



UNDERSTANDING

THE **QUALITY OF LIFE** OF

SENIORS

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CONTENTS

06

**PRESIDENT'S
FOREWORD**

by Mr Hsieh Fu Hua,
NCSS President

07

FOREWORD

by Dr Gerard Ee,
Chairman of the NCSS
Advocacy and Research
Panel

08

MESSAGE

from Dr Kanwaljit Soin,
Founding President,
Women's Initiative for
Ageing Successfully

09

**AN OVERVIEW
OF ELDERCARE
AND AGEING**

12

INTRODUCTION

16

**QUALITY OF LIFE
STUDY ON SENIORS**

35

**THE ELDERCARE
SERVICE LANDSCAPE**

36

WHAT CAN YOU DO?

37

ACKNOWLEDGEMENTS

38

REFERENCES

ANNEXES

39 A: Glossary of Quality
of Life Domains and
Facets

40 B: Glossary of
Eldercare Services



PRESIDENT'S FOREWORD

MR HSIEH FU HUA
NCSS President

"That food goes uneaten and families remain vulnerable tells us that hunger is but one need among many."

Before I became President of NCSS, I used to volunteer for a charity, handing out food provisions to vulnerable families. Many recipients were kind and invited me into their homes. What struck me during these visits was the sight of stacks of unconsumed and even expired food. They explained to me that when social service organisations offered help, it was usually food.

While well-intentioned, gifts of food address hunger as opposed to what keeps people hungry. That food goes uneaten and families remain vulnerable tells us that hunger is but one need among many. It also reminds us that people's real needs can be very different from what we believe them to be.

In addressing these issues, NCSS advocates a quality of life approach to understanding needs. Areas such as psychological well-being, independence and having social support are vital to living well. This entails encouraging people to express what they need, and to be active participants in addressing their own needs.

The Quality of Life Study has shed valuable insights on how all individuals can hold onto their aspirations, use their abilities and be active in society. In supporting seniors to age in place, more can be done to improve their participation in sports and recreation. For seniors who are willing and able, we can encourage age-friendly workplaces, and create employment and volunteering opportunities tapping their strengths.

Ultimately, it is my hope that every contributor to this sector can join NCSS in taking a person-first perspective, seeing individuals beyond recipients of help alone and empowering all to live with dignity in a caring and inclusive society.



FOREWORD

DR GERARD EE
Chairman of the NCSS Advocacy and Research Panel

"Regardless of ability, condition or age, our lives are made up of many diverse facets, aspects and experiences intricately woven together."

Regardless of ability, condition or age, our lives are made up of many diverse facets, aspects and experiences intricately woven together. Even as individuals, we are shaped by the ecosystem we live in, be it the people close to us, community or wider society. Hence, focusing on a few aspects rather than the whole – the individual rather than his or her interactions with the entire ecosystem – prevents us from seeing meaningful linkages that contribute to who a person is.

With this in mind, NCSS carried out a series of studies to examine the quality of life of various vulnerable populations and seniors through a person-centred and holistic approach. To understand their aspirations, needs and well-being from their perspective, we adopted the World Health Organisation's framework on Quality of Life, conducting surveys, interviews and discussions.

This is one in a series of publications that presents the results of those findings to practitioners, social service professionals, volunteers and service users for their application. Each contains rich information that can be used to guide social service providers, funders and other stakeholders in the social service ecosystem, to dive into understanding and developing solutions so as to empower service users towards achieving their fullest potential.

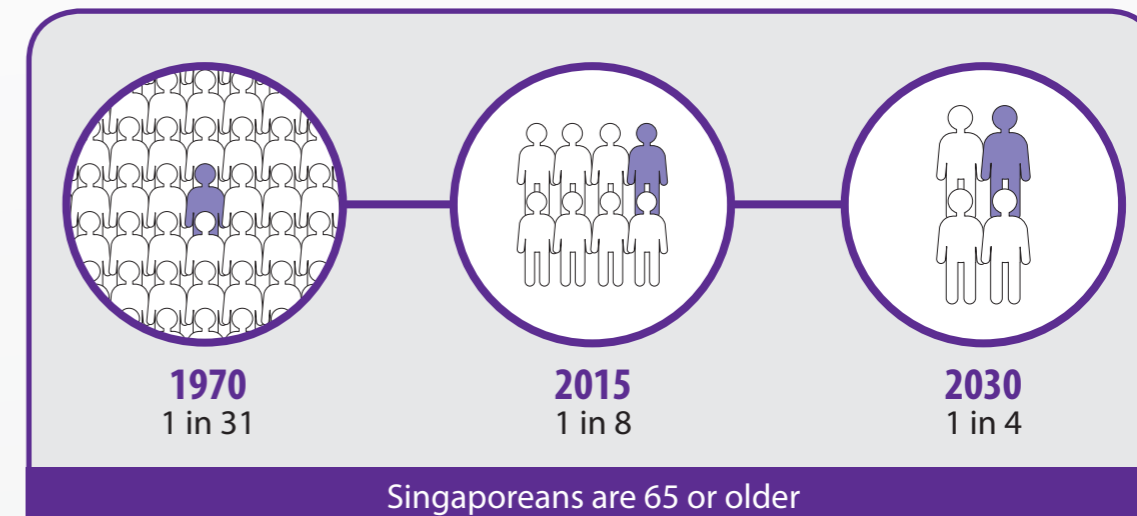
Among numerous other applications, the insights gleaned from these findings have also contributed towards national initiatives such as the Enabling Masterplan 3, the nation's disability blueprint, as well as the Social Service Sector Strategic Thrusts, a five-year strategic roadmap for the sector developed in partnership with the public, private and people sectors.

I am extremely grateful to our advisors. They are experts in the field of statistics, clinical psychology, social work, disability, mental health, seniors and research. I am also thankful to each and every respondent who participated in the study, along with the many who helped ensure that their opinions were heard.

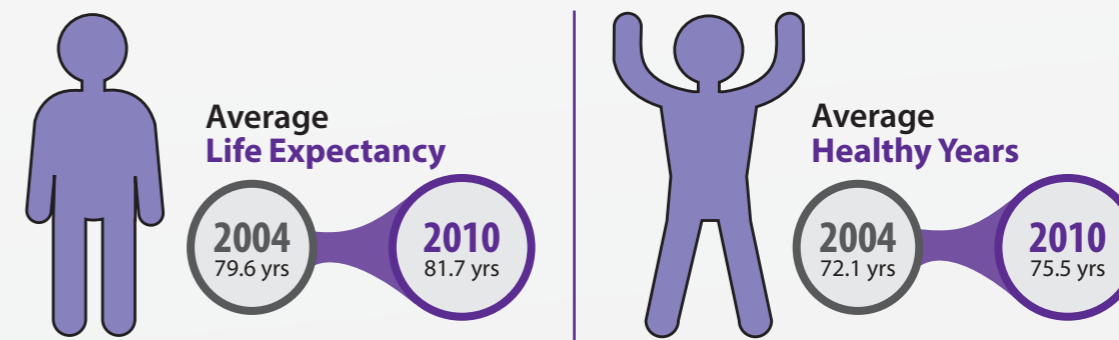
AN OVERVIEW OF ELDERCARE AND AGEING

DEMOGRAPHICS AND KEY TRENDS¹

The population is ageing rapidly.



People are living longer, and staying healthy for longer.



Ageing, once the privilege of a few, is now the destiny of many. By 2030, Singapore is expected to become a super-aged society, with more than 20% of its population over the age of 65. With the retirement age creeping up and the increase in ageing consumers, the silver age has already arrived in more ways than one.

It is therefore timely to re-examine our attitudes towards ageing. For example, we should do away with the assumption that being old is not to be young or vice versa, as the distinction between what is 'old' – slow, unproductive, uninteresting – and 'young' – fast, efficient, innovative – is a false one that underlies what we know as **ageism**. Chronological age does not equate to function or cognition, and it is no proxy for capability. Many older persons are just as active as their younger counterparts, notwithstanding that the functional limitations of ageing can be mitigated with changes in one's behaviour and environment, or through medical technologies.

Instead of allowing these and other misconceptions of ageing to persist, we should work towards a strengths-based approach, one that recognises, affirms and prioritises the positive aspects of growing old. This means appreciating that ageing is a multi-faceted phenomenon and that seniors are diverse – like all seniors in some aspects, like some seniors in a few aspects and yet, like no other.

The Quality of Life Study represents a step forward in this direction. Gathering the views of seniors themselves, it provides a holistic profile of their needs, venturing into areas not often discussed such as how ageing affects females more than males, or how seniors lack intimate bonds, whether with family or friends. These and other needs, need to be told.

With more knowledge and understanding, Singapore will hopefully become a more gracious country for one to spend one's later years in a secure and sustainable society that is amenable to older workers, recognises them for their contributions and values them for their experience. If one thinks about it, we would also be destigmatising our older selves, paving the way for a life that is as young and exciting, as it is old and wise.



MESSAGE

DR KANWALJIT SOIN

Founding President,
Women's Initiative for Ageing Successfully

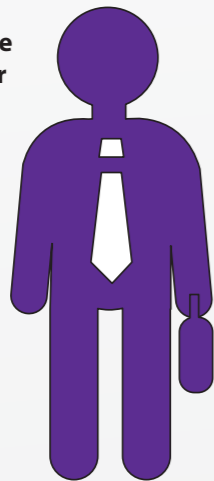
"Chronological age does not equate to function or cognition, and it is no proxy for capability."

¹ Sources: Department of Statistics, Institute of Mental Health, Ministry of Health (Disease Control Division).

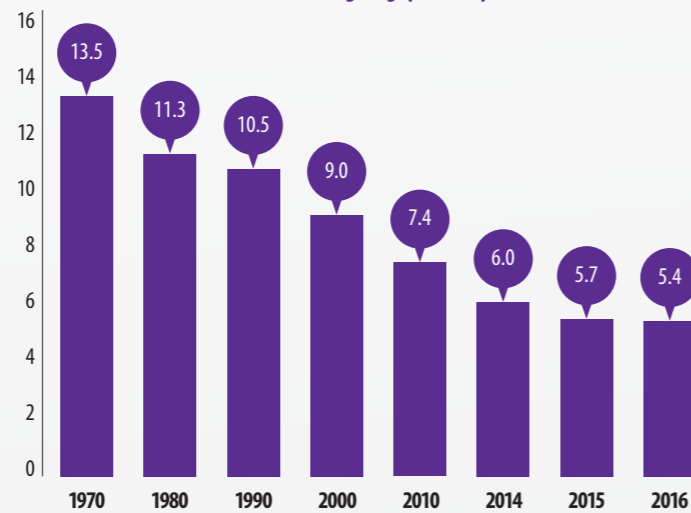


There will be **900,000** seniors by **2030**, about double the current number of **440,000**.

As time goes on, there will be fewer Singaporeans of working age to support our elderly.



Resident Old-Age Support Ratio
(Number of working Singaporeans per senior)



2 Vaingankar et al. (2016). Prevalence of Frailty and its Association with Sociodemographic and Clinical Characteristics, and Resource Utilization in a Population of Singaporean Older Adults.
 3 Ho, T., Law, N. M., Goh, L. G., & Yoong, T. (1997). Eye Diseases in the Elderly in Singapore.
 4 Definition taken in accordance with the National Health Survey 2010 – at least 3 frequencies out of 4 affected (500 Hz, 1000 Hz, 2000 Hz and 4000 Hz) at 40 dB in at least 1 ear.
 5 Tan, T. (2014, 2 Mar). More Singaporeans Living Alone; Trend Seen Rising.

Dementia

affects

1 in 10
of those who are 60 and above

1 in 2
of those 85 and above

The number of persons with dementia is expected to more than double to **103,000** by 2030.

Frailty

Feeling at least three out of five symptoms (weakness, slowness, exhaustion, low physical activity or unintentional weight loss), is at **nearly 6% among those aged 60 years and older.**²

Sensory Impairment

Visual impairment affects nearly **1 in 5** who are 60 and above³

Hearing impairment affects **23%** of those 60-69 years old⁴

Social Isolation

is expected to increase among seniors, from **35,000** to **83,000** by 2030.⁵

INTRODUCTION

Singapore's ageing population has led to more conversations about what it means to age successfully. While living longer often brings to mind challenges to physical health, it is important to realise that seniors have other needs that are also associated with the ageing process, in areas such as social belonging, intimate bonds with family and friends as well as a sense of autonomous living.

To this end, the (NCSS) supports a **person-centred** and **ecosystem** approach towards helping individuals achieve **quality of life**. This is also the value which underlies the Social Service Sector Strategic Thrusts (2017-2021), a 5-year roadmap for the social service sector.⁶

PERSON-CENTRED

A *person-centred* approach operates on the belief that an individual has the capacity to understand, articulate and work through problems as well as making decisions on how to overcome them.⁷

ECOSYSTEM

Addressing individuals holistically also means seeing them as connected to different contexts that mutually influence each other, and which impacts every aspect of an individual's life — an *ecosystem*⁸ comprising caregivers and family, community and wider society. In practice, this means that understanding the needs of seniors necessitates taking into account their interactions with the ecosystem, to work towards a more holistic understanding and solution creation.

