IN THE FAMILY JUSTICE COURTS OF THE REPUBLIC OF SINGAPORE

[2026] SGFC 68

VAM No. 2 of 2026

In the Matter of Section 14 of the
Vulnerable Adults Act 2018

And

YDJ

… *the Vulnerable Adult*

DIRECTOR-GENERAL OF SOCIAL WELFARE

… *Applicant*

VOLUNTARY GROUNDS OF DECISION

[Family Law]- ***[Section 12 and Section 14 Vulnerable Adults Act 2018]***

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Family Justice Courts — VAM 2 of 2026

District Judge Cheryl Koh

5 May 2026

7 May 2026

District Judge Cheryl Koh:

A. Introduction

1. This is an application by the Ministry of Social and Family Development's Protective Services ("**PSV**") on behalf of the Director-General of Social Welfare ("**DGSW**"), under the Vulnerable Adults Act 2018 (the "**VAA**").

2. PSV applied for *inter alia* an order that that the vulnerable adult (the "**VA**") be placed under the care of [A.] Home for the Elderly, or such other suitable transitional care facility/hospital/care facility/nursing home as and when identified ("**other suitable facility'**), for a period of 2 years, pursuant to section 14(1)(b) of the VAA (the "**Committal Order**").

3. The VA, who has been assessed to possess mental capacity to decide on the application herein, objects to the orders sought. He wishes to be discharged back to his flat to live independently in the community.

4. On 5 May 2026, I granted the orders sought by PSV together with conditions, and provide my grounds of decision herein.

5. The main issue that arises in this case is whether the VA should be placed in a nursing home against his express wishes for his safety and protection, and in his best interests, when he has mental capacity to decide for himself where and how he should live and whether he should receive any assistance.

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B. Background facts

The VA

6. The VA is a 63 year old man, who is single and does not have any children. He suffers from multiple medical conditions and is also wheelchair-bound. Due to his physical infirmities, the VA has been assessed to require a full- time caregiver or institutionalized care to assist with his activities of daily living ("**ADLs**"). The VA has also been diagnosed with cognitive impairment with behavioural issues of agitation, resulting in personality and disruptive behaviour. He has however been assessed to possess mental capacity to consent to the application herein.

7. The VA is unemployed and has been on long-term financial assistance since around 2009. He relied on monthly payouts from the Social Service Office ("**SSO**") and the Agency for Integrated Care for his daily necessities, last receiving over $1,000.00 per month. The SSO has since terminated short-term financial assistance after the VA's admission into [A.] Home for the Elderly.

8. The VA is currently residing in [A.] Home for the Elderly, since his transfer in August 2025.

The VA's living arrangements in the community prior to PSV's intervention in May 2025

9. Prior to PSV's intervention in May 2025, the VA resided in a one-room HDB rental flat as the registered tenant and his younger brother as the permitted occupier. The VA is not in contact with any other family member. The VA's brother works full time as a cleaner in a hawker centre.

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He expressed that he had a strained relationship with the VA and did not want to be involved in the VA's care.

10. Prior to PSV's intervention, the VA had also been receiving various care services from services providers to support him with self-care in the community. However, since around 2015, the VA had a consistent pattern of service termination due to conflicts with these service providers. The last services he received were medical escort, meal delivery, home personal care and befriending services. He used an unauthorized motorized wheelchair to move around in the community.

11. Matters escalated when on 20 April 2025, the VA's residence was observed by a volunteer group, [B.] Alive, to be in an unsanitary condition, with faeces, used toilet paper, spoiled food items, clutter and insect and maggot infestations. [B.] Alive assisted the VA to clean up his residence on the same day. However, 2 weeks later, local media reported that during a visit to the VA's home, they observed that the home had returned to an unsanitary condition.

