

ACHIEVING INCLUSION IN HEALTHCARE

*Barriers and solutions to quality healthcare services
for persons with disabilities*



VOX NOSTRA

Produced by:



Sponsored by:



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Introduction

Inclusive Practices in Healthcare is produced by the Disabled People's Association, Singapore (DPA) together with Tokio Marine Life Insurance Singapore (TMLS). See the "Acknowledgement" for further details of this collaboration.

The aim of this publication is to better understand the barriers faced by persons with disabilities when accessing healthcare services; note good inclusive practices in healthcare services; and make recommendations for improvements in the healthcare sector.

The Convention on the Rights of Persons with Disabilities is an international human rights treaty of the United Nations intended to protect the rights and dignity of persons with disabilities. Parties to the Convention are required to promote, protect, and ensure the full enjoyment of human rights by persons with disabilities and ensure that they enjoy full equality under the law. The Convention has served as the major catalyst in the global movement from viewing persons with disabilities as objects of charity, medical treatment and social protection towards viewing them as full and equal members of society, with human rights.

According to Article 25 of CRPD which Singapore ratified in 2013, persons with disabilities have the right to the same range, quality and standard of affordable health care and programmes as provided to other people. The Government shall also:

- provide health services needed by persons with disabilities specifically because of their disabilities;
- provide these health services near to where people live;
- ensure that healthcare professionals provide the same quality of care to persons with disabilities as to others; and
- prohibit discrimination against persons with disabilities in the provision of health and life insurance and health care services.

The Government has entered a reservation towards this Article.

A reservation is a statement, made by a State, whereby it purports to exclude or to modify the legal effect of certain provisions of the Convention in their application to that State: It allows the state to be a party to the Convention, while excluding the legal effect of the specific provision to which it objects.

The basis of this particular reservation was that it does not intervene in the commercial underwriting decisions of private insurers or mandate the coverage of persons with disabilities (the argument being that such intervention would result in increased premiums for all). On the other hand, the Government has made efforts to ensure that persons with disabilities have equal access to affordable and quality health services.

Structure

The booklet is divided into the following three sections:

- **Part I: Healthcare Situation**
What are the available healthcare services and financial assistance for persons with disabilities?
- **Part II: Barriers to Healthcare**
What are the barriers persons with disabilities face when accessing healthcare services?
- **Part III: Recommendations**
How can Singapore's healthcare system better accommodate and support the needs of persons with disabilities?

Methodology

The research was conducted with the support and participation of various healthcare stakeholders including persons with disabilities, families/caregivers of persons with disabilities and disability professionals (specialised personnel working with persons with disabilities). It involved a two-pronged approach:

- **Online surveys** by 25 participants: 22 persons with disabilities, 2 caregivers and one disability professional.

- Two **feedback sessions** with 12 persons with disabilities, 10 parents or caregivers of persons with disabilities and 5 disability professionals, engaging a total of 27 participants.

The disabilities represented were physical, intellectual/learning and sensory (hearing or visual). A wide age range was represented. The questions asked at the feedback session were both quantitative and qualitative in nature. Participants were asked a variety of questions pertaining to access to healthcare services, awareness of financial assistance and government schemes and the acceptance of public/private health insurance using a standard questionnaire designed by DPA.

DPA would like to thank all the participants who took the time to attend our feedback sessions and participate in the online surveys. Your involvement enables DPA to more effectively fulfil our mission: To be the voice of persons with disabilities.

The full text of the UN CRPD is available online at:

<http://www.un.org/disabilities/convention/conventionfull.shtml>

More detailed analysis of the UN CRPD is available online at:

<http://www.dpa.org.sg/wp-content/uploads/2015/06/Singapore-and-UN-CRPD.pdf>

**HEALTHCARE
SITUATION**



**BARRIERS TO
HEALTHCARE**



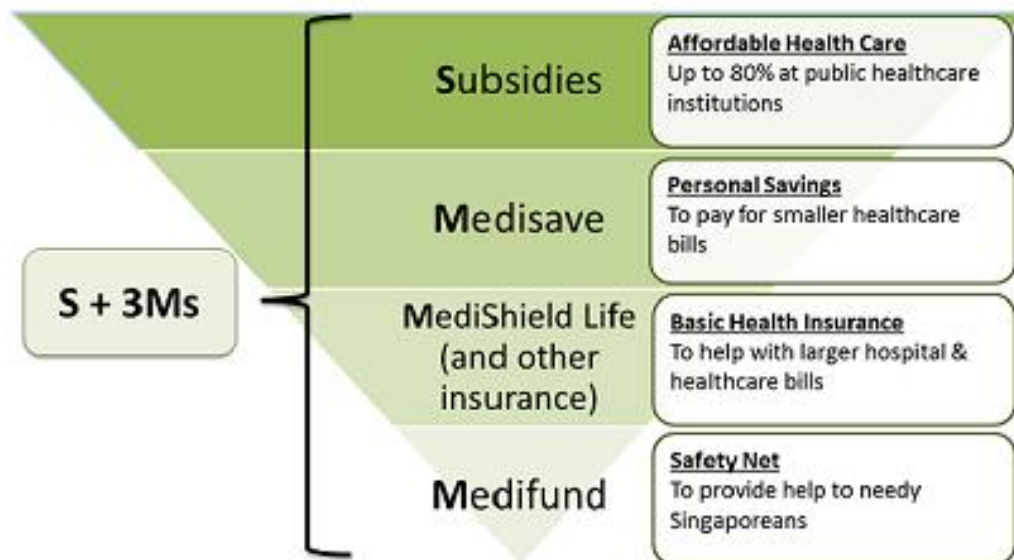
RECOMMENDATIONS





Part I: Healthcare Situation

“Universal coverage, multiple layers of protection”: Singapore has evolved a mixed financing system, with multiple tiers of protection to try and ensure that no Singaporean is denied access to basic healthcare because of affordability issues.



All graphics and illustrated examples relating to MediShield Life have been reproduced with kind permission of the Ministry of Health.

MediShield Life

Medishield was a basic health insurance scheme which helped pay for large hospital bills and costly outpatient treatments. On 1 November 2015, MediShield was replaced by MediShield Life which offers protection and higher payouts, so that patients pay less Medisave/cash for large hospital bills.

Medishield Life covers all Singapore Citizens and Permanent Residents, including older persons and those who have pre-existing conditions. It also offers protection for life.

The most noteworthy enhancement to MediShield, as far as people with disabilities are concerned, is that pre-existing conditions are now covered.

Example 1: Stroke

Hospitalised for 10 days in B2 ward, 4 days in ICU



	MediShield Today	MediShield Life
Bill After Subsidy	\$10,100	
Insurance Pays	\$5,290	↑ \$7,547
Patient Pays (Medisave / Cash)	\$4,810	↓ \$2,553

MediShield Life Pays More, Patient Pays Less

Note on example: Whilst it is commendable that a higher proportion of the total bill is paid by MediShield Life, there may well be ongoing costs after the hospital stay. It would always be hoped for a full and speedy recovery but there are times when recovery takes many weeks and may be only partial. In the meantime, the patient may need therapy to help with mobility or speech issues and specialised transport to enable him to attend the various appointments. Financial assistance for these ongoing issues is limited.

