Research Brief Series: 19

Ageing Well in Singapore: Needs of Middle - and Upper - Income Seniors (CaMUS)

Arthur Chia, Ad Maulod

DukeNUS Medical School

Centre for Ageing Research & Education

CARE Research Themes:

- Ageing and the Environment
- Community-based Health and Social Care Services
- Falls Prevention
- Family Caregiving
- Health Communication
- Population Health
- **Social and Psychological Aspects of Ageing**

General Editor:
Ad Maulod

CARE research briefs present policy or practice-oriented summaries of research undertaken by CARE

Ageing Well in Singapore: Needs of Middle- and Upper-Income Seniors (CaMUS)

Arthur Chia, Ad Maulod

Key Findings:

- Most participants saw themselves as retirees whose basic needs have been met and could afford to "enjoy life". Many were in professional, managerial, and excutive positions, and had long fulfilling careers in the public and private sectors. Several have served or are still serving in various capacities as active volunteers at non-profit, voluntary welfare (VWOs), and/or religious organisations.
- In terms of needs, participants have distinct group identities as the:
    - o "Sandwiched generation" – sandwiched between providing and caring for dependent children and ageing parents;
    - o "Missing middle"- as those not yet frail but may need some attention, help and/or assistance in certain areas of daily living,
    - o "Forgotten group"- whose voices and concerns were unheeded.
- There were gendered differences in terms of how older men and women regard their roles, responsibilities and retirement aspirations. These differences inform particular differences about their needs and aspirations to age-in-place:
    - o Men identified themselves as breadwinners and having spent earlier years providing for the family, they expressed interest and desire to be closer to family as they transit into retirement. They regard family members as the primary (or only) source of care and social support.
    - o Women took on multiple roles – balancing careers, providing care to ailing parents and/or raising children. Upon retirement and/or empty nest, they enjoy being liberated from social roles that had limited their time and capacity to pursue leisure activities and forge social connections outside of the family. For women, friends become the source of companionship, leisure, and care.

- Across both genders, needs for social, safety and security, and healthcare support (including emotional care) are key to enabling quality of life, well-being and independence. Independence was described in terms of financial security, functional capacity and autonomy/ locus of control. These forms of independence are interconnected and essential to maintaining dignity of "not becoming a burden" to one's family and/or the state.
- In terms of healthcare support, taking care of one's emotional and mental health are considered to be as important as physical care. There is a clear need for emotional care and better support for mental health but these are often glossed over in care provisioning.
- To age well means staying in good physical and mental health; having opportunities for self actualization; meaningful social connections and friendship; enjoyment of leisure activities, and harmonious family relationship.
- Participants highlighted the importance of surroundings, community, facilities and services, and housing type for an age-friendly environment. Comfort, security, and familiarity; living amongst "like-minded" people, and being able to exercise choice for services and facilities, are key priorities. While most preferred not to move out of their present locations, they were open to right-sited care and right-size housing should the need arise. Circumstances that trigger participants' decision to relocate to appropriate care/ residential facilities include:
    - Death of spouse and not wanting to inconvenience children or other family members
    - Appeal and attractiveness of residential care facilities
        - Opportunities to participate in meaningful activities that are engaging and intellectually stimulating
        - Connection and community with "like-minded" people (e.g., similar interests, worldview, backgrounds and life experiences)
        - Care environment that provides sense of 'home': familiarity, security and comfort, social connectedness and serenity, convenience to amenities and adequate space for hosting loved ones
        - Quality of care
- Participants did not feel that their expectations or needs to age well can be met or are being fulfilled by what the current system is offering. Key challenges such as lack of availability, flexibility and variety of care options as well as low reliability, affordability, competencies of care staff and quality of care services and facilities.
- There is a need for greater innovation, experimentation, and improvement in service and quality standards to meet the needs and expectations of middle- and higher-income seniors. This could be achieved through the development of a care industry, enabling public and private sector collaboration, and exercise of consumer choice.

Table of Contents

1 Introduction

1.1 Background of Study

The purpose of this study is to better understand the care needs of middle- and higher-income older persons to "age-in-place" and age well in Singapore. Here, ageing-in-place and ageing well are used interchangeably with reference to the policy intention of "keeping seniors healthy, active, and safe, and providing access to quality and affordable care" (MOH-APO, 2015). Through a series of focus group discussion sessions with middle- and upper-income participants between 65 to 75-years-old, we examined their care needs, experiences and aspirations to age well in Singapore, and seek to identify areas for improvement towards enabling and supporting middle and upper income seniors to age-in-place. These sessions were conducted between April and May 2023. In this study, middle- and upper-income groups are denoted by their household income (tenth percentile) and asset value (including savings, investments, and housing type), indicating higher socioeconomic status (SES).