PSV's intervention in May 2025

12. On 9 May 2025, PSV conducted a home visit to the VA's residence. The VA was conveyed to [C.] General Hospital due to his poor health condition. [C.] General Hospital then assessed that the VA required either a full-time caregiver in the community or institutional care such as nursing home placement to meet his care needs. Community services were assessed to be insufficient to support the VA's needs in the community.

13. On 15 May 2025, the VA was assessed to be fit-for-discharge from [C.] General Hospital. During PSV's engagements, the VA consistently

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objected to nursing home placement and requested discharge home, despite being informed that it was not viable for him to return to the community without a full-time caregiver.

VAM 15 of 2025, filed by PSV on 29 May 2025

14. On 29 May 2025, PSV filed VAM No. 15 of 2025 for *inter alia* an order that the VA be placed in a nursing home or such other suitable facility, for a period of 6 months**.** After a conference was held in the Family Justice Courts between PSV and the VA as conducted by a Family Court Specialist on 11 July 2025, the VA consented to the orders sought.

15. The VA was then transferred from [C.] General Hospital to [A.] Home for the Elderly on 5 August 2025, but there has not been any improvement in his ability to meet his care needs independently. The VA continued to require assistance for ADLs such as toileting, transferring, and cleaning, with little or no rehabilitation potential in these areas.

16. During the VA's placement at [A.] Home for the Elderly, he was noted to display challenging behaviours such as refusing his meals, pulling out his catheter and challenging the care team's assistance for him. He was admitted to hospital on multiple occasions. The VA continued to express expectations that social services should hire a domestic helper to be his full-time caregiver. The VA's brother declined to care for the VA and was supportive of the VA's nursing home placement.

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The current application, filed by PSV on 6 January 2026

17. On 6 January 2026, PSV filed VAM No. 2 of 2026 for *inter alia* an order that the VA be placed in a nursing home or such other suitable facility, for a period of 2 years.

18. On 6 March 2026, the Court sat with 2 learned advisors pursuant to s13(6) of the VAA, namely, Dr. Huan Swee Leng Vivien and Ms. Dharma Jayaram, who were in support of the placement but expressed concerns for the VA's emotional well-being. Despite a conference held in the Family Justice Courts between PSV and the VA as conducted by a Family Court Specialist, the VA continued to express objections to placement. Directions were hence given for parties to file documents and the case fixed for hearing.

19. The VA filed a Statement signed on 10 March 2026, stating:

> "*I ask that the judge show some leniency, please; it was my fault for being very rude that day. I request to leave the old folks' home as soon as possible; I want to go home… The reason for returning home is to be with my younger brother. This is my home; no other reason.*"

PSV filed their affidavit on 6 April 2026 ("**PSV's Affidavit**").

20. After hearing parties on 5 May 2026, I granted the orders sought together with conditions, and deliver my grounds of decision herein.

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C. Grounds of Decision

The law

21. Section 14(1) of the VAA provides that if the court is satisfied, on a balance of probabilities, that the circumstances mentioned in section 12(1)(a) and (b) exist for a vulnerable adult, the court may make one or more of orders in relation to the vulnerable adult, including:

    a. an order committing the vulnerable adult to a place of safety or the care of a fit person for a specified period exceeding 6 months where the court is satisfied that it is in the best interests of the vulnerable adult to be so committed [s14(1)(b)]; and

    b. an order placing the vulnerable adult under the supervision of a protector, an approved welfare officer or another person appointed by the court, for a specified period [s14(1)(d)].

22. The court must be satisfied on a balance of probabilities, that the circumstances mentioned in section 12(1)(a) and (b) exist, which are that (a) the vulnerable adult has experienced, or is experiencing or at risk of abuse, neglect or self-neglect; and (b) the order/s are necessary for the protection and safety of the vulnerable adult.

23. Section 12(2)(b)(i) allows the DGSW or a protector to apply for any order under section 14(1) or 15, even when the vulnerable adult has mental capacity to consent to the application. Section 13(6) also requires the court, when determining whether to make a committal order under section 14(1)(*b*), to sit with 2 advisers from a panel of advisers.