QUALITY OF LIFE

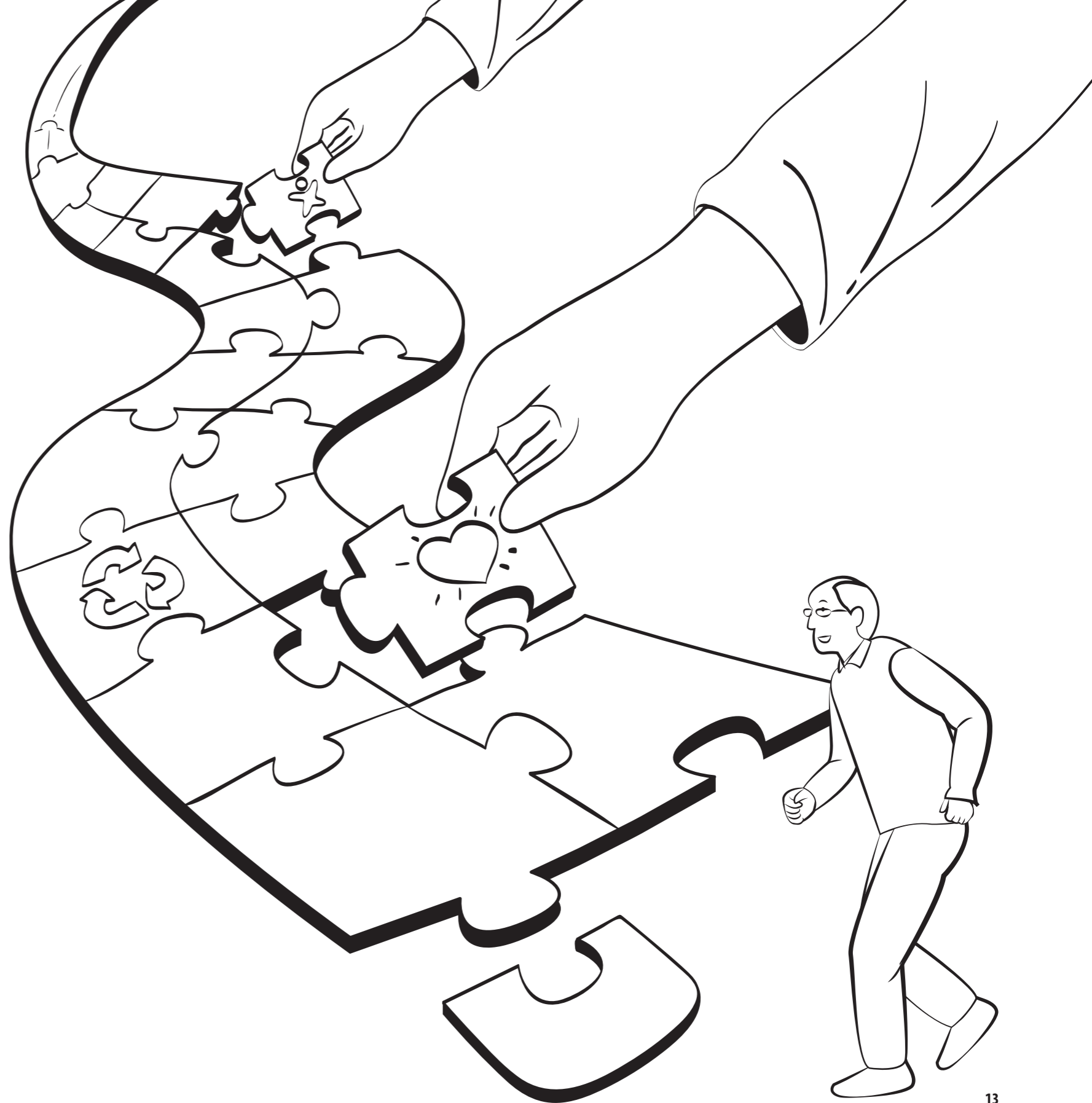
Taking a multi-faceted approach to individual well-being, a key goal is to ensure that individuals' *quality of life* is optimised in the form of a core set of diverse, essential needs to be met. These needs are evaluated from the individuals' own point of view, which gives credence to people's own awareness of what they need. This is important because researchers agree that the assessment of quality of life is subjective⁹, and that individuals perceive needs and give importance to them in different ways.

⁶ The Social Service Sector Strategic Thrusts document may be found on NCSS' website at <http://www.ncss.gov.sg/4ST>.

⁷ The term "person-centred" was first introduced by the psychologist Carl Rogers in the 1940s. Further information about the person-centred approach can be found at <http://adpca.org/content/history-0>.

⁸ Bronfenbrenner, U. (1986). *Ecology of the Family as a Context for Human Development: Research Perspectives*.

⁹ Blatt, B. (1987). *The Conquest of Mental Retardation*; Taylor, S. & Racino, A. (1991). *Community Living: Lessons For Today*.



The (WHO) defines Quality of Life as such¹⁰:

“An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.”

It conceptualises Quality of Life in six constituent domains, subdivided into 24 facets. More details on the domains and facets may be found in **Annex A**.

DOMAINS

FACETS

PHYSICAL

1 PAIN AND DISCOMFORT

2 ENERGY AND FATIGUE

3 SLEEP AND REST

LEVEL OF INDEPENDENCE

1 MOBILITY

2 ACTIVITIES OF DAILY LIVING

3 DEPENDENCE ON MEDICAL TREATMENT / MEDICATION

4 WORK CAPACITY

SOCIAL RELATIONSHIPS

1 PERSONAL RELATIONSHIPS

2 SOCIAL SUPPORT

3 SEXUAL ACTIVITY

ENVIRONMENT

1 SAFETY AND SECURITY

2 HOME ENVIRONMENT

3 FINANCIAL ADEQUACY

4 HEALTH AND SOCIAL CARE

5 OPPORTUNITIES TO ACQUIRE NEW INFORMATION AND SKILLS

6 RECREATION AND LEISURE

7 PHYSICAL ENVIRONMENT

8 TRANSPORT

PSYCHOLOGICAL

1 POSITIVE FEELINGS

2 THINKING, LEARNING, MEMORY AND CONCENTRATION

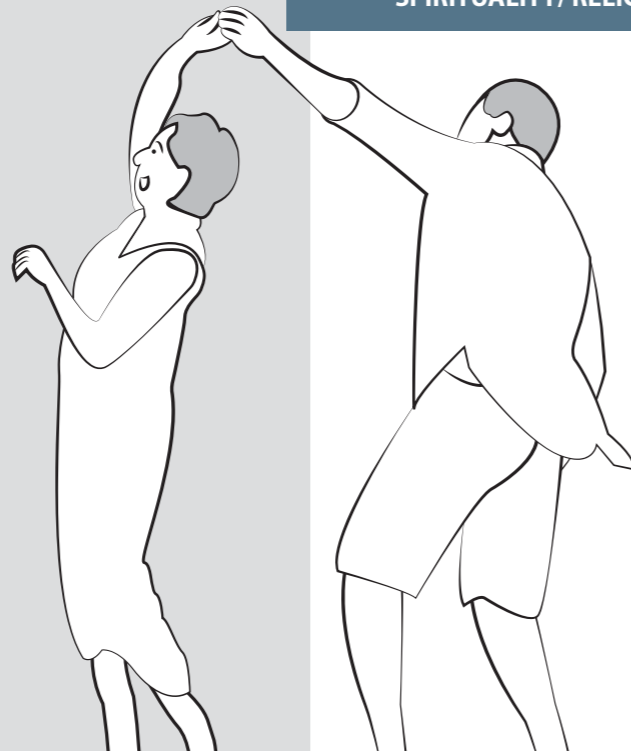
3 SELF-ESTEEM

4 BODY IMAGE AND APPEARANCE

5 NEGATIVE FEELINGS

PERSONAL BELIEFS

1 PERSONAL BELIEFS, SPIRITUALITY/ RELIGION



With this in mind, NCSS conducted the **Quality of Life Study on Seniors**, a nationwide survey which sought to identify what areas they felt contributed most to their well-being and could be improved upon.

These findings support existing knowledge and feedback, and help NCSS represent the views of seniors. NCSS will also reference them for deeper solutioning, research, service planning efforts, public education and policy recommendations.

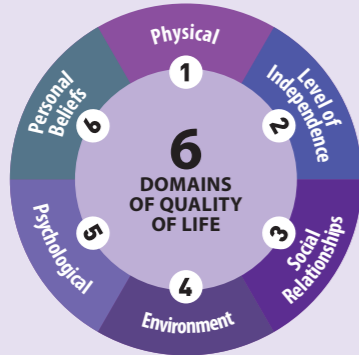
The results from this inaugural study also serve as a baseline for future comparison, allowing changes in quality of life to be tracked over time. This will strengthen the social service sector's ability to assess the impact of our schemes, initiatives, services and programmes, and identify trends for future needs and gaps.

¹⁰ World Health Organization. (1993). Study Protocol for the World Health Organization Project to Develop a Quality of Life Assessment Instrument (WHOQOL).

QUALITY OF LIFE STUDY ON SENIORS

RESEARCH OBJECTIVES

- To understand the needs of pre-seniors (50-64 years old)¹¹ and seniors (65 years and above), across six domains of quality of life¹²:



- To obtain a quantitative baseline for the quality of life of pre-seniors and seniors
- To surface priority areas for action

METHOD

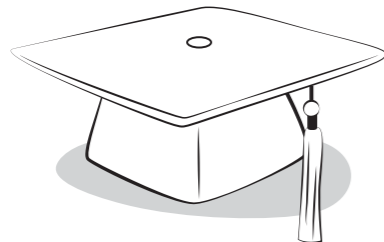
This study was carried out in two stages, comprising a survey as well as post-survey focus group discussions.

QUANTITATIVE SURVEY

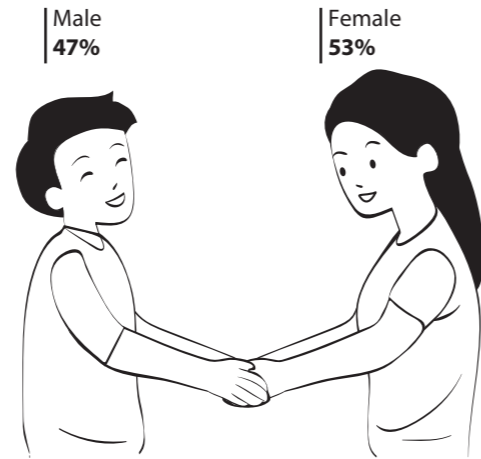
Survey participants aged 50 and above were obtained through random sampling from the Department of Statistics' database of households with at least 1 person aged 50 and above. The survey was administered face-to-face, and respondents had to complete it by themselves as far as possible (with clarifications where necessary). The final sample comprised 1000 responses.¹³

COMPARISON TO THE GENERAL POPULATION

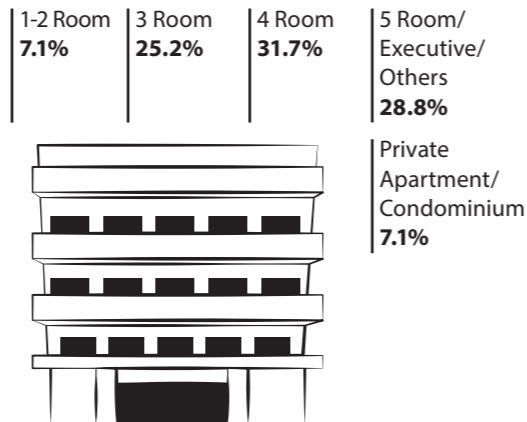
As a basis for comparison, NCSS also obtained a representative sample (n = 942) of the general population through the Department of Statistics¹⁴ as well.