1.1.1 Socioeconomic Status (SES) as Indicators of Middle- and Upper-Income Groups

Income, education status, home ownership, and neighbourhood have been used as variables to determine population socioeconomic status (SES) in various studies about health and ageing in Singapore and elsewhere. Some of these studies show that the odds of successful ageing were better for older persons with higher SES (Subramaniam, et al., 2019), likewise educational attainment predicted cognitive function and decline (Lee, et al., 2003), and "living in a low-SES area (whether by rental versus non-rental, or by a higher neighbourhood deprivation score) was associated with low cognitive function" (Wee, et al., 2012).

While seniors of higher SES may possess greater resources, better access to and more options for health and care services that enable and support their well-being including the avoidance of disease and disability, maintenance of high cognitive and physical functioning, and social participation, few studies have been done to examine what their care needs might be, or to understand what well-being or ageing well might mean from their perspectives, and how these can be supported. Some researchers suggest that social connections including ephemeral relationships (e.g. with shop vendors) in addition to relationships with family and friends, intellectual development, and/or search for meaning and purpose in life including spirituality, matter for these seniors.

In a study on "successful ageing" conducted by the Institute of Policy Studies (IPS), researchers reported that Singaporeans aged between 50-70 "expect not just financial sustenance, but quality of life as they age…[including] having choices and the ability to make them…to be able to decide how they want to age" (Mathews & Leong, 2014, p.8). The report discussed three aspects of successful ageing in the Singaporean context: lifelong learning, optimism in employability, and a sense of security in terms of family, health and financial well-being. It was suggested that "with more cohorts of older persons in the near future from middle-class backgrounds and having higher levels of education, there will be greater interest on their part to engage in pursuits of self-actualisation" (Mathews & Leong, 2014, p.80).

In 2014-2015, the Ministry of Health (MOH) conducted a study involving 50 focus group discussions with over 4,000 Singaporeans from all walks of life, and consulted with community organizations to enquire their views on "positive ageing". The study highlighted similar broad areas including employability, lifelong learning, and well-being to age well in Singapore (MOH, 2016). These are outlined in Table 1:

Table 1. Issues, Motivations and Enablers to Positive Ageing in Singapore

Issues	Motivations	Enablers
Employability	To stay employable and remain financially independent, and to have meaningful job opportunities that fulfil their aspirations.	A fair and inclusive workplace to work in, and an enabling workplace that is safe and uses technology to help them excel in their jobs.
Lifelong learning	To keep learning for work and personal interests, and keep their minds active and stay in touch with society.	More diverse range of learning opportunities that are accessible, and courses tailored for their age and to be recognised for their skills and experiences.
Senior volunteerism	Opportunities to give back to society and create a positive impact by applying their skills and expertise.	Flexible arrangements and closer to home. Volunteerism among older people to be promoted nationally and recognition for senior volunteers. More training courses to be effective volunteers.
Health and wellness	To stay physically, mentally, socially, and emotionally healthy.	Access to information on health issues for older persons; health checks and exercise opportunities near homes or at workplaces.
Social engagement and inclusion	Mutual respect and care for older people.	More social spaces near homes for regular interactions so as to feel less lonely.
Aged care services	To age comfortably and gracefully in the communities where they live.	Eldercare centres and primary care services nearer to homes. Aged care facilities that offer a wider range of activities to stay active.
Housing, transport, and public spaces	To be independent and not burden their families.	Integrated health and social services, and more senior-friendly homes/housing, transport system, urban spaces and public amenities.
Research on ageing	To better understand needs and encourage innovation.	Conduct research in local contexts across disciplines, applicable to real life situations.

These studies show that the needs to age well are multi-faceted, and the course of ageing can be modified and managed through preventive health, social, and community interventions.