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24. Section 2 defines a "vulnerable adult" as an individual who:

    a. is 18 years of age or older; and

    b. is, by reason of mental or physical infirmity, disability or incapacity, incapable of protecting himself or herself from abuse, neglect or self-neglect.

25. The term "*self-neglect*" is defined in section 2, in relation to an individual, as the failure of the individual to perform essential tasks of daily living (such as but not limited to eating, dressing and seeking medical aid) to care for himself or herself, resulting in the individual —

    a. living in grossly unsanitary or hazardous conditions;

    b. suffering from malnutrition or dehydration; or

    c. suffering from an untreated physical or mental illness or injury.

26. Section 4(3) sets out that the court must have regard to the following principles in Section 4(1) in deciding whether to make an order, but may also have regard to such other matters as the court thinks fit:

    a. the duty is being performed or the power is being exercised for the purpose of protecting the vulnerable adult from abuse, neglect and self-neglect;

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b. a vulnerable adult, where not lacking mental capacity, is generally best placed to decide how he or she wishes to live and whether or not to accept any assistance;

c. if a vulnerable adult lacks mental capacity, the vulnerable adult's views (whether past or present), wishes, feelings, values and beliefs, where reasonably ascertainable, must be considered;

d. regard must be had to whether the purpose for which the duty is being performed or the power is being exercised can be achieved in a way that is less restrictive of the vulnerable adult's rights and freedom of action; and

e. in all matters relating to the administration or application of this Act, the welfare and best interests of the vulnerable adult must be the first and paramount consideration.

27. Section 14(7) also allowed the court, in making an order under s14(1), to impose conditions or give directions as the court thinks fit for the purpose of ensuring the protection and safety of the vulnerable adult.

28. In my judgment, when a personal has mental capacity to decide where and how he should live and whether to receive any assistance, the court would only intervene to place that person in a nursing home ***as a last resort***, when all other care options- such as family or friend caregiving, home care services or assisted living- have failed, or would likely fail, to ensure the person's safety and protection. The first and paramount consideration which the court would have regard to is the person's welfare and best

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interests. The court may take into account a myriad of factors, in addition to the principles set out in section 4(1) of the VAA, in deciding whether or not to make the orders sought, including:

a. the level of severity of physical and functional decline in mobility (including bed mobility, sit to stand mobility, transfers from bed to wheelchair or wheelchair to commode, ambulation, gait analysis, kerb crossing, and stair climbing), its impact on the person's basic activities of daily living to live safely at home (including bathing, dressing, eating, transferring, toileting and walking safely at home), and if such issues may be sustainably addressed with the use of aides such as walking frames, manual or motorized wheelchairs and motorized scooters;

b. even where a person retains mental capacity to decide where and how to live and whether to receive any assistance, the level of severity of any cognitive impairment or neurodegenerative decline, its impact on the person's instrumental activities of daily living (such as managing finances, transportation, shopping, meals, housekeeping and medication) to live independently in the community;

c. the complexity of health and physical needs that may require constant monitoring in a supervised and professional setting (for instance, whether there is visual impairment or giddiness in gait which leads to high fall risk or poor medication adherence);

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d. the safety and sustainability of care and support services at home such as daycare services, meals delivery, medical escort, home nursing (e.g., for changing of wound dressing and medication packing) and home personal care (e.g., for showering and household chores), taking into account the person's level of co-cooperativeness with such network of services to implement the care;

e. the willingness, availability and capability of any potential family or friend to assist in the person's caregiving, including undergoing and successfully completing any required caregiver training arranged by the professionals;

f. the person's financial resources in engaging any caregiving assistance such as a domestic helper or a nurse, including the ability to secure any required guarantor for such a helper and an alternative caregiver on the helper's off-days;

g. the availability of any assisted living facility, whether the person qualifies to apply for such a facility, has the financial ability to pay towards the facility and has care needs that are suitable for the facility;

h. the person's insights into his medical and care needs, including following up on medical appointments and management of medications to prevent a deterioration of medical conditions; and

i. the emotional impact of moving into a nursing home with its corresponding loss of independence, movement, privacy, routine,

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memories, and dignity at home and in the community, and any loss of familial relationships with loved ones.