For more information on MediShield Life, please refer to
<https://www.medishieldlife.sg/>



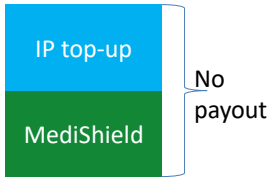
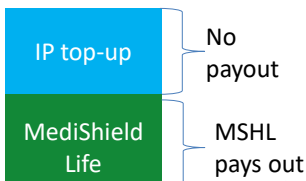
Integrated Shield Plan

You can supplement your MediShield Life coverage by purchasing Medisave-approved Integrated Shield Plans (IPs) offered by private insurers. These IPs provide you with additional benefits and coverage when you opt for Class A/B1 wards in public hospitals, or private hospitalisation.

IPs already comprise a MediShield Life component. There is therefore no duplicate coverage between MediShield Life and your IP. Your MediShield Life premium is incorporated within your IP premium, which is paid directly to the private insurer who will assist you with your claims. Your insurer will also sort out all back-end arrangements with CPF Board with regard to payouts and benefits from MediShield Life.

For persons with disabilities it is worth noting that MediShield Life covers pre-existing conditions BUT this does NOT mean your IP and private insurer will do the same. IP insurers make their own underwriting decisions for the top-up portion of the IP. If you have exclusions on your IP coverage, do consider carefully where you get treatment for excluded conditions.

Example: Impact of MSHL on IP policyholder with an exclusion

	When he is hospitalised for a knee injury...	
	Before	With MSHL
Coverage	 <ul style="list-style-type: none"> Jamie is covered by an IP, but has an exclusion on knee-related conditions 	 <ul style="list-style-type: none"> Jamie will be covered by MSHL for all conditions. The exclusion on knee-related conditions will only be applied on the IP top-up portion
Payout		

All graphics and illustrated examples relating to Integrated Shield Plans have been reproduced with kind permission of the Ministry of Health.

HOW MEDISHIELD LIFE AND PRIVATE HOSPITAL INSURANCE PLANS WORK

Many Singaporeans have bought private hospital insurance plans in the form of Integrated Shield Plans.

An Integrated Shield Plan has two parts:



- If you want more coverage (e.g. to cover the higher costs of private hospitals)
- Managed by a private insurer

- Enough to cover your large hospital bills in B2/C class wards in public hospitals
- Managed by the Central Provident Fund (CPF) Board

The premiums you pay to your private insurer already include the premiums for the MediShield portion.



How do I know if I have an Integrated Shield Plan?

If you are using Medisave to fully or partially pay for your private insurance and it is one of the plans listed below, you have an Integrated Shield Plan!

You can also check at cpf.gov.sg. Log on to **my cpf Online Services** with your SingPass. Go to "**My Messages**" and view the "**Insurance**" section.



Will I get subsidies for Integrated Shield Plan premiums?

Yes! You will receive subsidies for the **MediShield Life portion of your Integrated Shield Plan**, as long as you are eligible.



Will MediShield Life benefit me if I already have an Integrated Shield Plan?

The MediShield Life portion in your Integrated Shield Plan will cover you for life, including your pre-existing conditions. This is the case even if your pre-existing conditions are not covered under the additional coverage from your private insurer.



If you have an Integrated Shield Plan, you already have MediShield!



AIA HealthShield
Gold Max



Aviva
MyShield



Great Eastern
SupremeHealth



NTUC Income
IncomeShield



Prudential
PruShield

Other Government Schemes

If you are a Singaporean with a Central Provident Fund (CPF) savings account, you probably already have some money saved in government schemes like Medisave, Medifund, ElderShield and Medishield. These schemes help you pay for your healthcare costs.

Medisave	A national medical savings scheme to help Singaporeans and their immediate family pay for future hospital, day surgery and some outpatient bills.
Medifund	<p>A fund to help Singaporeans who cannot pay for their medical bills, despite subsidies already available. It can be used to pay for restructured hospitals (this means public hospitals that became government-run private companies), national specialty centres, and intermediate and long-term care services.</p> <p>Seniors who are aged 65 and older can apply for Medifund more easily through Medifund Silver.</p>
Eldershield	<p>Depending on the plan, ElderShield will pay a monthly cash benefit of \$300 per month for up to 60 months (Eldershield 300), or \$400 per month for up to 72 months (Eldershield 400), if you have a severe disability and need long-term care.</p> <p>The Ministry of Health has appointed three private insurers to administer ElderShield, namely, Aviva, Great Eastern and NTUC Income. If you are a Singapore citizen or Permanent Resident with a Medisave account, you are automatically covered by ElderShield when you reach 40 years old, unless you opt-out.</p>

Government Subsidies and Funds

Caregivers Training Grant (CTG)	<p>A \$200 annual subsidy that lets caregivers attend approved courses to better care for family members aged 65+ or with a disability. For further information, see http://www.aic.sg/CaregiversTrainingGrant/</p>
Community Health Assist Scheme (CHAS)	<p>Enables you to see a doctor or dentist near your home at lower cost. Referrals to Specialist Outpatient Clinics in public hospitals or the National Dental Centre are also subsidised. All members of the Pioneer Generation also get CHAS subsidies for common illnesses, chronic conditions under the Chronic Disease Management Programme (CDMP), some dental services and health screenings that are recommended by the Health Promotion Board.</p> <p>To qualify for CHAS, applicants must be Singapore Citizens and meet the following criteria:</p> <ul style="list-style-type: none"> • For households with income, the household monthly income per person must be \$1,800 and below. • For households with no income, the Annual Value (AV) of residence as reflected on the NRIC must be \$21,000 and below <p>For further information, see https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/Community_Health_Assist_Scheme.html</p>
Comcare	<p>Provides financial assistance</p> <ul style="list-style-type: none"> • Short to medium Term (3 months and less) if you or your family member are unable to find a job or work for a period of time and as a result, your household

	<p>needs financial help for a temporary period</p> <ul style="list-style-type: none"> • Long Term Assistance (also known as Public Assistance) if you are permanently unable to work due to old age, illness or unfavourable family circumstances. <p>For further information, see http://app.msf.gov.sg/ComCare</p>
Dependants' Protection Scheme (DPS)	<p>If you are a CPF member between 21 and 60 years old, DPS helps your family cope financially if you die, or become permanently incapacitated, before turning 60. DPS is a term-life insurance. This means the premiums you pay every year will not be invested or used as savings, and when you turn 60, no money will be returned to you.</p> <p>For further information see http://www.aic.sg/page.aspx?id=196</p>
Drug Subsidies	<p>Patients receive drug subsidies based on their paying status and the scheme under which the drug is covered (e.g. Standard Drug List, Medication Assistance Fund, inpatient drug subsidy, etc). Some drugs are subsidised only for specific clinical indications.</p> <p>For further information and the list of drugs subsidised at public healthcare institutions for eligible patients, see https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/drug_subsidies.html</p>
Enhancement for Active Seniors (EASE)	<p>Subsidises home modifications so that seniors can move around safely in their own homes. Such modifications may include slip-resistant treatment to bathroom floors, grab bars and ramps. For further information, see</p>