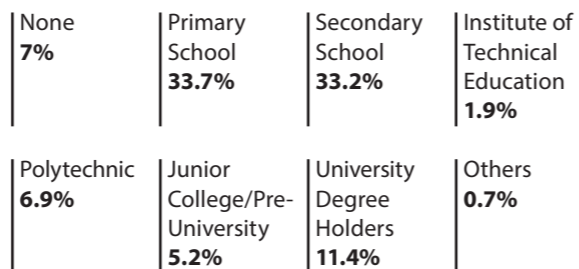
RESPONDENT BREAKDOWN BY GENDER



RESPONDENT BREAKDOWN BY HOUSING TYPE



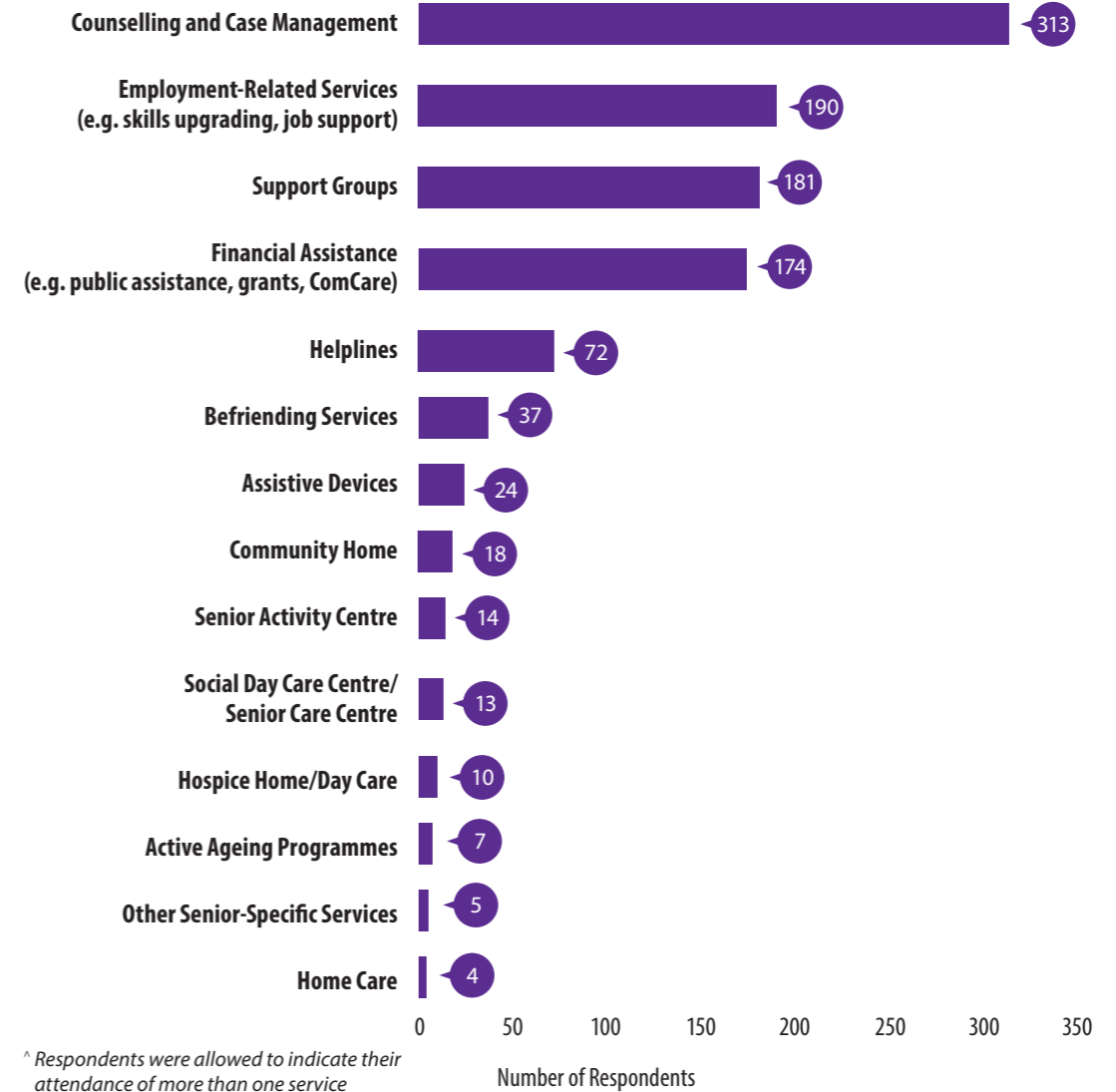
RESPONDENT BREAKDOWN BY EDUCATION



CHRONIC DISEASE

Chronic disease such as heart disease, diabetes, stroke, and asthma affects nearly 6 in 10 aged 50 and above.

RESPONDENTS WHO HAVE USED OR ARE CURRENTLY ACCESSING SERVICES[^]



[^] Respondents were allowed to indicate their attendance of more than one service

¹¹ This group was surveyed for the purposes of understanding needs upstream, towards ideating preventive modes of intervention.

¹² More details on the domains, and facets under each domain, in **Annex A**.

¹³ Comprises only those living in the community, without dementia. Number of people approached: 1410, Response Rate = 71%.

¹⁴ Responses from the general population sample who indicated that they had mental health conditions or disabilities were removed so that the general population sample could be used as a control group for comparison with the other target groups. 2,000 households surveyed. Response rate: 50%.

In this survey, three World Health Organisation Quality of Life (WHOQOL) instruments were used. Further questions were asked on their satisfaction of services accessed, the types of services they require as well as the Quality of Life domain(s) in which they desired the most improvement. All questions were translated into Chinese, Malay or Tamil where necessary.

QUALITY OF LIFE

WHOQOL-BREF

Specific to Seniors

- 24 questions that corresponded with the 24 facets of Quality of Life
- Two questions regarding their perception of life and health overall

WHOQOL-OLD

Items on Activities of Daily Living

OTHER AREAS SURVEYED BY NCSS

1. Demographics
2. Desired Areas of Improvements
3. Perception of Health Status and Health Conditions
4. Service-Related Questions

WHOQOL-BREF¹⁵

This is a 26-item scale that asks respondents to rate their perceived state of well-being in the last two weeks. Questions are answered on a five-point scale, and comprise:

WHOQOL-OLD

This is a 24-item, add-on module of WHOQOL-BREF that measures six areas important to seniors — *Autonomy, Death and Dying, Intimacy, Past, Present & Future Activities, Sensory Abilities, and Social Participation*. Questions are answered on a five-point scale, which include:

Domain	Areas Covered
Autonomy	Being able to live autonomously and to make own decisions
Death and Dying	Concerns, worries, and fears about death and dying
Intimacy	Being able to have personal and intimate relationships
Past, Present and Future Activities	Satisfaction about achievements in life and at things to look forward to
Sensory Abilities	Assesses sensory functioning and the impact of loss of sensory abilities on quality of life
Social Participation	Participation in activities of daily living, especially in the community

FOCUS GROUP DISCUSSIONS

To derive deeper insights into the survey findings, focus group discussions were carried out with practitioners and leaders of organisations working to serve seniors.

The discussions included open conversations on participants’ understanding and views on the needs of and challenges faced by seniors, as well as strategies in moving forward.

¹⁵ According to WHOQOL Group (1998), the WHOQOL-BREF has been validated cross-culturally for various populations worldwide.

KEY FINDINGS

Our analyses showed meaningful differences in quality of life between pre-seniors and seniors. As one key theme of this study was the effect of ageing on quality of life, the original sample (n = 1000, aged 50 and above) is henceforth split and referred to in two groups in this section:

- Pre-Seniors, aged 50-64 (n = 666)
- Seniors, aged 65 and above (n= 334)¹⁶

Towards applying the findings in a more direct manner, idea and innovations (in Singapore or from overseas) are presented that adopt a person-centred and ecosystem approach in improving the lives of seniors.

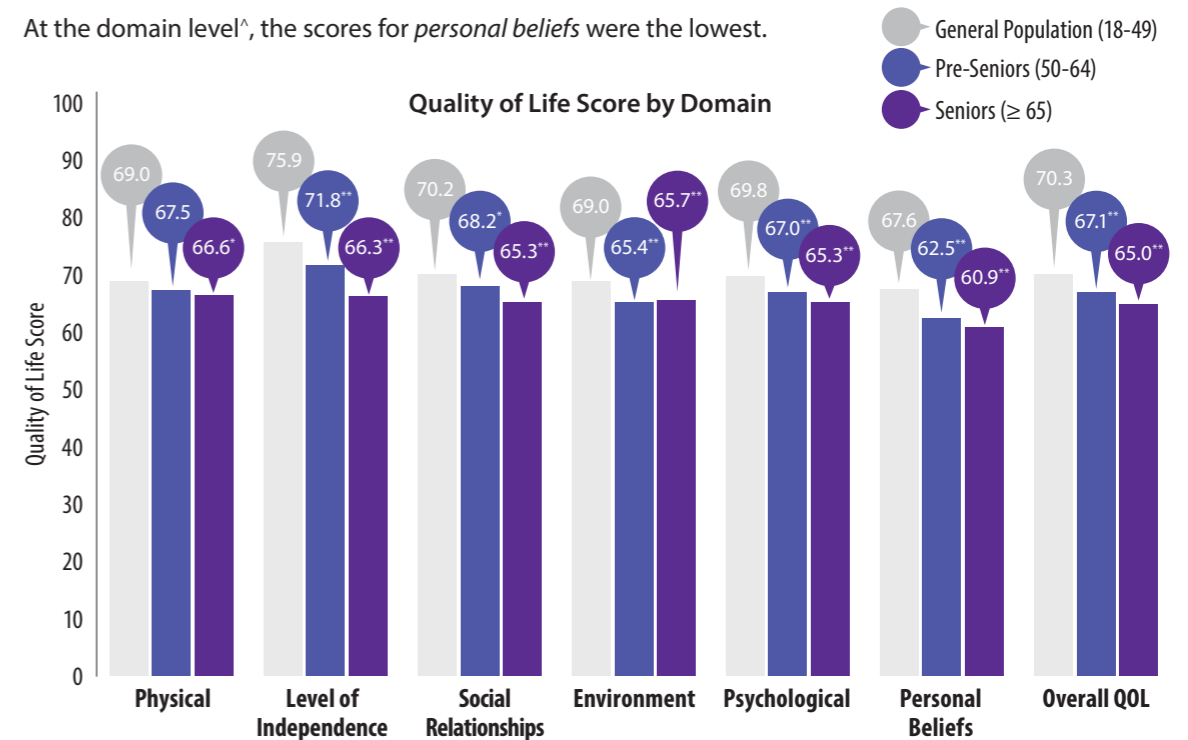
This section is not meant to be prescriptive, but to highlight both existing and innovative models to inspire more solutions that are ground-up and suited to the community’s needs.

Finding #1

The highest scoring quality of life domains for Pre-Seniors was *level of independence*. Seniors scored highest in the *physical* domain.

However, both groups experienced a *lower quality of life* than the general population.

At the domain level^a, the scores for *personal beliefs* were the lowest.



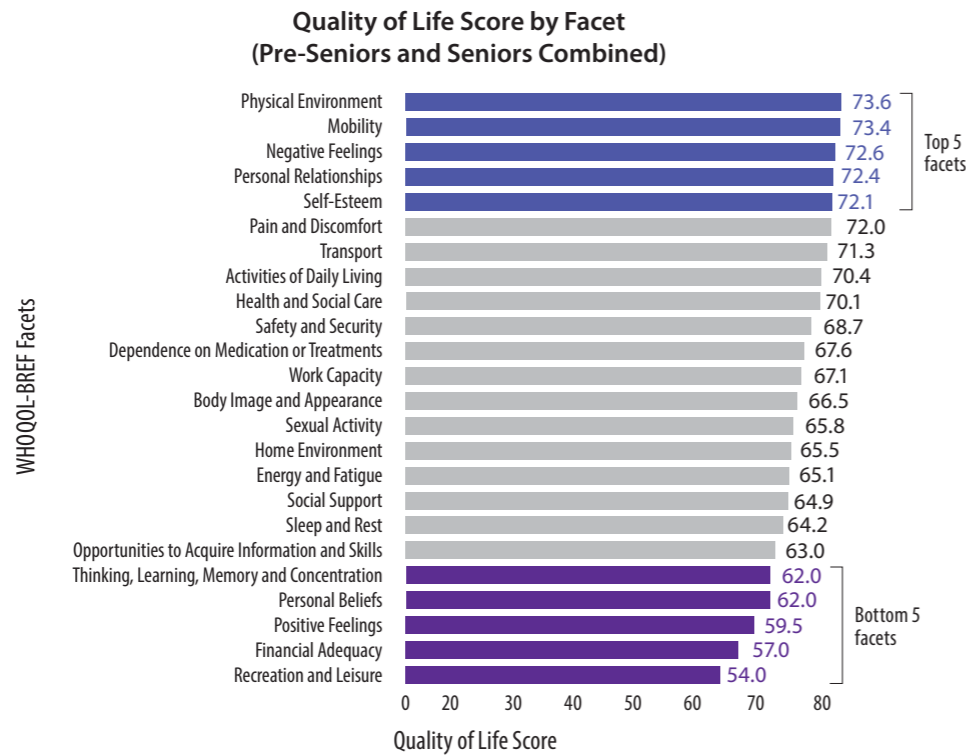
^a $p < 0.05$, ^{**} $p < 0.01$. A Multivariate Analysis of Variance was performed on the 6 domains related to Quality of Life (dependent variables) and group membership (independent variable). Differences are with respect to the general population.

¹⁶ Prevailing retirement age, before 01 July 2017.

At the facet level¹⁷, Pre-Seniors and Seniors scored lowest in areas such as *recreation and leisure, financial adequacy* as well as *positive feelings*.

The highest scores were in *physical environment, mobility* and *negative feelings*¹⁷.

¹⁷ For more information on the Quality of Life domains/facets, please refer to **Annex A**.