29. The issues that hence arise in this case are:

    a. whether the VA is a vulnerable adult such that he is unable to protect himself from self-neglect within the meaning of the VAA;

    b. whether the VA has suffered, or is at risk of suffering, from self-neglect; and

    c. whether the orders sought are necessary for the safety and protection of the VA, taking into account the various principles and factors as set out above, and his wishes that he wished to return to his own flat and not reside in a nursing home.

First issue: whether the VA is a vulnerable adult within the meaning of the VAA

30. In my judgment, the VA is a vulnerable adult within the meaning of section 2(1) of the VAA who, by reason of his physical infirmities, is unable to protect himself against self-neglect.

31. PSV's evidence as collated from the VA's doctors and care team from [C.] General Hospital and [J.] Hospital[1] is that:

    a. the VA suffers from multiple medical conditions, including stroke, neurogenic bladder secondary to stroke, hypertension, diabetes

[1] PSV's Affidavit pg 12 to 14

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mellitus, visual impairment due to right eye blindness and progressive left sided loss of vision, peripheral vascular disease, multifactorial giddiness, bilateral rotator cuff tears, myocardial injury, and chronic renal impairment;

b. the VA is wheelchair-bound due to functional decline stemming from longstanding bilateral lower limb weakness and cervical /lumbar spondylosis, and requires assistance to perform his ADLs. For instance, he has difficulties with:

i. toileting (he urinated in a bottle at home and could not dispose of the bottle himself. He currently uses tube urinals which require regular replacement and he is unable to do so himself);

ii. transferring in and out of the wheelchair; and

iii. showering and dressing (the VA did not shower unless he had help); and

c. further physiotherapy was assessed to have limited benefit as the VA's ability was limited due to pain from his bilateral rotator cuff tears and psychological factors.

32. Additionally, the VA's medical conditions require compliance with medication to manage. However, during admission in May 2025, [C.] General Hospital assessed that the VA had poorly controlled diabetes likely due to poor medication compliance. It was also reported that he had difficulties packing and consuming his medication due to visual impairment and limited medical insight. There is a risk that his physical

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infirmities would contribute to poor medication adherence, which would lead to further deterioration of his medical conditions.

33. The VA's poor physical functioning and eyesight have also hindered his ability to move around independently and safely in the community. [C.] General Hospital noted that he used an unauthorized motorized scooter to move around the neighbourhood, which endangered himself and those around him.

34. Due to his physical infirmities, the medical professionals have assessed the VA to require a full-time caregiver or institutionalized care to assist with his ADLs. The VA did not dispute his physical infirmities or that he was a vulnerable adult, but insisted that he would nonetheless be able to take care for himself at home. This is however contrary to the evidence from the medical professionals at [C.] General Hospital and [J.] Hospital. As such, I find that the VA is unable to care for his needs independently at home, and hence is a vulnerable adult within the meaning of section 2(1) of the VAA who is unable to protect himself from self-neglect.

Second issue: whether the VA has experienced, or is at risk of experiencing, self-neglect

35. In my judgment, the VA has experienced, and is at risk of experiencing, self-neglect in that he is unable to perform essential tasks of daily living to care for himself, resulting in living in grossly unsanitary or hazardous conditions and suffering from untreated physical illness.