1.2 Ageing Needs and Wants: Theory of Human Need

An understanding of older persons' needs and wants are essential to identify the satisfiers and components that constitute well-being and quality of life for them. The literature on care needs tend to focus on physical and psychological health, encouraging activities related to mobility, self-care, and domestic life. Some of these care needs include professional advice and skills on self-care i.e. care

education; coordination of services; ageing-friendly physical and social infrastructures, and individual wellness strategies –mapping possibilities and making the "right choices" to support one's own physical needs and personal growth. Some of these needs can be addressed through the following strategies:

- Expanding in-home and consumer-directed care capabilities and capacities
- Harnessing technology innovations
- Increasing and enhancing intergenerational and community (bonding) programs
- Improving physical environments and infrastructures to support active/healthy ageing
- Conceptualizing and operationalizing "ageing-in-place" strategies
- Tapping-on/enhancing purchasing power to pursue individual wellness and/or healthy ageing strategies
- Supporting/developing the wellness industry to provide older adults with choices that would meet their well-being and lifestyle needs

Although advances in research have resulted in new methodologies and instruments to gather information about what people think they need and/or want to achieve good quality of life, and the level of satisfaction and extent to which these have been or can be met, there has been limited attention on understanding the social and cultural determinants and contexts that shape those needs, and inform strategies or policies.

While policy makers and program developers seek to distinguish between ageing "needs" and "wants", scholars suggest that it is more productive to have a framework for reasoning and interpreting human needs, and be cognizant of the fact that studies and debates which deal with human and social development, have been informed by multiple fields including social psychology, sociology, and economics as well as politics and ideologies.

In a theory of human need, McGregor et al. (2009) began on the premise of human well-being that encompasses material, relational, mental, and social dimensions. Focusing on the subjective quality of life (QoL) measures defined as "the outcome of the gap between people's goals and perceived resources in particular contexts…" (2009, p.144), the authors posit that such measures are an important indicator of well-being but also warned against assuming those represent what matters to people themselves.

Hence, for the purpose of this study we have organized and facilitated focus group discussions with higher SES/middle- and upper-income older persons to discuss about their needs with reference to what it means to age well for them, and address gaps between what their goals/expectations/aspirations about ageing well might be, and what their experiences of current services and facilities are like in Singapore.

2 Methodology

2.1 Method of Data Collection

Data was obtained in the form of Focus Group Discussions (FGDs), which are commonly conducted in needs assessment exercises as a "logical starting point for individual action and programme planning" (Liamputtong, 2011, p.98). Focus group methodology is invaluable for its data collection procedures to gain access to participants' own understanding, vocabulary, concepts, and agendas. FGD participants interact with each other and the facilitator, where these interactions provide an opportunity for researchers to observe the co-construction of meanings in action (Wilkinson, 1998).

<u>Eligibility Criteria</u>

- Adults aged 65 and above
- Able to communicate in English without assistance
- ≥ S$10,000 monthly household income OR ≥ $2million assets; OR
- Own or reside in at least a 5-room flat or bigger

<u>Recruitment</u>

Disseminated study invitation letters to:

- Networks with eligible older members (WINGS, CFS, Ageing Asia, etc.)
- Organisations serving the minority population (AMP, LBKM etc.)
- Professional networks with connection to prospective participants (former colleagues, etc.)
- Participants from past studies who meet the eligibility criteria and have consented to being contacted for future studies

Figure 1. Eligibility Criteria and Recruitment Methods

2.2 Recruitment Methods

Recruitment via purposive and snowball sampling methods was done through invitation letters sent to various local organisations and networks, to reach-out to potential participants who meet the eligibility criteria. We also asked participants to identify potential respondents and invite them to the study.