	http://www.hdb.gov.sg/cs/infoweb/residential/living-in-an-hdb-flat/for-our-seniors/ease
Financial Assistance Scheme (FAS)	<p>If you cannot pay the rest of your medical bills after using government subsidies, ElderShield and other initiatives, FAS can be used for the care cost. This is for Permanent Residents who have a Medical Fee Exemption Card or Public Assistance Special Grant card. For further information, see https://www.silverpages.sg/financial-assistance/Financial%20Assistance%20Scheme%20(FAS)</p>
Foreign Domestic Worker (FDW) Grant	<p>This Grant gives families \$120 a month to hire a foreign domestic worker and is applicable to one FDW per care recipient (person who receives care). There is a cap of two FDWs caring for two people in one household at the same time.</p> <p>For further information, see http://www.aic.sg/FDWGrant/</p>
Foreign Domestic Worker Levy Concession for Persons with Disabilities	<p>This Concession reduces the amount a family pays as a monthly foreign domestic worker levy from \$265 to \$60. The care recipient must see a doctor to get a Functional Assessment Report to show (s) he needs help with at least one Activity of Daily Living (washing, dressing, feeding, toileting, mobility and transferring).</p> <p>For further information, see http://www.aic.sg/FDWLevyConcession/</p>
Interim Disability Assistance Scheme for the Elderly (IDAPE)	<p>This Scheme helps Singapore citizens who were not eligible for ElderShield when it was launched in 2002, because they were too old or had existing disabilities. Under IDAPE, a person can collect \$150 or \$250 a month for up to 72 months. There is no restriction on how</p>

people use the money. They can use it to pay for their medical bills, nursing costs or even hire a domestic helper at home. If you are already covered by ElderShield, you will not be eligible for IDAPE.

On 1 April 2016, the Agency for Integrated Care (AIC) took over the administration of IDAPE from NTUC Income. Due to data and systems migration from NTUC Income to AIC, there may be some delay in the processing of applications.

For further information, see

[https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/Interim Disability Assistance Programme For The Elderly.html](https://www.moh.gov.sg/content/moh_web/home/costs_and_financing/schemes_subsidies/Interim_Disability_Assistance_Programme_For_The_Elderly.html)

Intermediate and Long Term Care (ILTC) Subsidies

ILTC services help those who still need care after being discharged from hospital and those who are frail and need assistance in their daily living. Examples of ILTC services are:

- Community Hospitals
- Nursing Homes
- Hospices
- Eldercare Centres
- Home-based services such as home nursing, home medical and home personal care services

The cost of ILTC services can be a significant burden as patients usually require care over a long period of time. Government provides subsidies to the lower and middle income to help with the costs of long term care. Subsidies are tiered, so that more needy households receive more help than households that earn more.

	<p>For further information, see https://www.moh.gov.sg/content/moh_web/medishield-life/resources---faqs/healthcare-financing-in-singapore.html</p>
Medical Fee Exemption Card	<p>You can get free treatment at restructured hospitals, polyclinics and approved intermediate and long-term care services if</p> <ul style="list-style-type: none"> • you are a Singapore citizen or PR or a stateless person (with documentary proof) • with savings \$6,000 or less, and less than \$700 in monthly per capita income, • resident in an MOH-funded VWO nursing home, chronic sick hospital, or inpatient hospice; or a private nursing home under the portable subsidy scheme and means-tested. <p>For further information, see http://app.msf.gov.sg/Assistance/Medical-Fee-Exemption-Card</p>
Pioneer Generation Disability Assistance Scheme (PioneerDAS)	<p>As part of the Pioneer Generation Package, the Government may provide \$100 per month to help Pioneers with moderate to severe functional disability defray long-term care expenses.</p> <p>For further information, see https://www.moh.gov.sg/content/moh_web/home/pressRoom/pressRoomItemRelease/2014/pioneer-generation-disability-assistance-scheme-to-commence-in-s.html</p>
Public Assistance	<p>If you cannot work because of old age, illness, disability or family circumstances, you can rely on a long-term grant from Public Assistance. The scheme offers free treatment in all polyclinics and government/restructured</p>

hospitals, CHAS GP and CHAS dental clinics, and intermediate and long-term care service providers run by VWOs or private nursing homes under the portable subsidy scheme (which means the private nursing homes have set aside beds for patients using MOH subsidies). You can also use the grant for your family's school-related fees and for basic living expenses.

For further information, see
<https://www.silverpages.sg/financial-assistance/Public%20Assistance>

Seniors' Mobility and Enabling Fund (SMF)

This Fund provides holistic support for seniors to age in place within the community by extending subsidies to Singaporean seniors:

- Requiring mobility and assistive devices for daily independent living and to remain ambulant in the community.
- Receiving government funded home care and care within the community, needing home healthcare items for their care, and
- Attending MOH-funded eldercare, dialysis or day hospice services who require specialised transport

Seniors who need subsidies for assistive devices, home healthcare items, or transport, can apply for the following SMF subsidies:

1. Assistive Devices: This refers to items that help older persons move around, such as walking sticks, wheelchairs and pushchairs. It also includes things that an older person may need at home, such as commodes, pressure relief cushions and hospital beds as well as spectacles and hearing aids.

	<p>2. <u>Transport</u>: For seniors attending any day services at the Ministry of Health-funded Eldercare Centres, Dialysis Centres or Day Hospices can get subsidies for their transport costs.</p> <p>3. <u>Home Healthcare Items</u>: Frail seniors who can stay in nursing homes but choose to stay at home and be supported by home healthcare services in their community can get subsidies for the cost of catheters, milk supplements, thickeners, adult diapers, nasal tubing and wound dressings.</p> <p>For further information, see http://www.aic.sg/SMF/</p>
Specialist Outpatient Clinic (SOC) Subsidies	<p>If you are a Singaporean or Permanent Resident, you can enjoy subsidised SOC treatment if you:</p> <ul style="list-style-type: none"> • Do not choose your specialist, and • Are referred by a polyclinic, or • Are referred by a public hospital where you were a subsidised patient, or • Are a Pioneer or Health Assist (CHAS) cardholder referred by your CHAS doctor <p>For further information and subsidy rates , see https://www.moh.gov.sg/content/moh_web/medishield-life/resources---faqs/healthcare-financing-in-singapore.html</p>

Specialised Disability-Related Services

Advance Care Planning

If an unexpected event should happen and you can no longer speak for yourself, can a family member be your voice? As you discuss your wishes and preferences in your Advance Care Plan, questions about completing legal documents such as the Advance Medical Directive (AMD) and the Lasting Power of Attorney (LPA) may come up:

- Advance Medical Directive (AMD) is a legal document stating you do not want to receive extraordinary life-sustaining treatment to prolong your life if you become terminally ill and unconscious, where death is imminent.
- Lasting Power of Attorney (LPA) is a legal document that you sign to appoint a donee to make financial or personal welfare decisions on your behalf when you no longer have mental capacity to do so (e.g. dealings with banks, CPF matters, where to live etc). However, the donee may not make any decision with respect to the carrying out or continuation of life-sustaining treatment.