PRE-SENIORS
(50 to 64 years old)

Top 3 Facets (Best to Least Best)

- Mobility
- Physical Environment
- Self-Esteem

Bottom 3 Facets (Worst to Least Worst)

- Opportunities for Recreation and Leisure
- Positive Feelings
- Personal Beliefs

SENIORS
(65 and above)

Top 3 Facets (Best to Least Best)

- Physical Environment
- Transport
- Negative Feelings

Bottom 3 Facets (Worst to Least Worst)

- Opportunities for Recreation and Leisure
- Thinking, Learning, Memory and Concentration
- Positive Feelings

¹⁷ A high score indicates that individuals do not experience a high level of negative feelings.



Idea: Adopt a holistic approach to understanding Pre-Seniors' and Seniors' needs.

Ageing gracefully is not just a matter of biophysical health, but should also be about bolstering psychological, emotional and community support and resources. In particular, expanding and diversifying community partnerships is becoming increasingly important so as to enable residents to age in place. A holistic approach to needs should also take a person-centred viewpoint, prioritising not only self-reported needs but also Pre-Seniors' and Seniors' own potential in meeting them.

1 The Tsao Foundation is distinctive for its person-centred, integrated bio-psycho-social approach to promoting health and wellbeing over the life-course, which it delivers through team-managed, interdisciplinary community care initiatives.

Its **Hua Mei Centre for Successful Ageing** serves as a one-stop centre of pioneering healthcare services for community-dwelling adults, from the age of 40 to the end of life. The Foundation also spearheads the **Community for Successful Ageing (ComSA)**, a transformative, ground-up, community-wide approach to enable health, lifelong learning and continuous participation in civic society. It is currently being developed in Whampoa with a multi-sectoral network of partners.

The Foundation is also developing a signature series of practitioner-to-practitioner training courses to build capacity in community-based aged care, breaking new ground in professional training in gerontological nursing as well as gerontological counselling.

For more information, visit <http://tsaofoundation.org>.

2 The Pioneer Generation Office (PGO) was set up by the government in 2014 to reach out to Pioneers and explain to them the benefits of the Pioneer Generation Package (PGP). To do so, PGO kickstarted the **Pioneer Generation Ambassadors Programme**, which mobilised volunteers, also known as Pioneer Generation (PG) Ambassadors, to thank, assure and honour Singapore's Pioneers through face-to-face, personalised outreach.

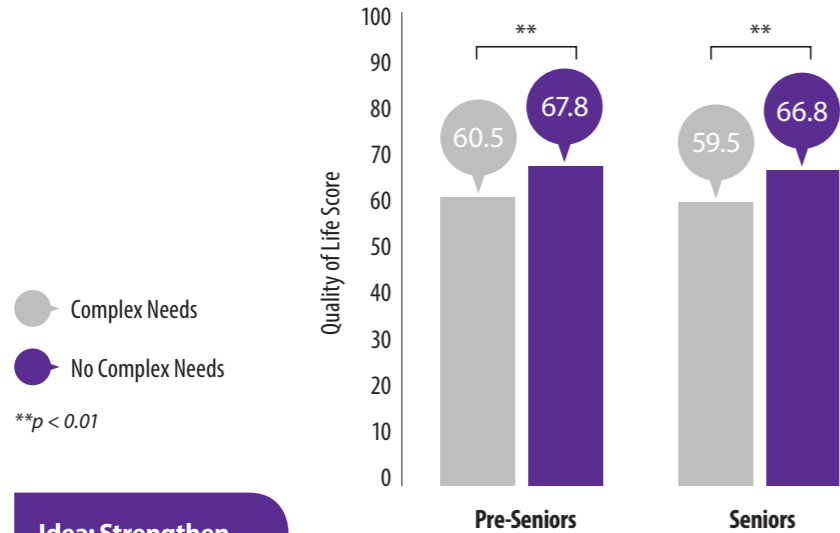
Since July 2016, this outreach has been extended to all citizens aged 65 and above. During the visits, PG Ambassadors explain complex policies to seniors, connect them to activities and services in the community and where needed, help them apply for assistance. To date, 7 out of 10 Singaporean seniors above 65 years old have been engaged at least once by PG Ambassadors.

Apart from this, the wider programme also provides volunteering opportunities for seniors, with the objective of foster a caring and compassionate society. PGO continues to serve as a community based organisation, overseeing senior engagement and partnering government agencies and community stakeholders to help seniors age gracefully. For more information, interested parties may contact PGO at info@pgo.gov.sg.

Finding #2

Quality of Life was even lower for both groups, if either had complex needs (i.e. having a *disability or a mental health issue*).

Quality of Life Score by Presence of Complex Needs



Idea: Strengthen and improve access to mental health and disability support systems.

Staying physically fit and psychologically well are important for people to age well and guard against disability and mental health issues. Hence, upstream interventions and access to mental health and disability support are crucial.

Improving and increasing outreach are imperative as well, particularly to seniors who may not be aware of programmes nor know how to access them such as those living alone, are not ambulant, or who are single, divorced or widowed.

Changi General Hospital's **Community Psychogeriatric Programme** aims to improve the mental health of seniors aged 65 and above in the Eastern region of Singapore. It engages in partnerships with eldercare agencies and General Practitioners. A multi-disciplinary team including medical social workers, nurses, physiotherapists and geriatric psychiatrists, conducts:

- Training, consultation and support for eldercare agencies and family practitioners
- On-site mental health assessments, psychosocial interventions and functional rehabilitation

Similar initiatives include the National University Hospital's G-RACE Community Partnership (Western region) as well as the Institute of Mental Health's APCATS service (Central region).

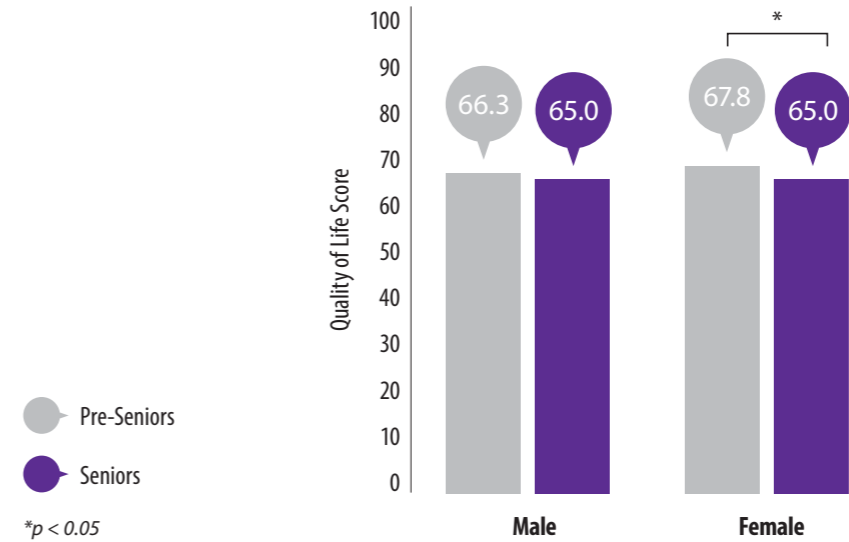
Finding #3

There were no significant differences in quality of life between males and females.

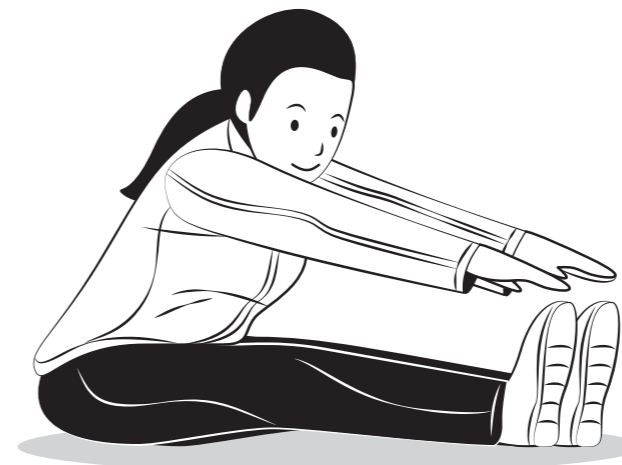
Within each group, however, both reported *lower* quality of life with increasing age.

In particular, for females, *Senior* females experienced significantly lower quality of life in their level of *independence* as well as *physical* and *psychological well-being*, compared to Pre-Senior females.

Quality of Life Score by Gender



Idea: Support females in the ageing process, particularly in maintaining their sense of independence as well as physical and psychological well-being.

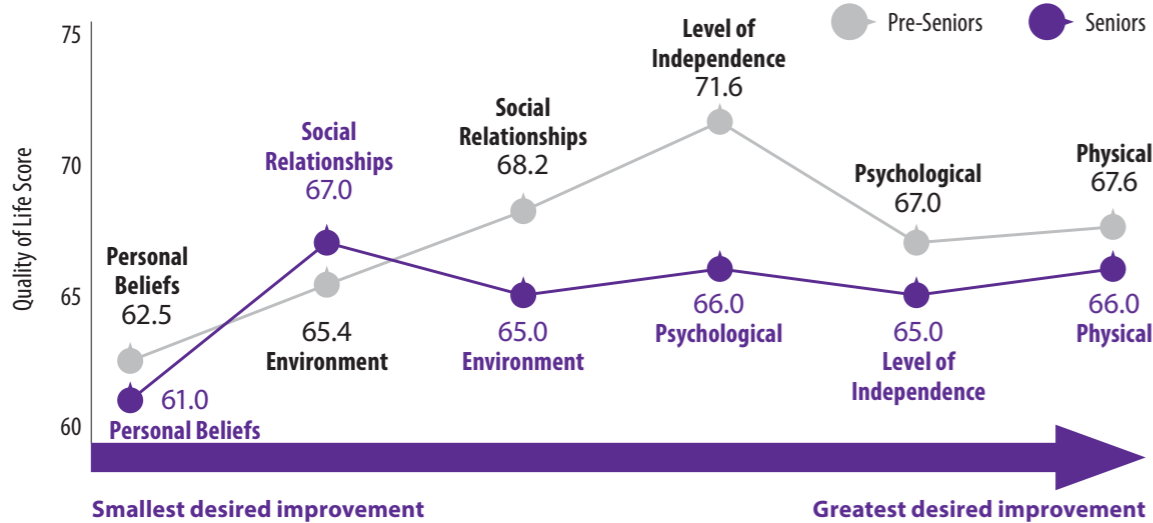


A non-profit organisation dedicated to promoting successful ageing among women, the Society for Women's Initiative for Ageing Successfully (WINGS) runs the flagship **CoreAct** programmes, a series of three subsidised and interactive ageing preparation courses designed to help ageing women in the areas of financial education and decision-making (**MoneyAct**), preventive health and holistic well-being (**HealthAct**) as well as happiness and self-esteem (**HappinessAct**).

More information can be found on WINGS' website at www.wings.sg/what-we-do

Finding #4

Pre-Seniors and Seniors wanted to see improvements in their *physical and psychological well-being* as well as their *level of independence*.



Idea: Encourage independence and self-reliance.

Focus groups discussions revealed that the stereotypical view that society has of a senior is someone who is retired and wants to relax and enjoy life. However, this image fails to incorporate various anxieties of ageing, be it retirement or potential loss of income, deteriorations in health, and fears over loss of one's independence.

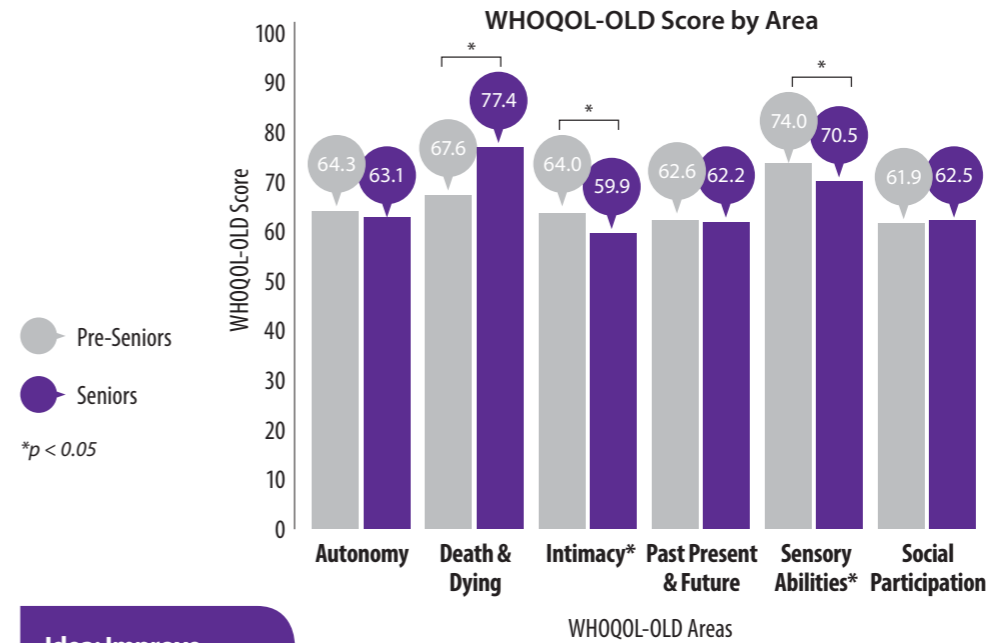
The Marine Parade Town Council's **Town Audits** involves identifying physical defects and hazards in the neighbourhood that might be unsafe for older residents. Each Town Audit team comprises at least 2 seniors and 3 volunteers, who walk along routes to popular spots often visited by seniors such as the market, supermarket and bus stops. Teams document and identify potential physical hazards along the way, which are subsequently surfaced to relevant agencies such as the Town Council, the Land Transport Authority and the Housing Development Board.

