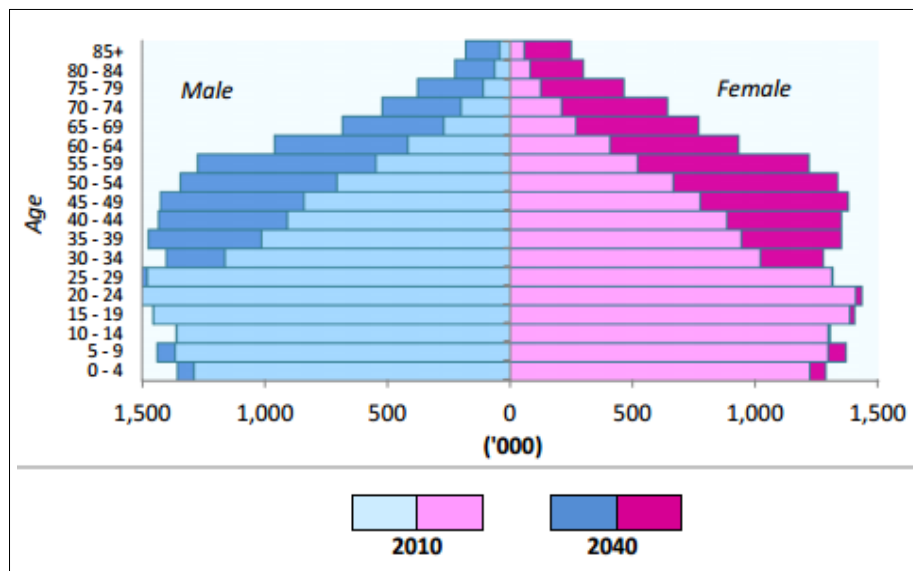
Figure 2.5: Malaysia Population Pyramid - Year 2010 and 2040
(Department of Statistic Malaysia, 2013)

Recent research by Aziz (2013) emphasised that the transition of population age structure in Malaysia is moving towards the aging population. The researcher also added that Malaysia is likely to reach the status of an aging nation by year 2035 when evidences show the shrinking fertility rate and declining total birth rate of the nation.

Table 2.1: Elderly Demographic Pattern in Malaysia
(Aziz, 2013)

Indicators	1970	1980	1991	2000	2012
Median Age	17.4	19.6	21.9	23.6	26.8
Dependency Ratio (%)	100.4	82.6	74.0	64.3	46.4
Life Expectancy					
Male	61.6	66.4	69.2	70.2	72.3
Female	65.6	70.5	73.4	75.0	77.3
Growth Rate of:					
Total Population	2.6	2.3	2.6	2.6	2.2
Elderly Population	3.5	3.1	3.0	3.4	4.2
Percentage of Elderly from the Total Population	4.8	5.2	5.7	6.3	7.7

* **Remark**: A nation is considered an '*aging population*' when the fraction of the population aged 65 and over exceeds 8.0 – 10.0%

Referring to **Table 2.1**, the median age has increased from 23.6 years in year 2000 to 26.8 per cent in year 2012, while the dependency ratio decreased from 64.3 per cent in year 2000 to 46.4 per cent in year 2012 (Aziz, 2013). The trend of these indicators is in line with the transition of age structure towards aging population of Malaysia.

World Population Organisation of the United Nations stated that when the population at the age of 60 or above in a certain country reached for at least 10 per cent of the total population, or the population at the age of 65 or above accounts 7 per cent in the whole population, it can be defined that the whole population is aging and this country or region has become aged (Abdul Rani, 2007; Bernama, 2010; Saravanabavan, 2012; Sanmargaraja, 2012; Zhang, 2012). It is assumed that Malaysia will reach the status of an ageing nation by year 2030, when those aged 60 years old and above will make up 15 per cent of the total population (Ganesan, 2010; Aurora, 2011; Firdaus, 2011; Rattanachot, 2011; Bernama, 2011; Ajang, 2012; Tugong, 2012; Gun, 2012; Ambigga *et al.*, 2011). Population aging is caused by two (2) factors, which are the declining fertility rates and increasing longevity. People are living longer due to socio-economic developments and improving medical technology (Ajang, 2012; Ibrahim, 2011; Ganesan, 2010; Yazid, 2012; Bernama, 2010; Mafauzy, 2000; Selvaratnam et. al, 2009; Abdul Rani, 2007; Forsyth & Chia, 2009). The advancement of medical facilities development, especially in the developing countries has successfully extended the life expectancy, where population increases seems to be concentrated (Aurora, 2011; Karim, 1997; Chen, Ngoh & Harith, 2012). Evidences show that the society is getting older.

Malaysia's population as of today is not predominantly elderly. However, the real number of elderly has increased lately. Presently, the total population of the elderly is approximately 2.4 million people, representing 8 per cent of the Malaysian population of 28 million people (Ministry of Health, 2011; Ajang, 2012; Ibrahim, 2011, Gun, 2012; Firdaus, 2011; Bernama, 2011; Mohd. Noor, 2011). The census also projected that the percentage of elderly in our country is expected to reach 3.2 million people by year 2020 which marked 9.9 per cent of the Malaysian population (Ajang, 2012; Ibrahim, 2011; Yazid, 2012; Aurora, 2011; Gun, 2012; Firdaus, 2011; Bernama, 2011; Sanmargaraja, 2012; Malaysian Institute of Economic Research, 2006; Mafauzy, 2000; Sherina et. al, 2004; Selvaratnam et. al, 2009; Abdul Rani, 2007; Mohd. Noor, 2011). **Table 2.2** shows the population by age group for the elderly in Malaysia from year 2006 to 2010. It shown a clear indication that demographic ageing is taking shape in our country. Hence, the trend clearly highlighted the needs for the nation to prepare in advance, especially in providing adequate facilities, infrastructure and healthcare for the senior citizens.

Table 2.2: Population by Age Group (Elderly) in Year 2006 - 2010
(Abdul Samad & Mansor, 2013)

Age Group	2006	2007	2008	2009	2010
60 – 64 ('000)	927.4	989.1	1053.6	1116.5	1174.9
65 – 69 ('000)	655.2	687.0	723.0	764.4	811.5
70 – 74 ('000)	465.8	479.8	494.4	511.0	530.7
75 and above ('000)	315.7	328.6	342.3	355.5	367.8
Total Number of Elderly ('000)	2364.1	2484.5	2613.3	2747.4	2884.9
Total Number of Population (million)	26.64	27.17	27.73	27.90	28.25
% of Elderly from Total Population	8.87	9.14	9.42	9.85	10.21

2.3 The Elderly Living Arrangements in Malaysia

Though Malaysia is at the less severe end of the ageing scale, the next few decades will set significant challenges and Malaysia has to prepare itself for it. Malaysians, with the typical Asian culture, have a long tradition of filial piety for the elderly parent. Thus, it is their responsibilities to provide good and better health care support for their elderly parent. However, the familial care for the elderly parents in Malaysia has somehow getting lesser attention from the young generation nowadays (Malaysian Institute of Economic Research, 2006; Rengasamy, 2008; Sulaiman,