For further information, see

<https://www.silverpages.sg/caregiving/Advance%20Care%20Planning>

AlCare Link (pronounced “I care”)

The AlCare Consultants are able to advise caregivers and their family members on getting the right care at the right place, enabling seniors to age-in-place. Information is available as to care-at-home, centre-based care services, caregiver support, assistance schemes/grants and training. For further information, see <http://www.aic.sg/AlCareLink/>

Day Rehabilitation Centre	<p>Occupational Therapy and physiotherapy are important for those with heart disease, or who have had a stroke, fracture or other condition that affects ability to do your daily routine such as getting around or going to the bathroom. It can assist full recovery. The estimated cost ranges between \$700 and \$1,200 a month (before means-testing) and excludes transport services.</p> <p>For further information, see https://www.silverpages.sg/care-services/Day%20Rehabilitation%20Centre</p>
HOListic care for MEDically advanced patients (HOME) Programme	<p>A palliative home care programme providing end-of-life medical and nursing care, psychosocial support for patients and caregivers, as well as Advance Care Planning (ACP) for terminally-ill patients with organ failure, to enable them to be cared for and die in dignity and in a setting of their choice.</p> <p>For further information, see http://www.aic.sg/HOME_Programme/</p>
Singapore Programme for Integrated Care for the Elderly (SPICE)	<p>A model of care developed by the Agency for Integrated Care (AIC) to provide comprehensive, integrated centre- and home-based services to support caring of older persons who are frail. SPICE enables older persons who have high care needs and are eligible for admission into nursing homes, to recover and age within the community.</p> <p>For further information, see http://www.aic.sg/page.aspx?id=782</p>

Private Health Insurance

The Government expressed reservation towards Article 25 on the basis that it does not intervene in the commercial underwriting decisions of private insurers or mandate the coverage of persons with disabilities. Unlike MediShield Life, private health insurance does not automatically cover pre-existing conditions. However some insurance providers now offer coverage for acquired disability: Tokio Marine Life Insurance Singapore (TMLS) is one of the first to do this. Others include Great Eastern, AIG and AIA insurance.

FIVE COMMON INSURANCE PLANS EXPLAINED

Death and Total Permanent Disability Insurance: A policy that pays out a large sum when you die or are severely and permanently disabled.



This type of policy is especially important if you are the sole provider in your family. The payout from this policy will provide for them if something happens to you. ”

Joy Chia, Associate Financial Consultant, Harold Ng & Associates

Accident Insurance Plan: A policy that pays out if you are injured in an accident. You might consider this type of policy if you are in your 20s and at the beginning of your career.



Accident plans are also a great first step towards becoming insured as the premiums are low and they cover accidents, which can happen to anyone at anytime. ”

Joy Chia, Associate Financial Consultant, Harold Ng & Associates

Hospitalisation Plan: A policy that pays out if you are hospitalised. This one is generally recommended for everybody.



Escalating medical costs make hospitalisation plans one of the most important types of insurance policies in this day and age. If you're only going to have one policy, make it a hospitalisation plan. ”

Ahamd Faris, Associate Manager, Manulife Singapore

Critical Illness Plan: A policy that pays out if you are stricken with a specific serious illness.



If you are stricken by a serious illness (specified by your insurance policy) and can no longer work, you'll need the payouts provided by this type of policy both to cover medical costs and to make up for your lost income. ”

**Simon Bird, Head of Distribution with Financial Consultancy
AAM Advisory**

Disability Income Insurance (DDI): A policy that compensates you for your loss of income due to illness or injury. DDI may pay up to 80% of your average monthly salary. The policy aims to ease your financial loss, but will not completely replace the income you earned before the accident or illness.

THE IMPORTANCE OF DEFINITIONS

Your term plan, whole life plan, endowment plan or Investment Linked Policy may cover death and “Total Permanent Disability” (TPD) so you may think that you are covered with disability insurance. The key is to look into the claim definitions of disability income and TPD.

See Annex 4 for some sample claim definitions.



Part II:

Barriers to Healthcare

Many social barriers have been removed or reduced for people with disabilities. But there is more work that needs to be done for persons with disabilities to become more independent and involved in their world. Good health is important to be able to work, learn and be engaged within a community.

Having a disability does not mean a person is not healthy or that he or she cannot be healthy. Being healthy means the same thing for all of us—getting and staying well so we can lead full, active lives. That means having the tools and information to make healthy choices and access to the relevant services.

Barriers in Policy

WHO HAS ACCESS TO FINANCIAL ASSISTANCE

Main Government schemes such as MediShield Life etc. apply to Singapore citizens and Permanent Residents. Seniors' Mobility and Enabling Fund (SMF) applies to Singapore citizens only. Disability Assistance schemes apply to Singaporeans and Permanent Residents. If you are PR, over 65 and acquire a disability you cannot access the SMF. Citizenship is often the criterion with regard to schemes and funds for older persons.

WHO HAS ACCESS TO PRIVATE HEALTH INSURANCE

According to Article 25 CRPD persons with disabilities have the right to the same range, quality and standard of affordable health care and programmes as provided to other people. The Government shall also prohibit discrimination against persons with disabilities in the provision of health and life insurance and health care services. The Government has expressed reservation towards this Article on the grounds that it does not intervene in the commercial

underwriting decisions of private insurers or mandate the coverage of persons with disabilities.

Private health insurance providers now offer insurance if you acquire a disability but there are many exclusions and high premiums.

Many persons with disabilities choose to be referred by a polyclinic rather than take out private health insurance (expensive) or go directly to a hospital (where you pay in full). Reference by a polyclinic gives you access to subsidies (whether or not you are a person with a disability).

ARE THE FUNDS SUFFICIENT TO MEET THE COST OF HEALTHCARE NEEDS OF PERSONS WITH DISABILITIES

The level of healthcare costs depends on the disability in question. The condition may be relatively static or it may be degenerative. There may be a one-off high cost item of assistive technology (e.g. a cochlear implant, \$17,000) or an ongoing need to buy consumables (e.g. catheters, diapers, absorbent tissues, medication).

A person with a relatively static sensory disability might have low outgoings on consumables, while a person with cerebral palsy or chronic illness may have costs exceeding SGD1000 per month. For someone who needs to self-administer injections several times a day, the cost of the medication may be covered but the cost of several syringes per day might be a regular and high outgoing.

There are a number of funds but it is not always easy to know which fund to use for which purpose.

VWO SUPPORT FOR HEALTHCARE NEEDS

Most persons with disabilities access healthcare/rehabilitation services through VWOs who are stepping in to fill the gaps left by government and private healthcare providers. For example, if you have Cerebral Palsy (CP) you will go to VWOs who organise workshops, OT, speech therapy, feeding clinics. Doctors come to the CP Centre. While those with mobility issues rely on HWA for their rehabilitation services.

IS THE MEANS TESTING ASSESSMENT FAIR

When assessing the eligibility for financial assistance of the person with a disability, the combined income of all the members of the household is taken into account. The combined income almost always takes the person applying for funding over the threshold.