The audits have led to more senior-friendly features in the neighbourhood such as more benches, countdown timers for the "green man" at traffic crossings, bus service information posters in larger fonts, levelled ground surfaces as well as slip-resistant drain covers.

Finding #5

Seniors scored lower than Pre-Seniors in *intimacy* (feeling and having opportunities for love and companionship) and coming to terms with *sensory decline* in their lives.

Pre-Seniors scored lower than Seniors in the domain of death and dying.

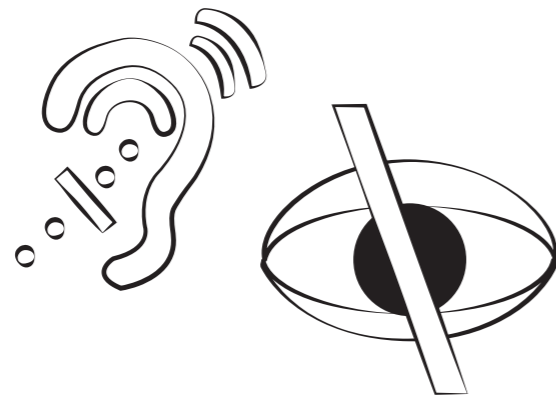


Idea: Improve Seniors' feelings of love and companionship as well as their ability to cope with sensory loss.

While attempts to improve marital and family bonds might work, community activities can also be helpful, especially those that celebrate seniors' bonds and relationships with loved ones.

In conjunction with the International Day of Older Persons, NCSS brought community, corporate and social service organisations together in the **Seniors Give Thanks!** Campaign, in which seniors were encouraged to thank and strengthen relationships with their loved ones through simple acts of gratitude, such as a handwritten note or meaningful gesture.

More information may be found at: www.ncss.gov.sg/idop.



In helping seniors cope with sensory decline, services targeting sensory decline should be made more accessible, and prioritise early detection and intervention so as to anticipate or mediate seniors' ability to cope.

Reaching out to educate seniors is also important, as well as to bring them to awareness of the impact of sensory decline on daily life such as greater risk for falls, greater caregiver burden and increased use of savings. This is also as many communicate indifference (e.g. regarding sensory decline as normal in ageing[^]), denial or fear when informed about their sensory loss.

It is further important to be sensitive to their psychosocial needs beyond providing information alone, as they might face anxieties over increased costs or feelings of resignation. In this manner, providing peer support from ex-patients may allay the concerns of potential service users.

[^] A recent study conducted by Singapore National Eye Centre (SNEC) showed that 9 in 10 elderly Singaporeans assumed that there was no need to have regular eye checks if they could see well.

Change Pre-Seniors' attitudes towards death and dying.

Seeking to break the taboo on death and dying and encourage reflection on end-of-life matters, the Lien Foundation and Ang Chin Moh Foundation commissioned Drama Box and ArtsWok Collaborative to start **Both Sides, Now**, an arts-based civic engagement initiatives that provides a platform for individuals to reflect on end-of-life matters. It comprises diverse segments such as art installations, speaker sessions, forum theatre performances, community conversations as well as puppetry performances that aid in facilitating end-of-life conversations and which have since travelled to more than 50 eldercare centres around Singapore.

More information may be found at: www.bothsidesnow.sg.

Finding #6

Pre-Seniors were more likely to have a *lower* quality of life[^] if they:

- Had not engaged in regular sports or physical recreational activities (3x)
- Had a chronic disease⁺ (2x)
- Were staying in a 1-3 room flat (1.5x)

Seniors were more likely to have a *lower* quality of life[^] if they:

- Had a chronic disease⁺ (3x)
- Did not earn a personal income or allowance (2.7x)
- Were staying in a 1-3 room flat (2x)

⁺ most common forms were diabetes, high blood pressure and high blood cholesterol

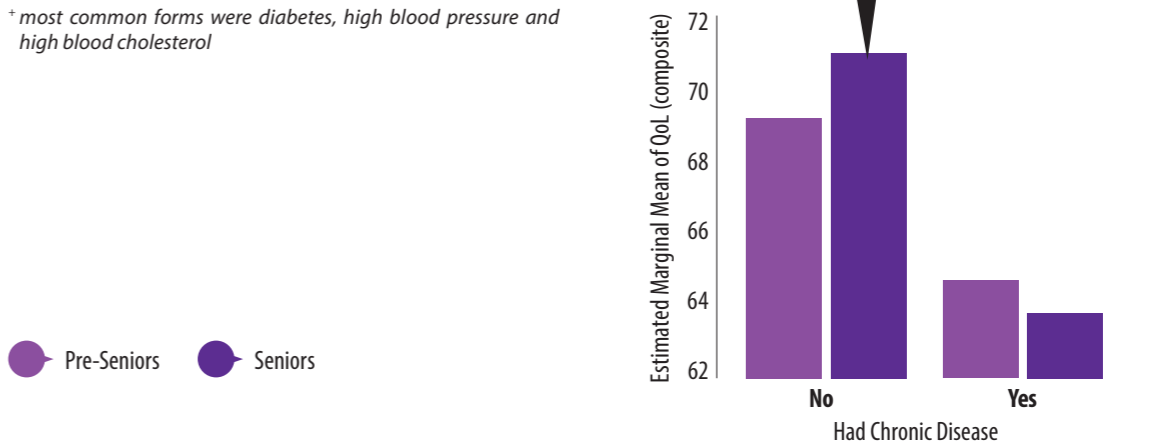
[^] Binary logistic regression was conducted (median QOL cutoff). Controlled for age and gender. Lower quality of life refers to scores in the bottom 50th percentile.

Finding #7

Regardless of whether respondents were Pre-Seniors or Seniors, those with a *chronic disease*⁺ experienced a significantly *lower* quality of life.

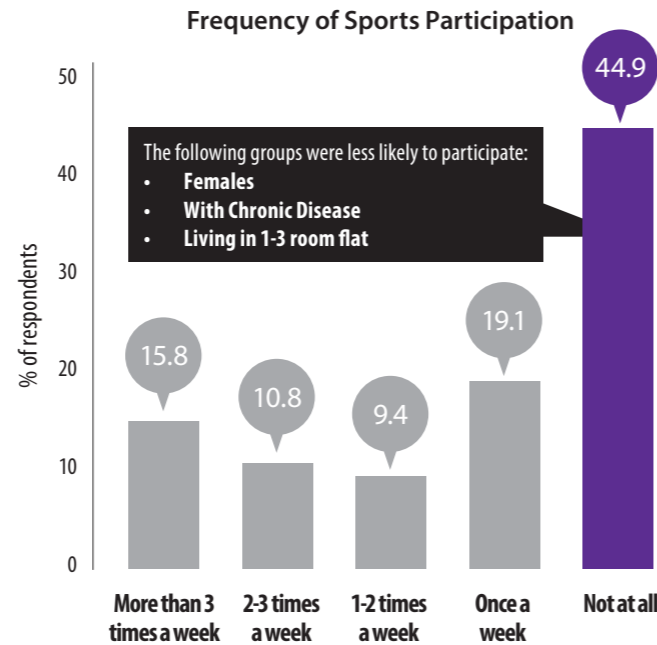
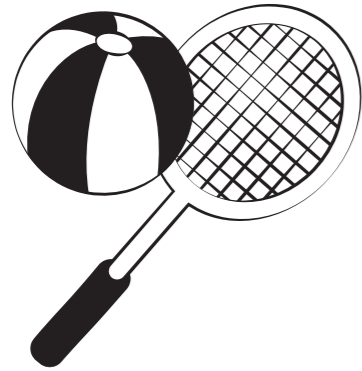
⁺ most common forms were diabetes, high blood pressure and high blood cholesterol

Seniors without chronic disease reported a *higher* quality of life than Pre-Seniors without chronic disease.



Finding #8

Nearly half of Pre-Seniors and Seniors did not participate in sports and physical recreation.



Idea: Promote access to sports and recreational activities as well as other preventive measures.

Shifting the focus to preventive measures is imperative to help seniors age healthily. In this manner, expanding pre-seniors' and seniors' involvement in sports and recreational activities can be helpful, especially through initiatives which involve the modification of common spaces and infrastructure. Such encourages both young and old to be more accustomed to and accepting of senior-friendly features in society.

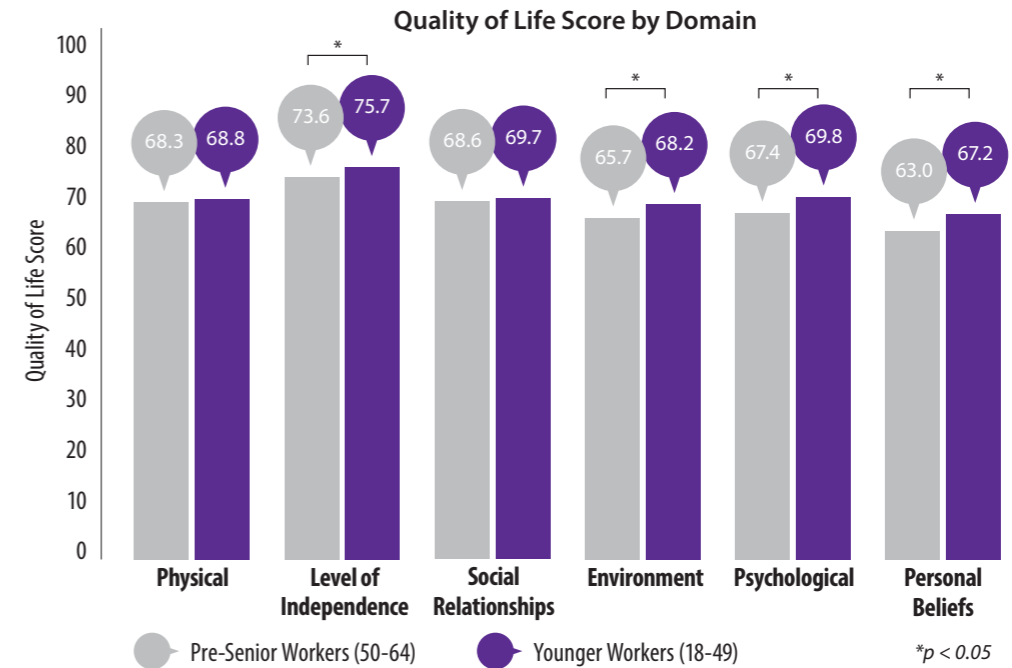
Cashing into the silver dollar, the Japanese company AEON Retail has steadily embraced senior-friendly infrastructure and services. In **AEON Kansai**, the mall opens at 7am – earlier than most malls – as seniors tend to be up earlier. Apart from fashion targeted at seniors, patrons can also visit large sections dedicated to walking, hiking and travelling which Japanese elderly enjoy. The mall also features a 180m carpeted walking course which makes it safe for seniors to walk in all seasons, as well as staff who are trained in dealing with seniors who have dementia. Supermarkets feature lighter shopping carts as well as food items that are low in salt and fat. One floor is also devoted entirely to elderly patrons, with amenities such as senior activity rooms, rehabilitation day services, performances, free exercise classes and even a private gym.

Improving access to chronic disease screening and chronic disease awareness among community-dwelling seniors would be useful in identifying symptoms early so that they may be more effectively managed. In this regard, having more proactive forms of outreach would help as well.

The **Check Car, Check Body** scheme developed by the Health Promotion Board in partnership with Comfort Delgro offers health screening to taxi drivers while they wait for their taxis to be serviced. It also includes subsequent health counselling and coaching programmes customised to each individual's health conditions.

Finding #9

Compared to younger workers, Pre-Senior workers reported a lower quality of life across the *personal beliefs, level of independence, environment* and *psychological well-being* domains.