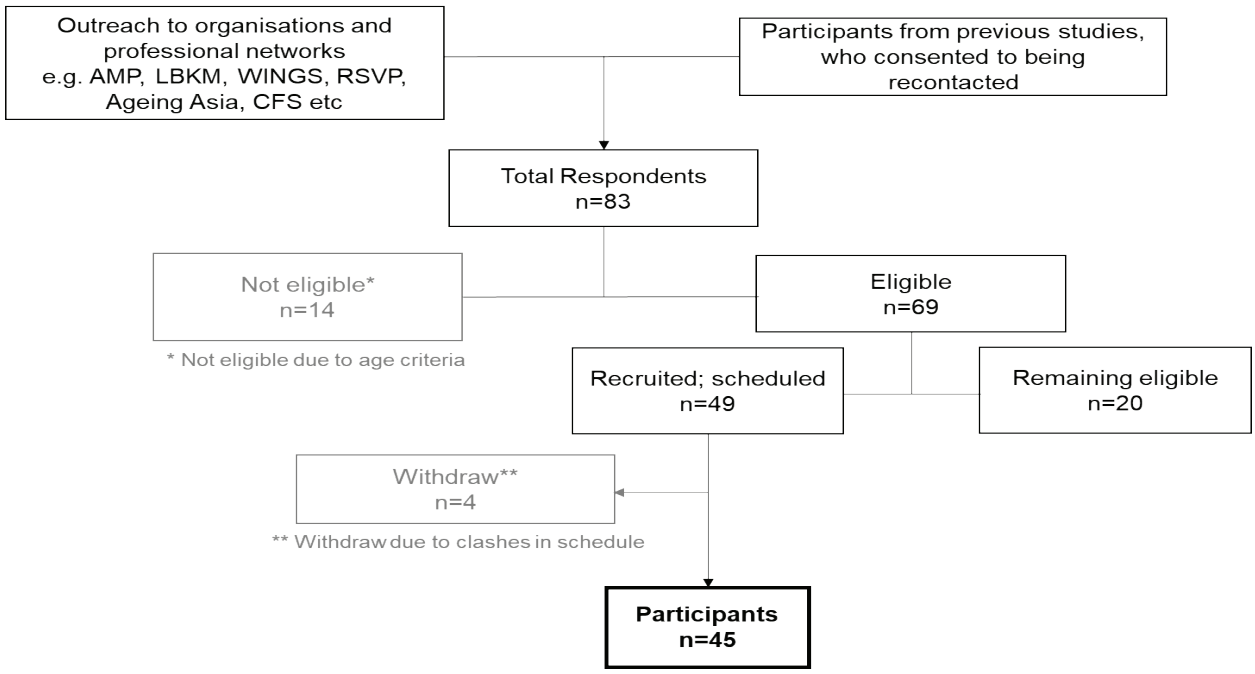


Fig 2. Study Respondents Outreach and Recruitment Process

2.3 Focus Group Discussion Activities and Topic Guide

Focus group activities comprise of using stimulus such as:

- Writing a post-card to one's future self,
- "Gallery walk": Participants walk around the room and to view standee board displays on age care services and care facilities prepared by moderators, and share their thoughts and opinions with the group
- Evaluating care needs and challenges using a case study (see Appendix 1)
- Watching a video clip comparing long term care services and facilities in Japan and Singapore (see Appendix 2)

Moderator-led focused group discussions centred on:

- Defining "ageing-in-place"
- Describing needs to age-in-place
- Sharing of challenges faced to age-in-place
- Mapping challenges to existing services to discover if there are services to meet needs or address challenges
- Determine if present services are adequate in meeting needs or addressing challenges, and what could be missing
- Describing the types of services that should be made available to enable ageing-in-place
- Discussing why the above are important, and how they affect quality of life

Fig 3. Focus Group Activities and Facilitation Sessions

Seven FGD sessions were conducted with 45 middle and upper-income older persons. Each FGD session comprised of six to eight older persons who were assigned based on age, gender, occupation and income. The duration for each of the FGDs was three hours.

3 Demographic Profile and Participants' Characteristics

3.1 Participants' Demographic Profile

Participants were younger older persons between 65-75 years old, and majority Chinese. They tend to be retired with previous employment in managerial or professional positions in education, finance, communication, IT and engineering sectors, or transitioning to retirement by engaging in part-time or flexible, consultant roles. Most of them reported a household income of $10,000 to $13,000 per month.

At the time this study was conducted, none reported limitations in activities of daily living (ADL) and most were also not providing care. The few caregivers relied mostly on migrant domestic workers to assist their loved ones and have limited experiences with community-based care services and/or care institutions.

Table 2. Current Employment Status of Participants

Current Employment (n=45)	**Retired**	**28 (62%)**
	Not working	2 (4%)
	Administrative and Commercial Managers	5 (11%)
	Statistical Professionals	1 (2%)
	Managing Directors/Chief Executives/General Managers	6 (13%)
	Finance Professionals	1 (2%)
	Teaching and Training Professionals	1 (2%)
	Car and Light Goods Vehicle Drivers	1 (2%)

3.2 Who are the Middle- and Upper-Income Seniors?

The social and economic stratification of society has been a global phenomenon that tracked rising globalization, financial liberalization, and technological developments since the 1990s' (Crafts, 2004). Riding the waves of these global trends, Singapore has experienced an upward trajectory from Third World to First World, "resulting in full employment, rising income for most Singaporeans, expanding opportunities for education and upward social mobility, and transforming Singapore into a middle-class society" (Tan, 2015, p.120). The implication of a middle-class society is that as middle-class level becomes the bottom-line, expectations would be raised which could not be easily fulfilled. This presents challenges in terms of providing and meeting care needs of the ageing middle-class population.