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Hazardous and grossly unsanitary conditions

36. As stated in [10] to [11] herein, PSV's evidence[2] is that when the VA was living in the community, he had been receiving home personal care, home nursing, meal delivery and medical escort services for many years, to support him with his self-care in the community. However, since around 2015, the VA had a consistent pattern of service termination due to conflicts with various service providers, including [D.] Community Hospital, [E.] Care Centre, [F.] Global, [G.] Healthcare Singapore, [H.] Nursing Foundation and [I.] Befrienders. The VA also made demands from the SSO to accompany him to purchase groceries and for them to stay in his home to be full-time caregivers. When the SSO could not meet his demands, he exhibited aggressive behaviour towards the staff, including throwing tantrums, deliberately spilling water and accusing staff of withholding assistance. Thus, multiple service providers terminated their services for the VA and were unable to continue supporting him. Consequently, the VA lacked essential assistance in the community for his basic care needs and ADLs, including showering, toileting, and medication management.

37. Although the VA then lived with his brother, his brother was uninvolved in his care, working full-time from 4.00/5.00AM till late evening, and only returning home to sleep due to a strained relationship with the VA.

38. On 20 April 2025, the VA's residence was observed by a volunteer group, [B.] Alive, to be cluttered with garbage, including used toilet paper and newspapers containing faeces around the house. Additionally, there were faeces and urine on his mattress and on the floor, resulting in maggot and

[2] PSV's Affidavit, pg 15

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insect infestation in the mattress. The VA's sink was reported to be blocked, his refrigerator was observed to contain spoiled food items, and his residence was observed to have spiderwebs. It was reported that due to the VA's difficulties in ambulating and toileting, he was unable to maintain the hygiene in his home, thus resulting in unsanitary and hazardous living conditions. [B.] Alive assisted the VA to clean up his residence on the same day.

39. A couple of weeks after, local media reported that during a visit to the VA's home, they observed stained bedsheets and a cluttered floor, despite [B.] Alive's cleaning efforts. Thus, concerns were raised that the residence had returned to an unsanitary state only 2 weeks after [B.] Alive's intervention, due to the VA's incontinence and limited mobility.

40. On 9 May 2025, PSV conducted a home visit to the VA's residence. The VA reported that due to his limited mobility, he faced difficulties managing basic household tasks and performing his ADLs such as toileting and showering independently. He reported that he urinated in a bottle hung on his wheelchair, and further that he was unable to use the commode in his house, as he could not transfer himself from his wheelchair to the commode.

41. The VA did not dispute the unsanitary condition of his flat, but insisted to PSV that social services could provide a domestic helper or home care services to help him, and he also had the assistance of his brother; however, I observe that it was not feasible for him to expect social services to pay for a domestic helper for him, to be a guarantor for the helper and also provide alternative full-time caregiving on the helper's offdays. I further observe that even when home care services were offered to him,

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he displayed demanding and aggressive behaviour towards them, leading to at least 6 volunteer/charitable organizations terminating their services over the years. Additionally, I observe that his brother had repeatedly declined to PSV to be involved in the VA's care, citing that he needed to work from 4.00AM/5.00AM till late evening and only returning home to sleep, and that he shared a strained relationship with the VA. As such, in my view, due to the VA's difficulties in ambulating and toileting, together with his unrealistic demands and aggressive behaviours towards service providers which reduced the care network available to him, and the un-involvement of his brother in the VA's care, the VA has experienced, and is at risk of experiencing again (if he were to return home), living in grossly unsanitary or hazardous conditions in his home.

Untreated physical illness

42. PSV's evidence[3] is that the VA has multiple medical conditions and is required to consume medications regularly to manage these conditions.

43. On 9 May 2025, when the VA was conveyed to [C.] General Hospital, he was discovered to have high blood pressure, high blood sugar, elevated heart rate and fever. During admission, [C.] General Hospital assessed that the VA had poorly controlled diabetes, likely due to poor medication compliance. It was further reported that the VA had difficulties packing and consuming his medication due to his visual impairment and limited medical insight, hence there were concerns that the VA's poor medication adherence would lead to further deterioration of his medical conditions.