At the facet[^] level, there were no significant differences between Pre-Senior and younger workers' quality of life with respect to:

- Pain and discomfort, energy and fatigue, sleep and rest (physical domain)
- Mobility, activities of daily living and work capacity (level of independence domain)

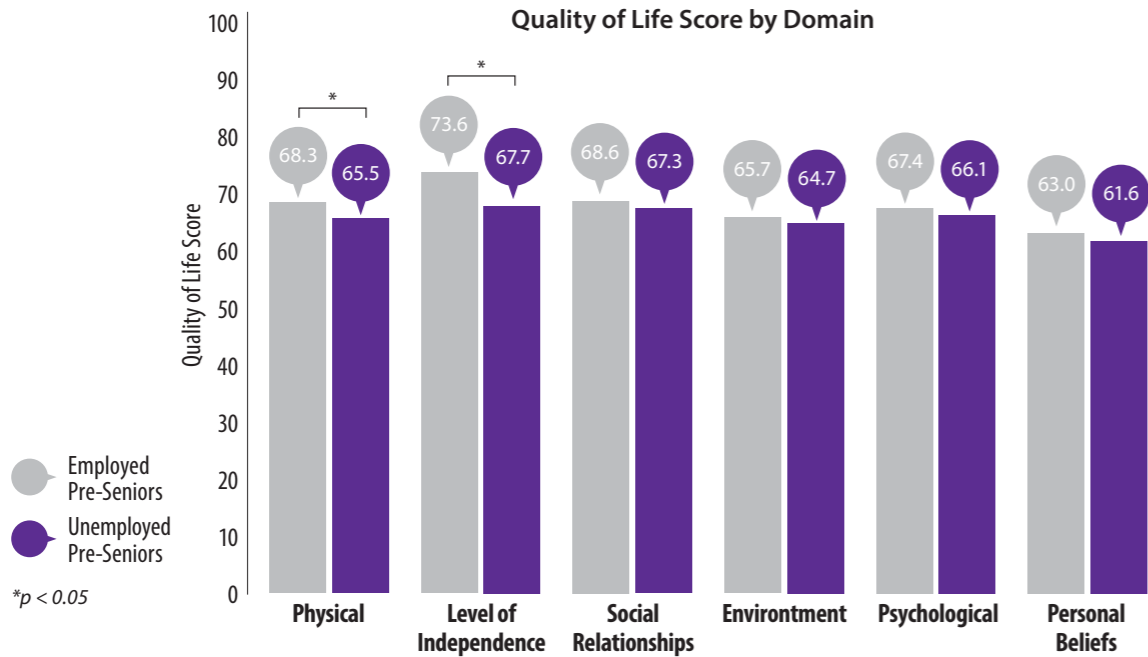
However, Pre-Senior workers scored significantly lower* than younger workers in terms of:

- Positive feelings (psychological domain)
- Personal beliefs/spirituality (personal beliefs domain)
- Opportunities to acquire new information and skills, opportunities for leisure and recreation, safety and security, home environment and financial adequacy (environment domain)

[^] For more information on the Quality of Life domains/facets, please refer to **Annex A**.

Finding #10

Employed Pre-Seniors had a higher quality of life than unemployed Pre-Seniors, particularly in the physical and level of independence domains.



Idea: Nurture age-friendly workplaces and employ Pre-Seniors and Seniors who are able and wish to work.

Age-friendliness at the workplace involves more than physical modifications, but also measures to sustain pre-seniors' psychological well-being, sense of independence and opportunities to information, skills as well as recreation.

For instance, psychological support for older workers at the workplace could also be enhanced, along with flexible arrangements such as part-time work, flexible scheduling or working hours, job pooling or the option to convert a certain number of work days into leave. These options help to sustain access to gainful employment.

The Korean internet content-monitoring start-up **EverYoung** monitors platforms like Naver, South Korea's Google-equivalent, to censor sensitive information on publicly available sites. It also only hires employees over the age of 55.

Staff work four-hour shifts, are encouraged to take a 10-minute break every hour, and enjoy benefits such as annual eye tests, fitness centre membership and a chill-out zone that even features blood pressure monitoring machines by the sofas.

Promote gainful employment for pre-seniors and seniors through expanding public education, campaigns and initiatives targeted at encouraging employers to hire older workers. Such endeavours should also incorporate success stories along with data, both of which would work towards the common goal of destigmatising older workers and re-educating employers on their perceived capabilities.

Connecting seniors with forms of work that value experience might also be helpful. In organisations, this could mean consulting roles where skills can be utilised and passed down to younger workers. Alternatively, with the move towards non-salaried labour, seniors could also be supported to tap on freelance and contractual work.

Among many innovative ideas by DesignSingapore Council, **Sensei.SG** is a peer-sharing platform which helps seniors seek meaningful engagements through an online medium, which allows them to sell time, knowledge and experience to interested parties. **Silver Connection** is another platform, which proposes incentives for seniors (e.g. free vouchers) to engage other seniors who are more socially isolated or withdrawn.

More information may be found at: www.designsingapore.org/what-we-do/resources/empathetic-technology-for-ageing.

Finding #11

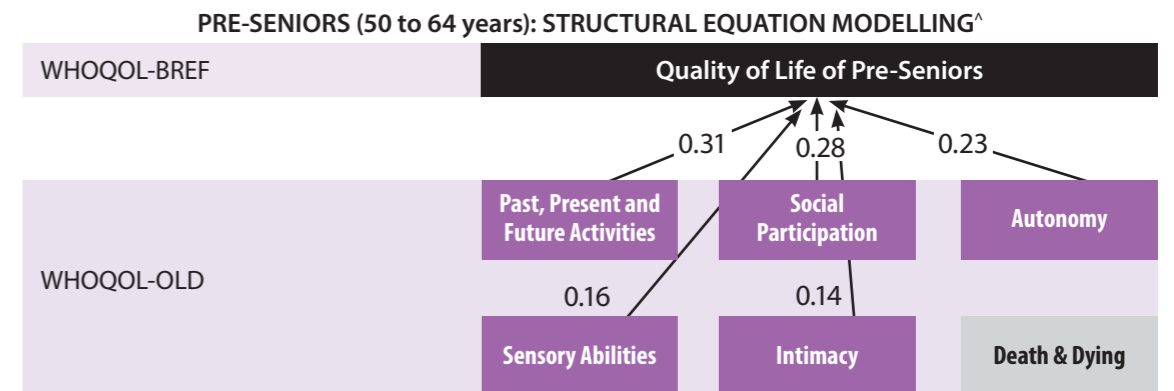
In holistically improving the areas outlined in the WHOQOL-BREF, addressing the following aspects when designing initiatives can achieve the greatest effect:

Pre-Seniors

- Empowering them to *live autonomously and to make their own decisions*
- Improving their *satisfaction with their past achievements, the present and what to look forward to*
- Providing more opportunities for them to *participate in community activities and society in general*

Hence, for instance, programmes to improve Pre-Seniors' experience of positive feelings could focus on enabling them to make key decisions in the process of service use.

A **Structural Equation Modelling (SEM)** is used to understand the relationship between factors, particularly that between observable and unobservable variables. It provides numerical estimates that indicate the strength of such relationships.



[^] A simplified representation of Structural Equation Modelling – Multiple Indicators Multiple Causes Method.

Idea: Expand Pre-Seniors' ability to make choices and decisions in the services they receive.*

Allowing Pre-Seniors to co-produce or co-design service elements that are suited to what they want, allows them to be more invested in what they themselves participate in, while providing opportunities for them to contribute unique insights to programme development.

Launched in August 2016, **The Hour Glass Kitchen Programme** targets older adults aged 50 years and above and who are at risk of social isolation, encouraging them to cook together with like-minded individuals in the community. Before the kitchen was built, potential service users were roped into the planning process. For instance, a workshop was held where they were invited to share on how it could best serve their needs as well as their aspirations for what it should achieve for them. They were also consulted on the kitchen's layout, colour and theme.

More information may be found at: participateindesign.org/the-hour-glass-kitchen.

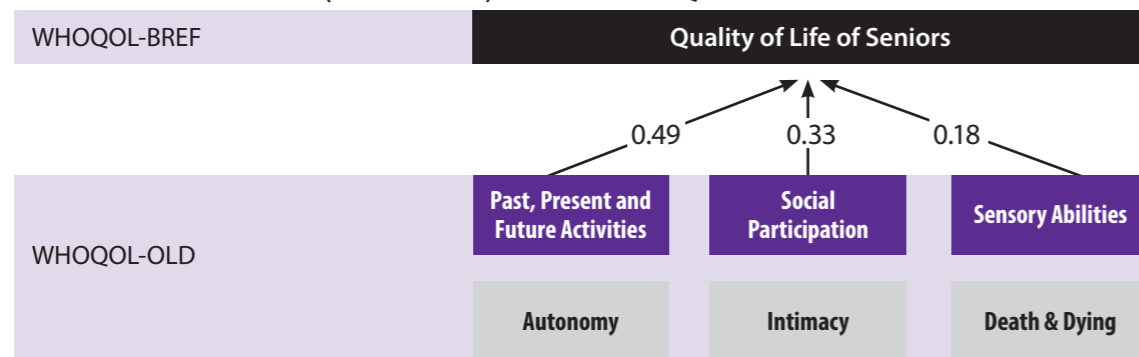
*These findings build on a landmark study by Dr Rahul Malhotra and Shannon Ang from Duke-NUS Medical School, which demonstrated that seniors (aged 62 to 97) receiving social support saw a short-term reduction to their depressive symptoms. They eventually felt less in control of their lives as they were regarded as recipients of help alone, resulting in the re-emergence of depressive symptoms.¹⁸

Seniors

- Improving their *satisfaction with their past achievements, the present and what to look forward to*
- Providing more opportunities for them to *participate in community activities and society in general*
- Providing access to early screening, sensory assistive devices and helping them come to terms with *sensory decline*

Thus, for instance, programmes designed to improve Seniors' access to leisure activities could have greater sensory stimulation as a key outcome.

SENIORS (65 and above): STRUCTURAL EQUATION MODELLING[^]



[^] A simplified representation of Structural Equation Modelling – Multiple Indicators Multiple Causes Method.

18 Tai, J. (2016, 3 Mar). 'Support The Elderly Socially But Let Them Control Their Lives'.



Idea: Advocate senior volunteerism.

Promoting volunteer opportunities for Seniors can help them explore ageing in a different way, improving social bonds and social interaction and allowing them to maintain physical, mental and social well-being. This could come in the form of skills-based volunteerism such as para-counselling, visitations to those who have been institutionalised or befriending other seniors who are socially isolated or non-ambulant.

1 Among various programmes catered for senior volunteers, RSVP Singapore – The Organisation of Senior Volunteers hosts a **Homework Supervision Programme** for senior volunteers to help at-risk primary school children in school-related tasks such as homework, studying and preparation for tests, at least one afternoon a week.

It also mooted **MyBuddy** in 2013, a home-visit befriending programme targeted at discharged elderly patients and lonely seniors. Volunteers make regular home visits, offering companionship, simple acts of kindness and reminders to take medication.

More information may be found at: www.rsvp.org.sg.

2 The Council for Third Age (C3A) promotes active ageing in Singapore with its focus on lifelong learning for seniors and encouraging seniors to become volunteers. In particular, C3A is the administrator for the Silver Volunteer Fund and the National Silver Academy.

The **Silver Volunteer Fund** supports programmes organised by community-based organisations that offer volunteer opportunities and training to seniors who wish to volunteer. Interested organisations may contact svf@c3a.org.sg for more information.

The **National Silver Academy** is a network of post-secondary education institutions and community-based organisations offering a wide range of learning opportunities to seniors aged 50 and above. More information may be found at: www.nsa.org.sg.

In sum, the ideas may be classified into three broad areas of action:

TRANSLATING IDEAS TO ACTION		
SOCIAL SUPPORT & INCLUSION	OPPORTUNITY	PERSONAL POTENTIAL
Work towards full and effective participation and inclusion of seniors in society	Improve availability and access to resources and opportunities for seniors	Improve seniors' physical and mental well-being so that they can achieve their personal potential
Expand Pre-Seniors' ability to make choices and decisions in the services they receive	Improve access to mental health and disability support systems	Change Pre-Seniors' attitudes towards death and dying
	Cater services/initiatives to help seniors be more independent and self-reliant	Support females in the ageing process, particularly in maintaining their sense of independence as well as physical and psychological well-being
	Promote access to sports and recreation activities as well as other preventive measures	
Understand needs in a more holistic manner		
Nurture age-friendly workplaces and employ Pre-Seniors and Seniors who are able and wish to work		
Improve seniors' feelings of love and companionship as well as their ability to cope with sensory loss		
Advocate senior volunteerism		

THE ELDERCARE SERVICE LANDSCAPE

The following are key programmes which cater to seniors¹⁹.

For more information, a glossary is attached in **Annex B**.

HOME-BASED	CENTRE-BASED	INSTITUTION-BASED
Befriending	Active Ageing	Community Home
Community Case Management	Caregiver Support	Community Hospital
Escort	Community Resources and Support Engagement Teams (CREST)	Hospice
Food Distribution	Counselling	Nursing Home
Helplines	Day Rehabilitation Centre	Senior Group Home
Home Medical	Dementia Day Care Centre	Sheltered Home
Home Nursing	Employment Development Centre	Welfare Home
Home Therapy	Family Service Centre	
Home Personal Care	Financial Assistance	
Hospice Home Care	Hospice Day Centre	
Meals-on-Wheels	Neighbourhood Link	
	People's Association Wellness Programmes	
	Outpatient Clinics	
	Outreach	
	Senior Activity Centre	
	(Cluster Support, Rental or Studio Apartment)	
	Senior Care Centre	
	Senior Citizen Clubs	
	Social Day Care Centre	
	Social Service Office	
	Support Groups (e.g. WiSHINE*)	

* indicates programmes in the pilot phase

¹⁹ Programmes and services listed are not exhaustive.