While education attainments, home ownership, housing type, and urban consumption may be taken to be objective indicators of being or belonging to the middle-class, sociologists have also considered subjective indicators. In the context of Singapore, Tan (2004) suggests that self-identification of class may include perceptions of financial situation (p.11-15), distinguishable by a greater optimism about their financials in the near future (p.44-46). With better job and income security, the middle-class do have a greater sense of control over their future (Banerjee & Duflo, 2008, p.26). Researchers have similarly observed that other subjective factors such as locus of control, trust, and well-being, are distinct middle-class values (Amoranto, et al., 2010).

Most of the participants in this study described their retirement as voluntary, owing to basic needs which have already been met as a result of relatively enduring and materially rewarding careers and jobs that provide the security to "enjoy life". Several were retired from the civil service, and grateful for the benefits received as the last cohorts under the now-defunct Government Pension Scheme. Instead of worrying about the rising cost of living and medical expenses, they were generally optimistic about their financial situations in the near future:

G1/F1/74: "We belong to the middle and upper income [groups]. I'm very blessed as a government pensioner, my medicals are all free. Lately I had my cataract done for $12,000. I did not pay a cent because I'm a pensioner."

G1/F4/75: "Very blessed indeed!"

G1/F1/74: "Yes, the medical costs are really high. A pension that covers healthcare saves a lot of money. So, we are able to travel"

Besides their long and fulfilling careers, some of the participants were proud of their contributions to community and society where they have served in various capacities as active volunteers at non-profit organizations, voluntary welfare organizations (VWOs), and church. These contributions build social cohesion and reinforce a sense of trust[1].

Participants also expressed their desire and drive for passionate, dignified, and peaceful lives. What mattered more for them at their current life stage was life satisfaction and contentment alongside a sense of purpose and locus of control rather than striving for wealth, and status.

Participants demonstrated a focused sense of self-awareness as well as being generative or outwardly-oriented to guide and safeguard interests of younger generations. Thus, they value interdependence and self-reliance as much as authentic and meaningful relationships with others, and they yearn for honest, open, and intellectually stimulating engagements with the world and society.

[1] While theories of social participation and empirical evidence show that individual resources of education, health, and income are important determinants of volunteering, the benefits of volunteering on the other hand vary across life course and social contexts (Hank & Erlinghagen, 2009; Morrow-Howell, et al, 2009; Jung, et al, 2023).

4 Distinct Needs and Group Identities

Even though participants' needs and interests are generally aligned with The World Health Organization's (WHO) model of "active ageing" comprising of "autonomy", "independence" and "quality of life" (WHO, 2017), these notions may be distinct from other socioeconomic classes due to differences in life experiences, social networks, and cultural capital gained from educational attainments, exposure to literary works, and strong interests in social, political, and world affairs.

> *G2/F4/71: "I'm very social and I meet friends for lunch. One of the groups I enjoy most is a group where we've decided on a topic we will discuss at the lunch. And we call our group "Food for Thought". Today's lunch was, "How important is the monarchy? Should the British taxpayer be paying for it?"*
>
> *G2/F3/68: "Especially after reading today's paper, there's a pretty enormous one."*
>
> *G2/F4/71: "Everybody had different opinions. You're hearing from British passport holders – you're hearing different things. For me, a lunch like that is far more satisfying than a lunch discussing shoes, handbags and holidays."*

The ways in which participants make sense of new realities signify processes towards "gerotranscendence" i.e. "a shift in meta-perspective, from a materialistic and pragmatic view of the world to a more cosmic and transcendent one, normally accompanied by an increase in life satisfaction" (Tornstam, 1997, p.143). Therefore, participants tend to find satisfaction in activities that focus on "engagement with the self in meaningful and nurturing pursuits" (Tripathi & Samanta, 2023, p.4).