[3] PSV's Affidavit pg 16

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The VA did not dispute his health condition, but insisted to PSV that social services could provide a domestic helper or home care services to help him, and he also had the assistance of his brother. I repeat my observations on the domestic helper, home care services and the VA's brother as set out in [41] herein. As such, in my view, the VA has experienced, and is at risk of experiencing again (if he were to return home), similar untreated physical conditions.

Lack of improvement since admission into [A,] Home for the Elderly

44. PSV's evidence[4] is that since the VA's admission to [A.] Home for the Elderly in August 2025, there has not been any improvement in his ability to meet his care needs independently. The VA continued to require assistance for ADLs such as toileting, transferring, and cleaning, with little or no rehabilitation potential in these areas. He was also reported by the home to lack poor insight into his medical condition, had limited safety awareness and poor personal hygiene habits. He displayed challenging behaviours such as refusing his meals, pulling out his catheter and challenging the care team's assistance for him. In view of his behaviours, the VA was admitted to [J.] Hospital from 12 September 2025 to 21 November 2025 where he received treatment for a catheter associated urine tract infection. The VA subsequently returned to [A.] Home for the Elderly on 21 November 2025 and was readmitted to [J.] Hospital from 30 November 2025 to 5 December 2025 after he pulled out his percutaneous nephrostomy (PCN) tube. The VA has since returned to [A.] Home for the Elderly on 5 December 2025.

[4] PSV's Affidavit pg17

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45. The VA did not challenge his physical condition, but made the same insistence to PSV relating to a domestic helper, home care services, and his brother, which are not concrete care plans. As such, in my view, the VA would be at risk of experiencing self-neglect again (if he were to return home), without improvement in his physical or functional condition.

Lack of caregiver in the community and lack of insight into care needs

46. PSV's evidence [5] is that PSV and Ministry of Social and Family Development's Psychological and Social Services ("**PSS**") engaged the VA on 13 August 2025 and 12 January 20206 to discuss his care options. During both sessions, the VA continued to express the same expectations that social services should hire a domestic helper to be his full-time caregiver as he did not have the financial capacity to hire one independently. The VA further added that he could manage his care needs independently and that his brother could buy meals for him. He expressed resistance towards nursing home care.

47. PSV further engaged the VA's brother on 12 January 2026 and 9 February 2026 to discuss care plans for the VA. He consistently reported that he was unable to support the VA as his full-time caregiver due to his full time employment, his own heart condition and the strained relationship they shared. Additionally, he reported that his income was insufficient to finance a domestic helper and that their 1-room HDB rental flat had insufficient space to accommodate another person. The VA's brother was supportive of the VA's nursing home placement as he viewed that the VA

[5] PSV's Affidavit pg 18

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would receive the care he required at a nursing home. He informed PSV that he did not object to the court application for the VA's placement.

48. At the conference in Court on 6 March 2026, the VA continued to ask for financial assistance to hire a domestic helper. The Court directed PSV to arrange for the VA's brother to attend Court for the hearing on 5 May 2026 to see if any further care plan may be discussed, but the VA's brother informed that he could not take leave from work and did not attend the hearing. The Court has no power to compel the VA's sibling to attend Court (i.e., by issuing a warrant of arrest) in these VAA proceedings, or to order the VA's sibling to take care of the VA or contribute towards the VA's care. This is unlike situations where certain legislation may require a spouse or a child of a vulnerable adult to contribute towards the vulnerable adult's care.

49. In these circumstances, my view is that the VA would be at risk of experiencing self-neglect again (if he were to return home), without a willing and able caregiver in place.