WHAT CAN YOU DO?

At the end of the day, everyone plays an important role in the senior support ecosystem. Here are some suggestions for what you can do:

IF YOU ARE A...	YOU CAN...
SENIOR	<p>Keep healthy and age actively – volunteer and participate meaningfully in society. Do not be afraid to seek help.</p> <p>Visit the Singapore Silver Pages’ website (www.silverpages.sg), for various programmes and schemes. For learning opportunities, head over to the National Silver Academy’s website (www.nsa.org.sg).</p>
EMPLOYER	<p>Be open to hiring seniors who are willing and capable. With the right learning opportunities and guidance, seniors can transform their life experiences into new information and knowledge, performing as well as others.</p> <p>Help the workplace be inclusive to seniors through flexible work arrangements, workplace modifications or tasks more suited to their capabilities. Give them a chance, and ascertain their strengths instead of deciding their weaknesses.</p>
SERVICE PROVIDER	<p>Share ideas, match services and link up with healthcare providers, parallel organisations or others in the community.</p> <p>Co-create services with service users, give them a voice and empower them to make decisions on what they want – allowing them to take ownership of what they themselves are part of.</p> <p>Where possible, support clients in achieving objectives in a manner that improves their self-confidence, independence and which restores their dignity.</p>
GRASSROOTS WORKERS	<p>Design community activities that are more inclusive towards seniors, be it activities that also allow caregivers to participate, or that which caters specifically to the needs they express. Reach out to those in the neighbourhood who might be socially isolated or in need of help, and ask what they need help with.</p>
CO-WORKER / FRIEND	<p>Avoid making assumptions about your co-worker or friend who is a senior. When in doubt, ask – be it their preferences or what they are comfortable with doing.</p>
CAREGIVER / FAMILY	<p>Don’t be afraid to confide in others. If you need help, reach out to family and friends.</p> <p>Find out about the different programmes and services available on the Singapore Silver Pages website, which can alleviate some of your caregiving responsibilities. For financial help, use the in-site Self-Assessment Tool.</p>
MEMBER OF THE PUBLIC	<p>If you know a senior who needs help, reach out. Be unafraid to strike up a conversation with them and listen to their stories. Help them to apply for social assistance schemes and services through the Singapore Silver Pages, and be there to assist them where they might find it difficult to do so.</p> <p>Download a copy of the Removing Barriers series off NCCS’s website and understand some of the barriers and myths regarding seniors and ageing. Share it with others, and help them understand the challenges that seniors face, encouraging inclusive behaviour in turn.</p>

A list of hotlines may be found on the last page.

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We would like to thank all our respondents, who have been gracious and kind to share their opinions, thoughts and stories, so that many may benefit. Special thanks also to our consultants, focus group participants and partners, for providing us with your feedback and assistance.

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In memory of:

*Prof Michael Power (1954-2017)
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...and all who have contributed to
the research and this publication in
one way or another.

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ANNEX A: GLOSSARY OF QUALITY OF LIFE DOMAINS AND FACETS

DOMAIN	FACET	DESCRIPTION
Physical	Pain and Discomfort	This facet explores unpleasant physical sensations experienced by a person and the extent to which these sensations are distressing and interfere with life.
	Energy and Fatigue	This facet explores the energy, enthusiasm and endurance that a person has in order to perform the necessary tasks of daily living, as well as other chosen activities such as recreation.
	Sleep and Rest	This facet concerns how much sleep and rest, and problems in this area, affect the person's quality of life.
Level of Independence	Mobility	This facet examines the person's view of his/her ability to get from one place to another, to move around the home, move around the work place, or to and from transportation services.
	Activities of Daily Living	The facet explores a person's ability to perform usual daily living activities.
	Dependence on Medication or Treatments	This facet examines a person's dependence on medication or alternative medicines for supporting his/her physical and psychological well-being.
	Work Capacity	This facet examines a person's use of his or her energy for work. "Work" is defined as any major activity in which the person is engaged.
Social Relationships	Personal Relationships	This facet examines the extent to which people feel the companionship, love and support they desire from the intimate relationship(s) in their life. It also addresses commitment to and current experience of caring for and providing for other people.
	Social Support	This facet examines how much a person feels the commitment, approval, and availability of practical assistance from family and friends.
	Sexual Activity	This facet concerns a person's urge and desire for sex, and the extent to which the person is able to express and enjoy his/her sexual desire appropriately.
Environment	Opportunities to Acquire New Information and Skills	This facet examines a person's opportunity and desire to learn new skills, acquire new knowledge and feel in touch with what is going on.
	Recreation and Leisure	This facet explores a person's ability, opportunities and inclination to participate in leisure, pastimes and relaxation.
	Physical Environment	This facet examines the person's view of his/her environment. This includes the noise, pollution, climate and general aesthetic of the environment and whether this serves to improve or adversely affect quality of life.
	Transport	This facet examines the person's view of how available or easy it is to find and use transport services to get around.
	Safety and Security	This facet examines the person's sense of safety and security from physical harm.
	Home Environment	This facet examines the principal place where a person lives, and the way that this impacts on the person's life.
	Financial Adequacy	The facet explores the person's view of how his/her financial resources and the extent to which these resources meet the needs for a healthy and comfortable lifestyle.
	Health and Social Care	The facet examines the person's view of the health and social care in the near vicinity.

DOMAIN	FACET	DESCRIPTION
Psychological	Positive Feelings	This facet examines how much a person experiences positive feelings of contentment, balance, peace, happiness, hopefulness, joy and enjoyment of the good things in life.
	Thinking, Learning, Memory and Concentration	This facet explores a person's view of his/her thinking, learning, memory, concentration and ability to make decisions. This incorporates the speed of thinking and clarity of thought.
	Self-Esteem	This facet examines how people feel about themselves. This might range from feeling positive about themselves to feeling extremely negative about themselves.
	Body Image and Appearance	This facet examines the person's view of his/her body. Whether the appearance of the body is seen in a positive or negative way is included in this facet.
	Negative Feelings	This facet concerns how much a person experiences negative feelings, including despondency, guilt, sadness, tearfulness, despair, nervousness, anxiety and a lack of pleasure in life.
Personal Beliefs	Personal Beliefs, Spirituality/Religion	This facet examines the person's personal beliefs and how these affect quality of life. This might be by helping the person cope with difficulties in his/her life, giving structure to experience, ascribing meaning to personal questions and providing the person with a sense of well-being.

ANNEX B: GLOSSARY OF ELDERCARE SERVICES

TERM	DESCRIPTION
Active Ageing	Programmes that optimise opportunities for health, participation and security in order to enhance quality of life as people age. They enable seniors to maintain an active lifestyle as well as to age with dignity and security as integral members of society.
Befriending	Programmes aimed at reaching out to and engaging vulnerable seniors through home visitations and social activities. Support is provided in areas such as ad-hoc escort, referrals to appropriate services and coordination of programmes with external parties. Aims to promote social, psycho-emotional and physical well-being of vulnerable seniors through community participation.
Caregiver Support	Provide advice and support to caregivers through information and referral, consultations, counselling, training, support groups and other support programmes. Such programmes include public education initiatives to raise awareness of caregiving in the community.
Community Case Management	An assessment and matching service for seniors with multiple needs. It links the seniors to appropriate services to support them and their families. Provided by professional nurses and social workers, this helps them remain in the community with adequate social support.
Community Home	A residential facility that caters to the needs of frail persons who are without family support or are unable to live with family members for various reasons. It enables residents to live independently in a communal setting and provides support/welfare services along with opportunities to engage in socio-recreational and exercise activities.
Community Hospital	Provides continuation of care from acute hospitals to promote functional independence of older persons. It caters to those who require longer inpatient stay for rehabilitation, nursing and respite care after treatment in an acute hospital setting.

TERM	DESCRIPTION
Community Resources and Support Engagement Teams (CREST)	Community teams set up to link residents and mental health support networks. They: <ul style="list-style-type: none"> • Recognise seniors at risk or those in need of intervention • Offer basic emotional support • Provide referral services • Follow up on patients discharged back into the community • Educate seniors and their caregivers on strategies to manage dementia; and • Reach out to the public with mental health information and education
Counselling	Provides an avenue for older persons and their caregivers to voice their concerns and problems, thus improving their psychological and emotional well-being. It includes face-to face counselling as well as information and referral assistance.
Day Rehabilitation Centre	Provides rehabilitative care services such as physiotherapy and occupational therapy to elderly who have conditions that impair functional abilities such as stroke, heart conditions and fractures. It aims to restore, improve and/or reduce any deterioration of functional abilities of the senior through customised programmes of exercise and training. It also provides community integration activities and caregiver training. Some Day Rehabilitation Centres also provide day care services as well.
Dementia Day Care Centre	Provides a structured day care programme for seniors with dementia, and offers caregiver support. It also provides social interaction and therapeutic activities to slow down the deterioration of cognitive function in clients.
Employment Development Centre	Provide vocational assessment and employment placement services to people in need and/or in crisis.
Escort	Accompanies frail and homebound seniors with no or poor caregiver support from their homes to medical appointments in hospitals, specialist outpatient clinics and polyclinics.
Family Service Centre	Centres based in the community which provide help and support to individuals and families in need, supporting them to better cope with personal, social and emotional challenges.
Financial Assistance	Financial and material grants and loan to needy persons.
Food Distribution	Distribution of meals to needy, frail or homebound seniors.
Helplines	Telephone helplines operated by trained staff and volunteers to provide callers with information on eldercare services, tele-counselling and/or matters related to eldercare issues. (A list of useful helplines can be found on the back cover of this book.)
Home Medical	Provides medical care to homebound or bedridden elderly who have chronic conditions or disabilities and require continuing medical care.
Home Nursing	Provides home nursing services to homebound or bedridden older persons who require skilled nursing care at home. The home care nurse will attend to the older person at home and will see to his or her nursing care needs such as wound dressing, injections, change of feeding tube, urinary catheter, checking of blood pressure and blood sugar levels.

TERM	DESCRIPTION
Home Therapy	Provides rehabilitation services to homebound seniors who are not suitable for, or unable to access community-based rehabilitation services. Services include physiotherapy, occupational therapy and speech therapy.
Home Personal Care	Provides personal care services to home-bound seniors who require assistance with their activities of daily living/instrumental activities of daily living. Services include assistance with personal hygiene, housekeeping, feeding, providing reminders for medication and other personal care tasks that help the senior to remain in the community. Services are aimed at enabling seniors to continue living in the community, supporting caregivers in caring for old and/or frail care-recipients and as alternative care options.
Hospice	Provides in-patient care to terminally ill patients, taking into consideration their emotional, psychological, social and spiritual needs. It supports patients in the relief of pain and distressing symptoms.
Hospice Day Centre	Provides social and rehabilitative care to patients with life-limiting illnesses. It also offers brief respite to caregivers during the day. Programmes conducted at the centre include physiotherapeutic activities and socio-recreational activities. Casework and counselling services are also provided by the Medical Social Workers to the clients and their families, when needed.
Hospice Home Care	Provides home medical, and home nursing, and psychosocial support services to clients with life-limiting illnesses, who require care and symptom control in their own homes. Services provided include: <ul style="list-style-type: none"> • Monitoring pain relief, symptom control and general care • Teaching the family simple nursing procedures • Loaning of medical and nursing equipment • Giving emotional support to the patient's family and helping them to cope with grieving issues • Providing 24-hour emergency medical availability • Helping the patient and caregiver come to terms with the loss of health and independence
Meals-on-Wheels	Provides home-delivered meals to frail and homebound seniors who are unable to prepare or purchase their own meals, and have no caregivers or frail or working caregivers.
Neighbourhood Links	Physical nodes in the community where older persons can access social services or relevant information, volunteer their services, interact and form mutual help groups or participate in programmes that promote inter-generational interaction.
Nursing Home	Long-term residential care setting which provides a range of services to meet the needs of residents who require assistance with their activities of daily living and/or daily skilled nursing care, and who are unable to be cared for at home by family or service providers. Services include medical care, nursing care, rehabilitative services and dietary services.
Outpatient Clinics	Provides free medical consultations to the sick and poor, regardless of race or religion.
Outreach	Activities organised by social workers in neighbourhood agencies to identify seniors who are vulnerable to or experiencing problems for which social workers can provide needed help and services.
People's Association (PA) Wellness Programmes	Provide opportunities and activities for interaction so as to nurture and develop concern and friendship among seniors aged 50 and above.