“

To be eligible to apply for some of these schemes your income must be super low...most of the people are generally in the middle income range...these are the people who really suffer more, low income has no problem. ”

Feedback session participant

ARE THE TYPES OF SERVICE OFFERED RELEVANT

Under the Caregivers Training Grant, the employer of a Foreign Domestic Worker (FDW) can apply for a grant to pay for training for the FDW to assist with a household member with a disability. However, in order to qualify for the grant you have to use a preapproved trainer. The list of preapproved trainers is limited in terms of the services they can provide. The training tends to focus on assisting people with autism spectrum disorder and dementia. For the FDWs who are helping people with more severe physical disabilities (e.g. muscular dystrophy) none of the pre-approved trainers have the expertise to help them.

“

For those of us who have severe...physical disabilities...there is no agency who could run that sort of programme...But the employer has to send caregiver to train to get the [grant]...So the system is like...Government is doing something [and the private agencies are jumping on the bandwagon] but the end users are not really receiving quality support. ”

Feedback session participant

APPLICATION PROCESS FOR FUNDS

The application process for a person with a disability to receive funding is too complicated and time consuming.



...actually going through the whole...task, going through the whole application process, [you] may only get 10%...That is so miserable and I have to go through that whole process and in the end you feel more hurt...10%, what does it help?...every month to come up with the [SGD] 1000 for...particular expenses, is a lot of money...it is not really helping. ”

Feedback session participant

TOO MANY FORMALITIES WHEN APPLYING TO BE A SERVICE PROVIDER

Take, for example, the Caregivers Training Grant. One VWO wanted to provide training but there were too many criteria to be met and too much paperwork; for example, there had to be a minimum number of attendees for a class before funding was given. This agency now offers training for free but clients want access to the grant.

Barriers in Information, Communication and Technology

LACK OF AWARENESS OF THE VARIOUS SCHEMES AND SUBSIDIES

There are many funds and subsidies but most people seem to be unclear as to how they operate and/or when they apply.

When MediShield Life was implemented, there was little explanation as to how the premiums were calculated. Similarly, people have heard of EldersShield and Integrated Shield Plan but have no detailed understanding of what they provide and when they are appropriate. A couple of the feedback participants reported that they had not received the Household Check letter in May 2015 and did not appear to be in the system.

The same criticism has also been applied to Medifund. This is the emergency/crisis fund you turn to when you and your family's Medisave monies are exhausted. Not everyone knows the conditions that enable you to use it. MediFund is of little assistance if you have chronic illness.

FINDING EMOTIONAL AND PRACTICAL SUPPORT

For many people with disabilities and those who care for them, daily life may not be easy. Disabilities affect the entire family. Meeting the complex needs of a person with a disability can put families under a great deal of stress — emotional, financial, and sometimes even physical.

However, finding resources, knowing what to expect, and planning for the future can greatly improve overall quality of life. For those who acquire a disability, or for those caring for someone who has recently acquired a disability, it is very helpful to talk with other people who can relate to their experience.

In Singapore there does not seem to be a unified approach or standard procedure to the dissemination of information.

“

There are no pathways that show what I should do if I have acquired the disability. If you don't ask, they don't tell. If you don't initiate, they don't show you. ”

Feedback session participant

Participants reported that they were given information by their doctors, social workers, Family Service Centres. Sometimes the information was incomplete or inaccurate. Your access to up to date information seems to depend on the person to whom you are talking. For example, in one hospital there may be a particular doctor who has built up a store of knowledge about disability associations and support networks but if (s)he leaves the hospital the knowledge goes with him/her.

“

...the social service sector need to be more collaborative. For example, if I just acquired the disability, I won't know where to go or what to do. I imagine that I would need a lot of handholding. ”

Feedback session participant

METHODS OF INFORMATION DISSEMINATION

Persons with disabilities, like anyone else, may have a preference as to how they try and access information. Some may prefer to pick up the phone and call a Hotline number. If the person is deaf or Hard of Hearing (s)he may prefer to use SMS. Some search the internet whilst others may find the Internet intimidating.

LACK OF ACCESSIBLE INFORMATION FOR THE DEAF/HARD OF HEARING

Some facilities remain inaccessible, for example, hospital wards with an intercom system cannot be used by people who are deaf and hard of hearing.

People who are deaf and hard of hearing are often accompanied by a family member to hospital/medical appointments in order to help them communicate but this raises issues of confidentiality.

“

When you go for surgical procedures, how do you communicate with a person wearing a mask? ...Another problem is when a deaf person meets with an accident. How does the ambulance crew know I'm deaf? They would talk to me. But I won't know what he is talking about. This is a life and death situation. ”

Feedback session participant

OVER-RELIANCE ON TECHNOLOGY AND NO ALTERNATIVE

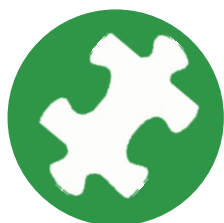
There is no centralised information source in any form. The one website which gives access to most schemes and subsidies has been down and inaccessible for over a week at time of writing. There is no on screen notice as to the reason for this or any indication as to when the website will be available again.

With regard to the polyclinic appointment/registration system,



The system has changed because of development of technology, but...technology must also embrace the people with special needs. Only people who have smart phones, people who know how to do it, there are [a lot of people] who have learning disability, or visual, then they are lost in this. ”

Feedback session participant



Part II:

Barriers to Healthcare

DPA held focus group discussions and conducted an online survey with persons with disabilities, disability professionals, family members and caregivers. After gathering their feedback and suggestions, DPA puts forward these recommendations to improve their access to healthcare services.

Overcoming Barriers in Policy

WHO HAS ACCESS TO FINANCIAL ASSISTANCE

Persons with disabilities who live in Singapore but are not Singapore citizens or Permanent Residents are not covered by the new MediShield Life scheme. Some of the funds/subsidies are accessible only by Singapore citizens and not Permanent Residents. DPA is of the position that all persons with disabilities living in Singapore should have access to these services at reasonable/affordable prices.

WHO HAS ACCESS TO PRIVATE HEALTH INSURANCE

DPA commends our sponsor, Tokio Marine Life Insurance Singapore for leading the way in offering private healthcare insurance to those with an acquired disability. Recognition also goes to Great Eastern, AIG and AIA insurance. DPA hopes that other private health insurance companies will follow suit and offer private health insurance to persons with acquired disabilities at an affordable price.

ARE THE FUNDS SUFFICIENT TO MEET THE COST OF HEALTHCARE NEEDS OF PERSONS WITH DISABILITIES

Funding limits should be revisited: Once a person with a disability is considered eligible for funding, there should be a realistic assessment of the level of expenses (whether “one-off” or ongoing) incurred by the disability in question.

An across-the-board “percentage” is inappropriate when the total monthly cost of healthcare needs (e.g. consumables) can vary a great deal depending on the disability.

IS THE MEANS TESTING/ ASSESSMENT FAIR

The present means testing is too severe: Funds available to a person with a disability with ongoing healthcare expenses should be related to the income available to the individual concerned and not linked to the family/household income. It should not be assumed that other members of the family are able to contribute to the individual’s needs.

ARE THE TYPES OF SERVICE OFFERED RELEVANT

Although there is good intention behind the services and funding offered, in practice gaps can develop. For example training for Foreign Domestic Workers (for which you can receive a grant) is relatively limited in scope and only certainly types of disability are covered. There needs to be an overview of what is covered and an attempt to remedy the deficiencies.