<u>Improvement in emotional regulation and behavioural issues since referral to PSS</u>

50. PSV's update at the hearing on 5 May 2026 is that since referral to PSS, the VA has completed 7 therapy sessions between January to April 2026 to process his negative emotions towards admission into the nursing home, increase his adaptive coping skills to manage his emotions and support his care team to implement behaviour management strategies. PSS has also worked with the nursing home to enhance recreational and therapeutic activities for the VA during the day to promote meaningful engagement, to facilitate positive relationships between the VA and his

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care team, to establish friendships with other residents, and improve his adjustment to the nursing home. It is reported that the VA has been showing progress in his emotional regulation, and also adapting to his stay by participating in physical exercises and sensory motor activities. The VA did not dispute this at the hearing, expressing that he did interact with the other residents. He also commented that placement should at most be 1 year. As such, in my view, the VA has been physically stable in the nursing home, with improvements in emotional regulation and behavioural issues under the home's care, PSV's supervision, and with PSS's efforts at counselling and therapy. It would be in his welfare and best interests for such stability in his physical condition and improvements in his emotional well-being to continue for a period of time.

Third issue: Whether the orders sought are necessary for the VA's protection and safety and in his best interests

51. PSV's submission is that the orders sought are necessary for the VA's protection and safety, and in his best interests[6].

52. Section 4(1)(b) of the VAA states that a vulnerable adult who does not lack mental capacity is generally best placed to decide how he wishes to live and whether to accept any assistance. However, in the present case, taking into account the factors set out in [28] above, I find that there is no alternative care plan for the VA and nursing home placement is the last resort for the next 2 years, and in his welfare and best interests, for the following reasons:

[6] PSV's Affidavit pg 20

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a. as stated, the VA requires full time caregiving and supervision due to his medical conditions, and faces challenges in performing both his daily and instrumental ADLs. He is not able to ambulate and toilet on his own, and used an unauthorized motorized scooter to move around in the community, endangering himself and others. In particular, his failing eyesight and giddiness in gait made it difficult for him to move around safely, and to adhere to medication requirements. He now also uses urine tubes which require frequent changing, but is not able to change them on his own;

b. he lacks the means to engage a domestic helper or any caregiver; it is not feasible for him to expect social services to increase financial assistance to pay for his domestic helper, act as a guarantor for the helper, and also provide alternative full-time caregiving on the helper's off-days;

c. he currently does not qualify for any assisted living facility. One criteria is that it is reserved for persons aged 65 years and above. The VA is currently 63 years old, hence this could potentially be re-assessed after his 2-year admission in the home based on availability, suitability and financial assistance;

d. his brother declined to be involved in his care, and he has no other friend or family member who is able to assist him. No one has ever visited, or even sought to visit, him in the home, hence PSV is not able to work with any potential caregiver on a concrete home care plan. The Court has no power to order the VA's sibling to take care of him. This is unlike in situations where legislation may require a spouse or a child of a vulnerable adult to care for him or her;

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e. since 2015, he has driven away multiple volunteer/charitable agencies involved in providing support in the community due to his personality and behavioural issues, as such, there is a lack of available and sustainable care services at home;

f. even if the Court directed for daycare and home care services to be put into place, the services would still be insufficient for his care needs as he would require full-time caregiving after daycare in the evenings and overnight, which his brother is not willing or able to undertake. His brother frequently leaves home at around 4.00/5.00AM to work as a cleaner in the hawker centre, works overtime and only returns home late to sleep. He reported a strained relationship with the VA, and avoided going home to minimize conflict;

g. the VA lacked insight into his care needs, insisting that social services increase financial assistance for him to hire a domestic helper or that his brother would support him despite being informed that his brother has declined, and is unable to due to his work, to care for him on a full time or even part time basis; and

h. the VA expressed in his Statement to Court that he wanted "*to be with [his] younger brother*" (word in square bracket replaced), but his brother did not want to be involved in the VA's care and has not even attempted to visit the VA in the home since his admission in August 2025. The Court tried to facilitate discussion by directing for the VA's brother to attend Court, but the brother informed that he could not take leave from work and did not attend the hearing. As stated, the Court has no power to compel the VA's sibling to