4.1 Group Identities

Identity theories in the social sciences posit the social and cultural construction of identities, which are embedded in social structures that occur over a life course, and formed through interactions with others. Social identity and/or identity theories are premised on the notion of a reflexive self "who can take itself as an object and can categorize, classify, or name itself in particular ways in relation to other social categories or classification" (Stets & Burke, 2000, p.224). Here, participants identified themselves as "sandwiched generation", "missing middle" and "forgotten group".

4.1.1 Sandwiched generation

Because of care responsibilities, participants saw themselves as part of the "sandwiched generation" –sandwiched between providing and caring for dependent children and ageing parents. As caregiving is primarily a family responsibility that has borne the social and economic burdens of long-term care in the Singaporean context, participants are concerned whether their own children will be able to provide such care for them, considering the multigenerational caregiving situations that they currently faced:

> *G2/F1/67: I'm a sandwiched generation because I look after my in-laws, my mum and my dad. Under no circumstances will my husband send my father to a [nursing] home even if facilities are there. We will not think of our children looking after us like that. No way are we going to be far-far away from each other so to speak.*
>
> *G2/F2/72: All of us, all of us are the sandwiched generation*

4.1.2 Missing middle

From a clinical perspective, frailty in individuals can be identified and classified according to phenotypic characteristics such as weight and/or muscle loss; self-reported exhaustion; low energy, and reduced gait (Fried, et al, 2001), and these may include more comprehensive and holistic assessments that address "social, environmental, and medical determinants of health rather than focusing on individual disease states" (Allison, et al., 2021, p.220). Participants understood frailty as an inevitable stage of ageing and regarded themselves as the missing middle– described below as "not yet frail" but may need some attention, help and/or assistance in some areas:

> *G1/F3/82: They're not frail.*
>
> *G1/F1/74: Correct, not frail but less active and energetic than before.*
>
> *G1/F3/82: They're mobile but need mild medical attention.*

4.1.3 Forgotten group

Some participants felt that as middle-income seniors (who are better educated and more financially secure), their voices and concerns were unheeded. Their notion of "being forgotten" needs to be understood in a relative sense where more extensive government and philanthropic interventions as well as research have been focused on the marginalized population segments in Singapore.

Not unlike their middle-class counterparts around the world who are more politically vocal and active, and play a significant role in demanding for political accountability (Amoranto, et al., 2010), one of the participants expressed his frustration:

> *G4/M3/69: I don't know if it's a commonality here, I would like to speak to the middle-income group, the forgotten group as I would call it. Singapore addresses the lower sections very well. The upper sections don't need addressing. There's a middle-income group but we have nursing homes, and I wouldn't want to put anybody in there. What's forgotten about is how important a vote bank we are. If we were a large vote bank – this middle-income group, you know something would be done to address it. I often ask myself who I am to the government or anybody else. I'm the middle income, the forgotten group.*

4.2 How Different are Middle-income Older Men vs Women?

There is a clear difference between how male participants identified themselves and talked about what their needs and aspirations are, versus female. Discussions about gender across groups were consistent with studies that found gender differences in views on gender roles amongst older persons in Singapore (Haifan, et al., 2022).

In the study, men identified themselves as breadwinners, providers, and leaders similar to previous generations. They also viewed family as a primary source of support and expected to be cared for by their family. Thus, the men recognized the importance of being present in the family and strengthening bonds with their spouse and children as a post-retirement goal where they could now afford to pay more attention to, and were reflexive of the adjustments that they would need to make in order to preserve the peace and relations at home.

Because of various role transitions from work to retirement, provider to potential care recipient, the men expressed concerns about their position in the family, and preferred maintaining the status quo in terms of living arrangement, lifestyle, and social networks. If possible, they hoped to continue working and were open to flexible work arrangements, which would allow them to achieve work-family life balance. They were optimistic about ageing as they saw later life as an opportunity to explore and pursue different roles, and being able to exercise greater control of their own time, space, and decision-making.

On the other hand, women saw later life as a liberation and freedom from social roles as wife, mother, caregiver, and/or employee although they were confident, comfortable, and adept about their position/role as nurturers within the family. These aspirations were possible due to their educational attainments, career experiences, and higher SES, which afforded a greater sense of control and security about the future than previous generations of women. For married women, they were informed by the practical consideration and sensibility that they would quite likely outlive their husbands who tend to be older, and understood the importance of investing in their social networks and/or community. Thus, women in the study looked towards their social networks or community for companionship, leisure, and care. These social networks may comprise of former colleagues and school alumni, whom they regarded as "like-minded" people with shared experiences or similar values. Thus, the women spent more time cultivating friendship with people in their social networks, and were more willing to contribute to the community and/or other causes.