APPLICATION PROCESS FOR FUNDS

Much financial and medical information relating to the individual is available centrally. The process could be streamlined and renewal should be automatic unless circumstances change. Any failure to disclose material change could be met by financial or other penalties.

TOO MANY FORMALITIES WHEN APPLYING TO BE A SERVICE PROVIDER

Many agencies have the expertise and willingness to provide services to persons with a variety of different disabilities. However the mountain of paperwork and red tape prohibits their involvement. Accreditation by a higher body and fewer stringent requirements would facilitate entry into the market for wider range of services and service providers.

Information, Communication and Technology

LACK OF AWARENESS OF THE VARIOUS SCHEMES AND SUBSIDIES

A continual flow of public awareness campaigns and higher transparency as to the calculations of premiums/contributions would alleviate the cloud of confusion surrounding the Government schemes. These schemes are compulsory and it is likely that many people who are eligible for certain subsidies are not aware of the extent of their benefits.

FINDING EMOTIONAL AND PRACTICAL SUPPORT

There are many schemes and subsidies available. The healthcare services landscape is changing constantly and for those in the sector it is extremely difficult to keep abreast of changes. Doctors tend to concentrate on developmental milestones, diagnosis and the like. However, patients need advice as to where to find a network of support, both financial and emotional. This is the case particularly with regard to an acquired disability or new diagnosis. DPA is mindful of the heavy work load already burdening Singapore's hardworking doctors and social workers and would not seek to put them under greater pressure.

DPA's recommendation is to have more signposting from the VWOs to relevant associations, support groups and vocational re-training.

DPA also hope that the information contained in this booklet will go some way in assisting persons with disabilities and their caregivers navigate the maze of healthcare service and funding options.

METHODS OF INFORMATION DISSEMINATION

Persons with disabilities, like anyone else, may have a preference as to how they try and access information. Accurate information should be presented in a variety of ways and accessible by persons with different disabilities, whether sensory or intellectual.

LACK OF ACCESSIBLE INFORMATION FOR THE DEAF/HARD OF HEARING

The Deaf and Hard of Hearing (HoH) Communities, in particular, have difficulty using healthcare services. DPA is pleased that NUS is now training its medical

students in Basic Sign Language. This is a step in the right direction, demonstrating an awareness of the issues and a desire to meet the communication needs of the Deaf/HoH Communities.

DPA looks forward to Sign Language being officially recognised as a language in Singapore. Once it is officially recognised, more people will learn it and use it as a second language in school.

In the meantime, there should be a standardised way of addressing the difficulties in communication with the current doctors and medical staff. For example, it should be possible to notify a hospital in advance so that a Sign Language Interpreter can be provided. Issues of confidentiality would also have to be considered and addressed.

In the event of emergency/accident where no advance notice can be given, it would be helpful for the person who is deaf or HoH to wear some form of identification to alert the medical staff to the fact that the patient is deaf or HoH.

Some sort of identification would be helpful to many persons with disabilities as long as the form of identification was sensitively framed and not stigmatising.

OVER-RELIANCE ON TECHNOLOGY AND NO ALTERNATIVE

It is beneficial to streamline the process of making appointments (at a hospital or polyclinic, for example) but accessibility audits must be borne in mind. Consideration needs to be given to those who do not have a Smart phone, access to 4G, or who have an intellectual disability.

Conclusion

Singapore has come a long way in making the society barrier-free and inclusive for persons with disabilities. Since Singapore's ratification of CRPD on 18 August 2013, and Singapore's introduction of the Enabling Masterplan (2012-2016) in 2014, efforts have been made to ensure that persons with disabilities have equal access to all spheres of life, one of which is Singapore's healthcare sector.

Statistics are not generally available in Singapore but DPA research indicates that persons with disabilities experience specific problems in gaining access to appropriate health care and services. They also frequently lack either health insurance or coverage for necessary services such as specialty care, long-term care, consumables, prescription medications, durable medical equipment and assistive technologies.

Persons with disabilities are often low or no income and generally have more frequent need to avail themselves of healthcare services. It is therefore imperative that healthcare services remain affordable and the available funding more easily accessible to persons with disabilities.

Healthcare is only part of the story: Once persons with disabilities have access to inclusive education and are given real options as to a career path, their prospects of entering the workplace and earning a viable wage will improve and better access to healthcare will follow. In the meantime, gaps will have to be plugged and the playing field will have to be levelled in all these areas in order that persons with disabilities will enjoy the same rights as everyone else.

Acknowledgements

All graphics and illustrated examples relating to MediShield Life and Integrated Shield Plans have been reproduced with kind permission of the Ministry of Health. DPA would like to express gratitude to Tokio Marine Life Insurance Singapore (TMLS) who partnered with us in producing this publication. TMLS and DPA also organised “Raise at TMLS” - a company-wide event that looks to raising awareness for persons with disabilities in Singapore.



Through the activities, we were able to learn more about the different types of disabilities which helped our staff understand, empathize and therefore, better cater financial advice to families and caretakers of those with disabilities. Our partnership with DPA is also a commitment to TMLS' Good Company principles – to look beyond profit and act with integrity for the benefit of our customers, shareholders, business partners and more importantly, to society. ”

Lance Tay, CEO, TMLS



DPA is thankful for the donation from TMLS, and we are excited to partner with them...Through this [publication], we hope that we will be able to communicate the importance of financial planning and insurance to those in our network. Our extended partnership with TMLS will help bring us one step closer to our goal of serving as the voice of persons with disabilities and work to ensure that they have equal rights and full participation in society. ”

Dr. Marissa Medjeral-Mills, Executive Director, DPA

References

- Money Sense. (2015, July 17). *Disability Income Insurance*. Retrieved July 20, 2016 from <http://www.moneysense.gov.sg/Understanding-Financial-Products/Insurance/Types-of-Insurance/Health-insurance/Types-of-Health-Insurance/Disability-Income-Insurance.aspx>
- Helmi Hakim. (2013, April 12). *Disability Insurance Plan In Singapore, What Is It All About?* Retrieved July 20, 2016 from <http://helmihakim.com/insurance/disability-insurance-plan-in-singapore-what-is-it-all-about/>
- Ministry of Health. (n.d.). *MediShield Life*. Retrieved July 10, 2016 from https://www.moh.gov.sg/content/moh_web/medishield-life/about-medishield-life/what-is-medishield-life.html
- Mens Health. (n.d.). *Should You Buy These 5 Common Insurance Plans?* Retrieved July 12, 2016 from <http://www.menshealth.com.sg/guy-wisdom/should-you-buy-these-5-common-insurance-plans>
- Tokio Marine Life Insurance Singapore. (2015, August 14). *Tokio Marine Life Insurance Singapore looks to raise awareness about disabilities through partnership with Disabled People's Association*. Retrieved June 20, 2016 from <http://www.tokiomarine.com/sg/en/about-us/media-news/tokio-marine-life-insurance-singapore-looks-to-raise-awareness-a.html>
- Salma, K. (2015, March 16). New no-frills insurance plan for higher hospital class. *The Straits Times*. Retrieved June 20, 2016 from <http://www.straitstimes.com/singapore/new-no-frills-insurance-plan-for-higher-hospital-class>
- Salma, K. (2015, March 15). All you need to know about the standard B1 class Integrated Shield Plan. *The Straits Times*. Retrieved June 12, 2016 from <http://www.straitstimes.com/singapore/health/all-you-need-to-know-about-the-standard-b1-class-integrated-shield-plan>