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attend Court (i.e., by issuing a warrant of arrest) in these VAA proceedings, or to order the VA's sibling to take care of the VA or contribute towards the VA's care;

i. the VA also expressed fear to medical professionals of passing away in the home, as he verbalized that his mother and elder brother had passed away in nursing homes; however, this is a 2-year and not permanent placement, and the care plan would be reviewed by PSV together with the Review Board under the VAA by the expiry of the 2-year period; and

j. the VA also stated in his Statement that "*this is my home*"- the Court understood this to reflect his grief over the loss of his independence, familiarity and routine in uprooting him from his flat; but his safety and protection, and his welfare and best interests is the first, paramount and overriding consideration of the Court.

53. I finally took into account the views of the Court's 2 learned advisors, Dr Huan Swee Leng Vivien and Ms. Dharma Jayaram, who were supportive of the placement, but expressed concern for the VA's emotional well-being. In this regard, I have made (a) an order for the VA to continue counselling for such sessions as may be required by PSV, including follow up with PSS to manage his emotional regulation and adaptation to the nursing home; (b) a condition for PSV to assess if the VA could in future qualify for an assisted living facility, based on availability, suitability and financial assistance; and (c) an order for a case review in 1 year's time to ascertain if there are any improvements to the VA's condition, any change in the proposed care plan, and to check-in on the VA's well-being; (d) a reminder to the VA to co-operate with PSV, the medical professionals and

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his care team- to take all his required medication, participate in physical and cognitive exercises and any therapy sessions with PSS, his physiotherapist and occupational therapist, and make meaningful relationships with the other residents, in a bid to improve his physical and cognitive functioning and rehabilitation. Any improvement in his cognitive functioning would also reduce his aggressive behaviour which is contributed by his cognitive impairment. PSV should also continue to engage the VA's brother and see if they are able to encourage and empower him to be involved in the VA's care, or at least to visit the VA in the home.

54. In the circumstances, I made the following orders and conditions:

a. the VA be placed under the care of [A.] Home for the Elderly or such other suitable facility, for a period of 2 years until 4 May 2028, under section 14(1)(a);

b. the VA be placed under the supervision of Protector, for a period of 2 years or until 4 May 2028, under Section 14(1)(d);

c. Additional conditions, under Section 14(7) of VAA as follows:

i. visits/contacts are to be set in accordance to [A.] Home for the Elderly, or such other suitable facility's visitation guidelines;

ii. non-intrusive decisions relating to the VA's care needs to be managed by the care staff at [A.] Home for the Elderly or such other suitable facility;

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iii. the VA is to refrain from interfering with [A.] Home for the Elderly or such other suitable facility's provision of care to himself during the sessions;

iv. the VA is to abide by the rules and regulations of [A.] Home for the Elderly or such other suitable facility, and refrain from verbally abusing any staff from [A.] Home for the Elderly or such other suitable facility and PSV;

v. PSV to explore whether the VA would qualify for an assisted living facility in future, based on availability, suitability and financial assistance, and update the Court at the next case review;

d. the VA to continue to attend counselling for such sessions as may be required by PSV, including follow up with PSS to manage his emotional regulation and adaptation to the nursing home; and

e. there shall be a case review in Court 5C, Family Justice Courts on 7 May 2027 9.30AM.

D. Conclusion

55. The VA's resistance to a loss of his independence, movement, familiarity, privacy, routine, memories and dignity in his home and community is understandable, especially as he is still relatively young at the age of 63 years old. He did not wish to spend the next 20 years or more in a nursing home and pass on there, like his mother and elder brother had. As Singapore becomes a super-aged society, it is hoped that there would be

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more options for persons like the VA in the present case, who still has mental capacity to decide where and how he could live, but lacks financial resources or willing caregivers to address his care needs, to age gracefully and meaningfully in a safe and protected manner, with a sense of belonging of "home".

Cheryl Koh
District Judge

Ms Syauqina Amalyn Murad
& Ms Rasey Tan for PSV;
The VA in person

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