Unlike the men, women who have experienced the emotional and physical undertaking of caring for family members in their roles as wives, mothers and daughters, preferred to not impose the burden of caregiving onto family members. They were more open to and enthusiastic about different living and care options. Hence, there was a greater proclivity towards "trusted others" including professionals, friends and family to ensure their well-being.

4.3 Shared Perspectives and Aspirations about Ageing

In spite of the gendered differences, both older men and women shared similar perspectives, experiences, and aspirations about ageing. Some common challenges include figuring out one's life direction post-retirement and empty nest, and adapting to new identities and roles, and re-integration into family and community:

> *G1/F2/73: I decided to finally accept that I'm coming to 74. I watch Korean dramas and they said 60 is very old. At 74, maybe I should take a back seat. This year onwards I am just praying to the Lord to show me a new direction.*

Both men and women recognize the importance of adapting to change while striving to live a healthy, fulfilling and meaningful life. They prescribe to shared values and attitudes such as "responsibility", "independence", and "perseverance" that are suggestive of cohort and period effects of those born post-WWII and during Singapore's independence (i.e., Pioneer and Merdeka generations). They believe that old age also offers opportunities to seek personal growth and development through social participation, spiritual cultivation, and generative acts. Some examples include:

a) Ability to whatever one wishes as a reward for fulfilling responsibilities and roles in earlier life and liberation from past limitations:

> *G1/F3/82: Because I'm single, I've the chance to go [anywhere] anytime I want- just pack my bag and go, that's the advantage, and being happy as a single. I enjoyed my work as a teacher and have produced good results. When I retired, I was also happy because I thought, it's time for me to travel.*
>
> *G1/F4/75: To travel, you must get your money first.*
>
> *G1/F2/73: When we were young, we did not travel.*

b) To live behind a legacy, preservation of family ties and continuation of values, etc.:

> *G2/F4/71: Legacy could also be values and attitudes that you grew up with and that have helped you through life…my dad used to say 'there are no problems in life, you just have to find the solution'. I have an 8-year-old grandson and I have been telling him the same thing 'what's the solution?'. I think that's a legacy which I laughed at whenever my dad said it. But I think it's a very important legacy because we all have problems in life – you just got to tell yourself, there's a solution. These kinds of legacies are important to me.*

5 Ageing Well: Social, Safety and Security, Health Support Needs

During the FGDs, participants discussed care needs for ageing, including what they felt was important for their quality of life. The desire for continued independence and support to maintain functional capacity and autonomy was a common goal across groups. Independence has multiple meanings including "accepting help at hand; doing things alone; having family, friends, and money as resources; and preserving physical and mental capacities" (Hillcoat-Nallétamby, 2014, p.419). Independence in old age is also linked to the quality and accessibility of the physical/ built environment that may hinder or promote one's self determination or autonomy (Luoma-Halkola & Jolanki, 2021). Supporting older persons to maintain independence across physical, material, social and emotional transitions (Abad-Corpa, et al., 2012) need to be examined further in consideration of needs. In this section, we identified three key needs: (i) social, (ii) safety and security, and (iii) health care. Addressing these needs is essential to older persons' dignity of "not becoming a burden" to one's family and/or the state.

5.1 Social Needs

Social needs are relational and have been described in the literature in terms of affection, behavioural confirmation, and status recognition. Affection refers to the feeling of being liked, loved, trusted and accepted, understood, empathized with, and reciprocated by others. Behavioural confirmation encompasses the sense of being relevant, which includes doing good things, doing things well, being useful and/or being part of a group. Status is associated with being treated by others with respect and recognition for one's accomplishments, skills, wealth, etc. (Steverink & Siegwart, 2006).

While participants' social needs may be fulfilled by good relations with family and friends, they also expressed a desire for quality relationships as well as more attention, recognition, and visibility from society at large especially from service providers, agencies, and the government:

> *G6/M7/74: We are like vintage wine which is so fragrant that people still see you as a good person. That you are respected and recognized, wanted and valued…so one may have a number of fair-weather friends. But real friends, close friends are those who can come live together and care for each other. How to have that? Because if you don't do that, then where are the others? Who is going to care for you?*
>
> *G6/M4/72: I got one letter in my mailbox that said somebody's going to make an appointment to check-in on me, and no one turned up, so I called them. Then they said they're going to come-by but nobody came. This was three years ago during COVID. After that, nobody is befriending anybody.*

Participants felt indignant about service providers such as banks that insist on "proof" of their financial standings and credibility to renew or apply for credit cards, and access other banking facilities:

G1/F4/75: So, the bank told me, 'Can you get your daughter to give you a supplementary card.' I said, 'why do I need to do that?' It really downgraded me. In the end I said, 'forget about it- if you want cancel [the credit card], I'm okay. I can always go to another bank.' That's how they treat us now, you know."