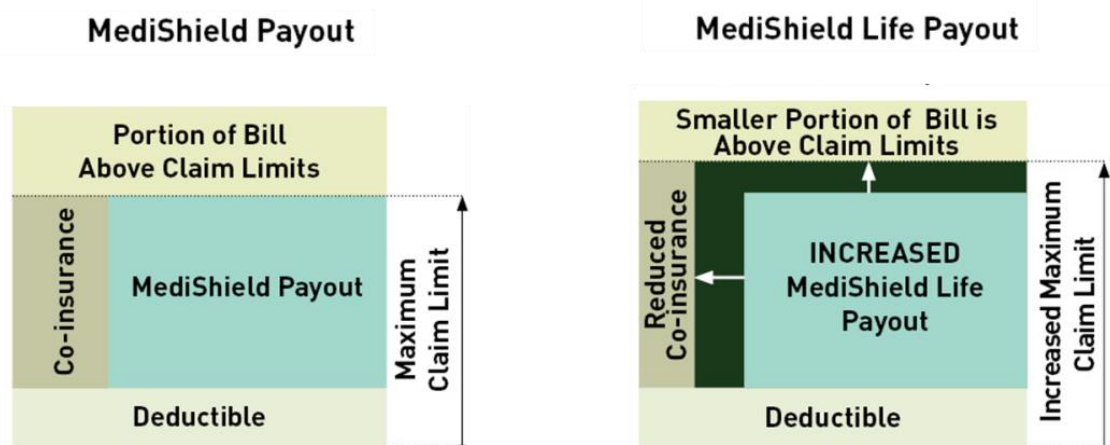
Annex

Annex 1: Medishield Life

MediShield Life is relatively new (at time of writing) and we do not yet have any real-life experiences of how it operates. There is some confusion about the new scheme so we set out here illustrative explanations as to how some aspects of it are supposed to work.

CO-INSURANCE

Benefits are enhanced under MediShield Life, with higher claim limits and lower co-insurance rates, so that MediShield Life pays more and patients pay less.



Under MediShield Life, the payout is increased by the amount represented by the area in **dark green**.

The co-insurance is a percentage of the claimable amount which you have to pay, on top of the deductible. The larger the bill, the lower the co-insurance payable.

Under MediShield, the co-insurance rate ranges from 20% to 10% as the bill size increases. Under MediShield Life, the rate will range from 10% to 3% as the bill size increases.

So patients will pay less co-insurance, while MediShield Life will cover more.

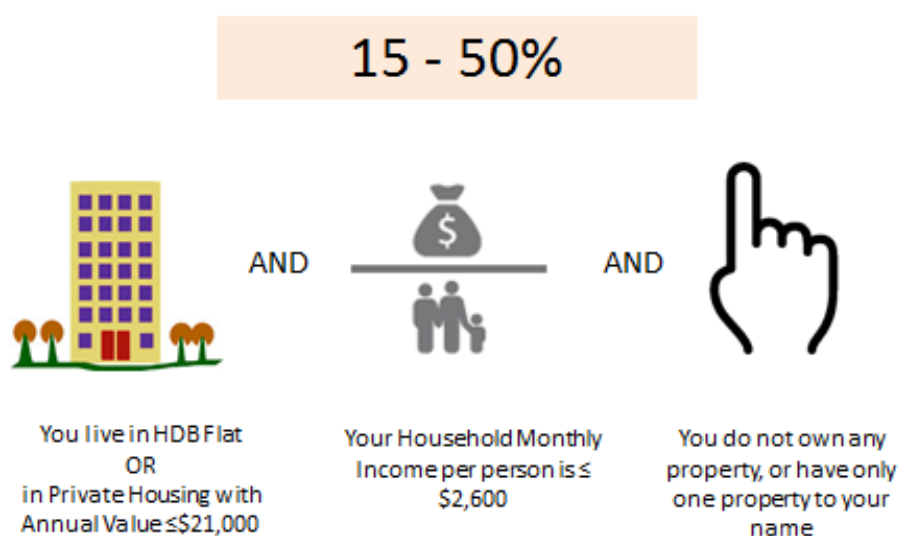
MediShield Life premiums are higher than MediShield premiums because:

- Better benefits = higher premiums
- Coverage for Singaporeans with pre-existing conditions (*Government bears most of the cost and everyone contributes a small sum*)
- Premiums are distributed more evenly over our lifetime (*We pay higher premiums during our working life so that our premiums rise by less in old age*)

But the Government will provide financial support to keep them affordable. i.e.

1. Premium Subsidies for Lower to Middle Income
2. Pioneer Generation Premium Subsidies
3. Transitional Subsidies
4. Additional Premium Support

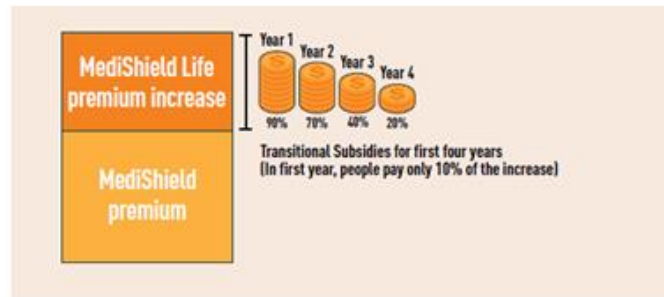
1. Premium Subsidies for Lower- to Middle-Income



Note on example: This is a particularly important subsidy for persons with disabilities who have limited access to employment and who are often very low or no income.

2. Transitional Subsidies

- For all Singapore citizens
- Help with transition to MediShield Life
- Government will offset a percentage of the net premium increase over 4 years



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3. Pioneer Generation (PG) Subsidies

- For all Pioneers
- Special MediShield Life premium subsidies of between 40% and 60%, depending on age.
- More generous than premium subsidies for non-Pioneers.



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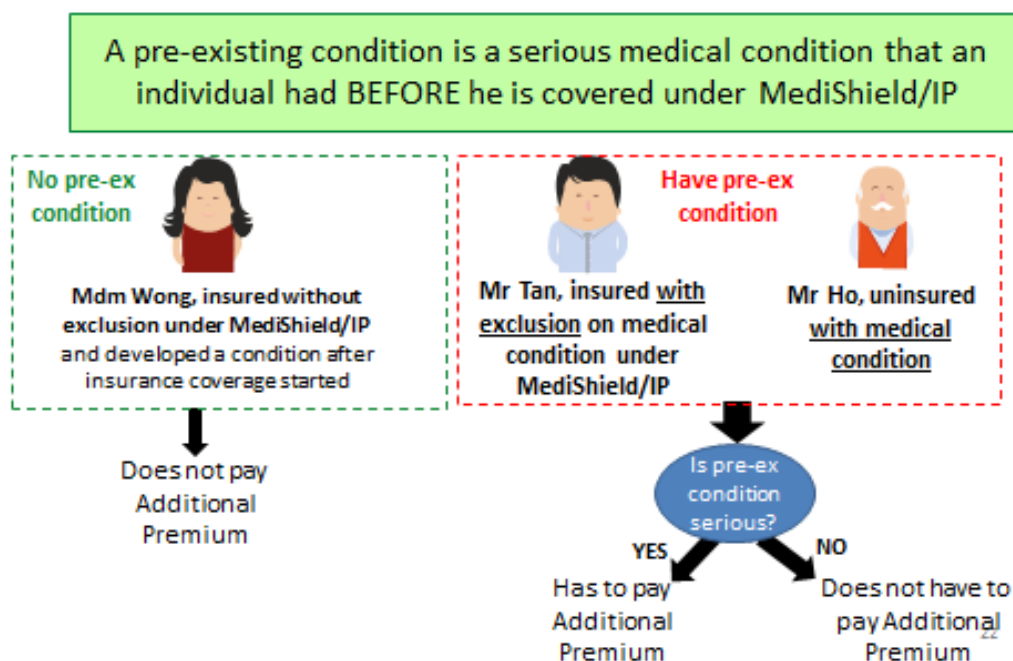
ADDITIONAL PREMIUM SUPPORT