TERM	DESCRIPTION
Senior Activity Centre	Senior Activity Centres come in three forms: Cluster Support, Rental and Studio Apartment. Cluster Support aims to enhance the quality of life of vulnerable and low-income seniors living in the community who have no or low family support, so as to enable them to remain in their own home and community as far as possible. Rental aims to provide a support network for seniors staying in one- and two-room rental flats. Services provided include the monitoring of frail and/or homebound elderly, receiving emergency alert response calls and providing guidance, advice, information and referral services. Studio Apartment facilitates independent living for seniors at studio apartments with pre-installed senior-friendly features and fittings (e.g. kitchen cabinets, bedroom wardrobe, non-slip flooring, support grab bars). It also provides emergency response services, information and services and facilitates socio-recreational activities.
Senior Care Centre	Integrated day eldercare facilities that provide a range of aged care services such as day care, dementia day care, day rehabilitation and basic nursing services, to holistically meet the needs of seniors needing care.
Senior Citizens Club	Platforms for seniors to stay active within the community through a wide variety of lifestyle activities, courses and volunteering opportunities catered to meet the needs and interests of senior citizens.
Senior Group Home	An assisted living model that supports frail seniors above 65 with little or no family support to live independently together within the community and provide mutual support to one another. Facilities are fitted with CCTVs, panic button systems and elderly-friendly features such as wheelchair accessible entrances, grab bars and sliding doors.
Sheltered Home	A residential care facility that caters to the needs of the ambulant seniors who do not have family support or are unable to stay with their family members for various reasons. These Homes are located within HDB neighbourhoods. Seniors are supported to maintain their independent living skills within the Home and community. Social, recreational and keep-fit activities such as exercise, handicraft and karaoke are organised for residents.
Social Day Care Centre	Provides daytime supervision and care to frail seniors while their family members are at work or require respite from their caregiving roles. Centres conduct programmes including maintenance exercise as well as various social and recreational activities. These help to maximise seniors' physical functioning while offering opportunities for them to socialise and engage in meaningful activities.
Social Service Office	Brings social assistance closer to residents in the community who are in need, making ComCare and other forms of assistance such as job matching and family services more accessible.
Welfare Home	Provides residential care for destitute persons who have no families to turn to or have no means of support.
Widows Seeing Hope, Independence and Encouragement (WiSHINE)*	A pioneering project by NCSs that aims to support senior widows in coping with grief and loss, and gain confidence and socio-emotional support as they adjust to this different phase of life. The programme provides grief counselling, peer support group and widow mentoring to clients, which will be drawn up according to each client's individual care plan.

* indicates programmes in the pilot phase

Hotlines

Singapore Silver Line: 1800 650 6060

The Seniors Helpline: 1800 555 5555

Dementia Helpline: 6377 0700

National Silver Academy: 6478 5029

A more comprehensive list of helplines may be found on NCSS' website at <http://www.ncss.gov.sg/NCSS/media/NCSS-Documents-and-Forms/NCSS%20Internal%20Documents/LIST-OF-HELPLINES.pdf>

National Council of Social Service

170 Ghim Moh Road, #01-02
Singapore 279621

Tel : 6210 2500

Fax : 6468 1012

www.ncss.gov.sg

#9

Compared to younger workers (18 to 49 years old), *Pre-Senior workers* reported a lower quality of life, especially in their *level of independence, environmental resources, psychological well-being and sense of meaning in life.*

More specifically, Pre-Senior workers scored lower than younger workers in the areas of:

- Positive feelings
- Sense of meaning in life
- Opportunities to acquire new information and skills
- Opportunities to leisure and recreation
- Safety and security
- Home environment
- Financial adequacy

Both groups were no different in terms of:

- Ability to manage pain and discomfort
- Energy and fatigue
- Sleep and rest
- Mobility
- Ability to perform activities of daily living
- Work capacity

#10

Employed Pre-Seniors had a *higher* quality of life than unemployed Pre-Seniors, especially in the areas of *physical well-being and level of independence.*

Idea

Nurture age-friendly workplaces and employ Pre-Seniors and Seniors who are able and wish to work.

- The Korean start-up **EverYoung** presents flexible arrangements such as part-time shifts and 10-minute breaks every hour as well as benefits from annual eye-tests and fitness centre membership to a chill-out zone that features blood pressure monitoring machines
- Support them in gig economy work, drawing on inspiration from DesignSingapore Council's technological innovations like **Sensei.SG** and **Silver Connection**, which help seniors seek meaningful work and social engagements



#11

In holistically improving quality of life, addressing *social inclusion* when designing initiatives can achieve the greatest effect. Aspects to focus on include:

Pre-Seniors	Seniors
Providing more opportunities for them to <i>participate in community activities and wider society</i>	Improving their <i>satisfaction with their past achievements, the present and what to look forward to</i>
Empowering them to <i>live autonomously and to make their own decisions</i>	Providing access to early screening, sensory assistive devices and helping them come to terms with <i>sensory decline</i>

Idea

Expand Pre-Seniors' ability to make choices and decisions in the services they receive.

- The **Hour Glass Kitchen Programme** gathered inputs from service users on how it could best serve their needs and aspirations, including design and layout elements

Idea

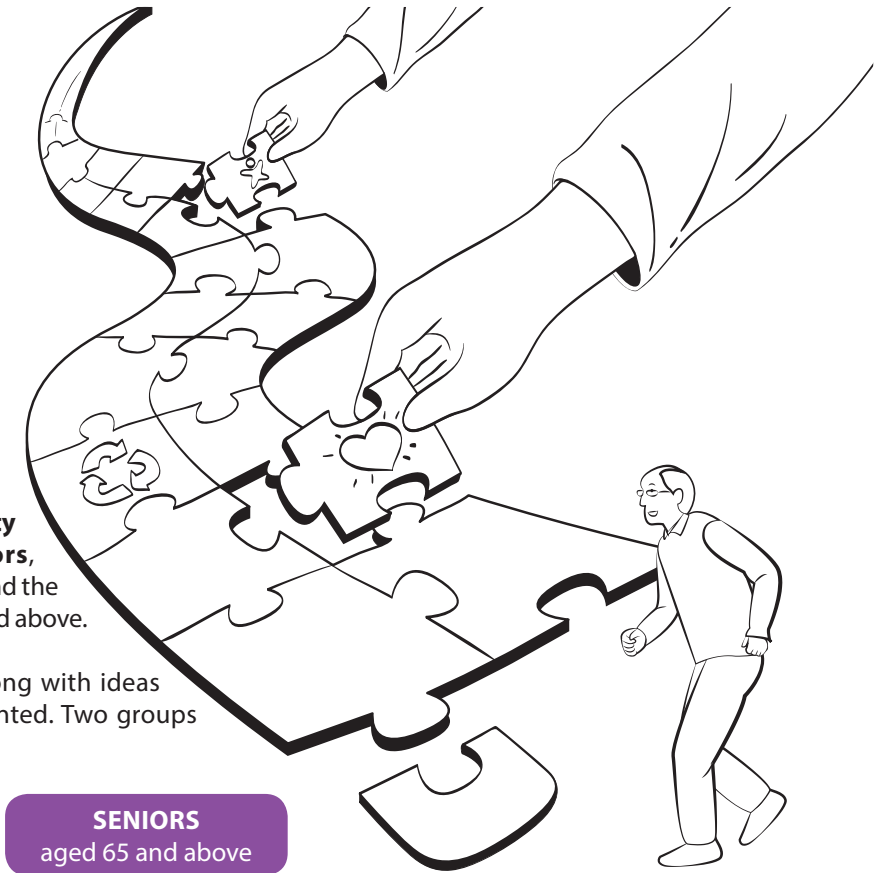
Advocate senior volunteerism.

- Take a strengths-based approach to seniors' abilities through senior-to-senior befriending programmes such as **RSVP's MyBuddy Programme**
- Tap on the **Silver Volunteer Fund**, which aims to create more volunteering opportunities by funding programmes for seniors to volunteer in

UNDERSTANDING THE QUALITY OF LIFE OF SENIORS

EXECUTIVE SUMMARY

NCSS takes a **person-centred** and **ecosystem** approach towards helping individuals achieve **quality of life.**



Guided by the World Health Organisation's Quality of Life Framework, NCSS conducted the **Quality of Life Study on Seniors**, which sought to understand the needs of adults aged 50 and above.

Findings of the study, along with ideas on application, are presented. Two groups of adults were analysed:

PRE-SENIORS
aged 50-64 years old

SENIORS
aged 65 and above



Person-Centred

Individuals are persons capable of understanding, articulating and working through problems as well as making decisions on how to overcome them.



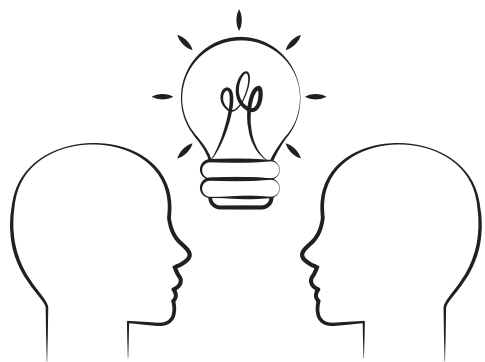
Quality of Life

Individuals possess a core, diverse and essential set of needs regardless of disability, cultural or socio-economic status.



Ecosystem

Individuals are part of, influence and are influenced by a larger system comprising other players such as caregivers, community and society at large.



QUALITY OF LIFE STUDY ON SENIORS: KEY FINDINGS & IDEAS



#1 Pre-Seniors and Seniors experienced a *lower quality of life* than the general population. Both scored lowest on feeling a *sense of meaning in life*.

Within each group, Pre-Seniors reported high *level of independence* while Seniors scored high in their *physical well-being*.

While satisfied with their *physical environment*, both groups scored low in their *opportunities for recreation and leisure* and experience of *positive feelings*.

Idea
Adopt a holistic approach to understanding Pre-Seniors' and Seniors' needs.

- Tap on community expertise and partnerships to surface the diversity of needs, and bolster psychosocial and community resources, learning from initiatives like the **Community for Successful Ageing (ComSA)** as well as the **Pioneer Generation Ambassador Programme**

#2 Quality of Life was even lower for both groups, if either had *mental health issues* or a *disability*.

Idea
Strengthen and improve access to mental health and disability support systems.

- Manage complex needs through community outreach and support; Changi General Hospital's (CGH) **Community Psychogeriatric Programme** conducts training, consultation and support for community eldercare agencies and family practitioners as well as on-site assessments, psychosocial interventions and functional rehabilitation

#3 While there were no significant differences in quality of life between males and females, both reported *lower quality of life* with increasing age.

In particular, compared to Pre-Senior females, *Senior females* experienced significantly lower quality of life in terms of their *level of independence* as well as *physical and psychological well-being*.

Idea
Support females in the ageing process, particularly in maintaining their sense of independence as well as physical and psychological well-being.

- Promote successful ageing through transitive and preparation courses such as Society for Wings' (WINGS) **CoreAct** programmes, which teach financial literacy, preventive health and holistic well-being as well as maintaining self-esteem and happiness



#4 Pre-Seniors and Seniors wanted to see improvements in their *physical and psychological well-being*, as well as their *level of independence*.

Idea
Encourage independence and self-reliance.

- The Marine Parade Town Council's **Town Audits** involved seniors and volunteers identifying physical hazards in the environment, replacing them with senior-friendly features

#5 Compared to Pre-Seniors, Seniors scored lower in *intimacy* (feeling and having opportunities for love and companionship) and in coming to terms with *sensory decline*.

Pre-Seniors scored lower than Seniors in the domain of *death and dying*.

Idea
Improve Seniors' feelings of love and companionship as well as their ability to cope with sensory loss.

- In conjunction with the International Day of Older Persons, the **Seniors Give Thanks! Campaign** encouraged seniors to thank and strengthen relationships with loved ones through acts of gratitude

Idea
Change Pre-Seniors' attitudes towards death and dying.

- **BOTH SIDES, NOW: Living with Dying** is a civic engagement programme that sought to break the taboo on death and dying through activities such as open conversations, art exhibitions as well as puppetry performances for seniors

#6 Major Indicators of Lower Quality of Life

Pre-Seniors	Seniors
Having a chronic disease	
Staying in 1 to 3 room flat	
No regular participation in sports or physical recreation	Not earning a personal income or allowance

#7 Regardless of whether respondents were Pre-Seniors or Seniors, those with *chronic disease* experienced significantly lower quality of life.

Seniors without chronic disease reported a *higher quality of life* than Pre-Seniors without chronic disease.

#8 Nearly half of Pre-Seniors and Seniors *did not participate* in sports and physical recreation.

Idea
Promote access to sports and recreational activities as well as other preventive measures.

- Encourage exercise and rehabilitation within common spaces, such as shopping malls and parks; AEON Retail's **AEON Kansai** mall features day care, a private gym as well as shopping deals for seniors, while the **Therapeutic Garden @ HortPark** offers a common gardening area with moveable raised beds, customised benches for potting and convenient access to water
- Improve access to chronic disease screening and awareness; the **Check Car, Check Body** scheme by the Health Promotion Board and Comfort Delgro offers health screening to taxi drivers while they wait for their taxis to be serviced