- No one will lose MediShield Life Coverage because they cannot afford their premiums
- This support is meant for those who cannot afford their premiums even after subsidies

Annex 2: Pre-existing conditions and Additional Premiums

MediShield Life covers all Singaporeans including those with pre-existing conditions. However those with serious pre-existing conditions pay an Additional Premium of 30% of MediShield Life premiums for 10 years.

What is a pre-existing condition?



Focus was placed on identifying serious conditions that require intensive medical intervention to treat or manage; or have high risk of future complications or recurrence and therefore may require prolonged treatment. Within these broad categories, whether individuals with serious pre-existing conditions will be subject to Additional Premiums depends on factors such as specific nature and severity of the individual's medical condition.

The following are examples of individuals who will not need to pay Additional Premiums:

- Those whose pre-existing conditions are less serious or are well-controlled, such as well-controlled diabetes, or hypertension with no complications, osteoarthritis, pre-cancers, fibroids or cysts.

- Those who were hospitalised due to a one-off event, such as an accident or dengue fever.

Individuals who joined MediShield Life from 1 Nov 2015 and need to pay Additional Premiums should have been notified by the Central Provident Fund Board in writing by Nov 2015.

Broad categories of pre-existing conditions which may be subject to Additional Premiums	Indicative examples (not exhaustive)
Cancer	Lung cancer, colorectal cancer, breast cancer, stomach cancer
Blood disorders	Aplastic Anaemia, Thalassemia Major
Degenerative diseases	Parkinson's Disease, Muscular Dystrophy, Amyotrophic Lateral Sclerosis (ALS)
Heart or other circulatory system diseases	Heart attack, Coronary artery disease, Chronic ischaemic heart disease
Cerebrovascular diseases	Stroke
Respiratory diseases	Chronic obstructive pulmonary disease
Liver diseases	Alcoholic liver disease, Chronic hepatitis, Fibrosis or cirrhosis of liver
Autoimmune/ Immune System diseases	Systemic lupus erythematosus, Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/ AIDS)
Renal diseases	Chronic renal disease, Chronic renal failure, Chronic nephritic syndrome
Serious congenital conditions	Congenital heart disease, Congenital renal disease, Biliary atresia
Psychiatric conditions	Schizophrenia
Chronic condition with serious complications	Hypertensive heart disease, Hypertensive kidney disease, Diabetes with kidney complications, Diabetes with eye complications

Annex 3: Integrated Shield Plans

The five private insurers offering IPs are: AIA, AVIVA, Great Eastern, NTUC Income and Prudential. Under Article 25 CRPD, private insurers managing the Integrated Shield Plans and Eldershield Supplements are also prohibited from discriminating against persons with disabilities.

You can find a **Comparison of Integrated Shield Plans** offered by the private insurers listed above at

https://www.moh.gov.sg/content/moh_web/medishield-life/integrated-shield-plans/comparison--of-integrated-shield-plans.html

INTRODUCTION OF NO FRILLS INSURANCE PLAN FOR HIGHER HOSPITAL CLASS

From 1 May 2016, Singaporeans wanting insurance coverage for a higher hospital class than that provided by the basic MediShield Life can opt for a new standardised package from the five private insurers. This IP covers nine out of 10 Class B1 public hospital bills and will give people the option for coverage beyond Class B2/C at affordable premiums. Class B1 offers some benefits over the lower Class B2/C such as air-conditioned four-bed wards, instead of non-air-conditioned wards with six beds or more, and the option to choose your doctor. People now on Class B1, Class A or private hospital plans would also be able to switch to this option.

The benefits of the new IP are identical across insurers, with claims limits such as \$1,700 a day for a patient in a B1 ward, and \$2,900 a day in intensive care. However the five insurers will be charging different premiums, which can differ by as much as \$1,683 a year. In announcing the new IP, Ministry of Health explained that the discrepancy was due to "each insurer's commercial considerations and risk assessment frameworks".

Annex 4: Sample claim definitions

Here are some sample claim definitions

DEFINITION OF TOTAL PERMANENT DISABILITY OR TPD

“If the Life Assured is aged seventy (70) next birthday and below, and has suffered total and irrecoverable: (a) Loss of the sight of both eyes; or (b) Loss of sight of one (1) eye and loss by severance or loss of use of one (1) limb at or above the ankle or wrist; or (c) Loss by severance or loss of use of:

- i. Both hands at or above the wrists; or
- ii. Both feet at or above the ankles; or
- iii. One (1) hand at or above the wrist and one (1) foot at or above the ankle.”

DEFINITION OF ENHANCED TPD

“If the Life Assured is between aged nineteen (19) to sixty five (65) next birthday, and in the event of the Life Assured becoming totally and permanently unable to perform (due to disease, illness or injury) at least three (3) of the six (6) “Activities of Daily Living” (despite the aid of special equipment) and requires the physical assistance of another person throughout the entire activity.”

(See also EldersShield, an affordable severe disability insurance scheme which provides basic financial protection to those who need long-term care, especially during old age. It provides a monthly cash payout to help pay the out-of-pocket expenses for the care of a severely-disabled person. Singapore Citizens and Permanent Residents (PRs) with Medisave accounts are automatically covered under ElderShield at the age of 40.

You receive a monthly cash payout under EldersShield if you cannot do three out of six Activities of Daily Living (washing, feeding, dressing, mobility, transferring or toileting).

DEFINITION OF DISABILITY INCOME INSURANCE

During working periods: “Total Disability” means a state of incapacity, resulting from illness or accident, which is such that the Life Assured is (a) totally unable to perform the material duties of

- i. his own occupation or profession for the first twenty four (24) months of any period of Total Disability; and
- ii. any occupation or profession to which he is suited by reason of his training, education or experience after the first twenty four (24) months of any period of Total Disability; and

(b) not performing any work or engaged in any occupation or profession to earn or obtain any remuneration, whether declared or undeclared to the company.”

In a nutshell, TPD is considered a very severe disability; Eldershiel and Enhanced TPD is severe disability based on the inability to perform 3 out of the 6 Activities of Daily Living (ADL); and Disability Income Insurance is based on your inability to perform the material duty of your present occupation.



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