G1/F3/82: The moment you retire- no credit card. You can tell them 'I've got a bungalow, properties', they won't listen. They don't trust your word. Nothing. They don't listen.

G1/F2/73: No dignity.

Participants expressed that in Singapore, dignity seems to be tied to notions of self-worth, independence and value to society. Thus, to age with dignity entails being recognized, respected, and cared for especially when one is stricken with illness that makes "independent living" impossible and/or a huge challenge. Some participants expressed concern that the options for living a dignified life as a middle/ upper income older person in Singapore are limited and they are left to seek their own solutions:

G1/F4/66: In ten years time, I don't think anyone of us can be "independent". We will need somebody to support us in our health, daily activities, anything.

G4/M1/68: Someone mentioned earlier about being the 'forgotten lot', right? I believe we are going to be forgotten anyway. I don't expect the government to be taking care of us at all. Truly no way.

G4/M3/69: This is what I've observed in the nursing home seeing people coming in and just seeing the whole business. Then there's the middle-income person who has the means but there's no home for him/her. It's like 'go find your own way'.

G4/M1/68: If we don't take care of ourselves, please don't depend on the government. They aren't going to come. I live by that agenda (to be independent).

Participants felt that current processes to assess older persons' care needs seldom account for their experiences as middle/ upper-income older persons with resources and purchasing power:

G6/M1/69: Say I want to employ a helper, I would have a problem because I got no income and have to depend on someone else to sponsor. But I have the means; why should I go and get a sponsor?

Facilitator: So, more services designed to cater to your needs? It goes back to that you have to be recognised?

G6/M1/69: Yeah. Maybe they have to think more about us [middle/upper income older persons] and look at other factors.

5.2 Safety and Security Needs

Participants highlighted a need for safety and security with respect to the measures and efforts that protect them from harm and danger (e.g. falls, phone and internet scams). They were also concerned

about the protection of their interests and welfare when they become physically and/or cognitively incapacitated, and where family may not necessarily be a guarantee of such protection:

> *G4/M3/67: It's a pretty difficult world for someone who is getting old and losing his/her senses. I have seen cases when the children want the house or property and they put their parent(s) into the nursing home. But I do not want to go to a nursing home. The children may make decisions that I do not necessarily agree with. So, I would like someone who would be able to advocate for me and act based on my best interest, a trusted person who is not in it for the money.*

> *G6/M5/70: I hope when the time comes there will be a system where we could easily press a button, pull a cord, or call a number, and help will come immediately or as soon as possible. This system is available in the rental flats but not in purchased flats, condo or landed properties. There are wearable devices for assisted living that function as panic buttons in Europe, and I think this could work for us.*

5.3 Health Support for Physical and Mental Well-being

Participants recognized the importance of "active ageing" to prolong good health and vitality. Thus, having opportunities for active ageing and access to healthy lifestyles, habits, and activities, is crucial.

> *G6/M7/71: The most important thing to me is to be healthy. I do a lot of exercises like walking. Pains and aches will come but that is part and parcel of ageing. It's about learning how to live and cope with it.*
>
> *G6/M4/72: I prefer activities that are refreshing, invigorating…for example cognitive memory games. I think that's important to keep my mind active, like many of my brothers here have shared, I think if your mind is active, there's a lot of things that you can achieve.*

Although participants described themselves as resourceful in seeking information, they articulated needs for better information support to aid in lifestyle changes and management of chronic conditions.

> *G4/M2/70: If my health deteriorates, the first thing I would do is to seek medical advice and look for professional help to address those matters.*

For example, a 73-year-old participant was concerned about her lifestyle and being on long-term medication after being diagnosed with diabetes and felt supported by her church and virtual networks:

> *G1/F5/73: I asked my doctor whether can I be taken off diabetic list, they said, "Oh, in Singapore, if you're recognized as diabetic, you are diabetic."…I watched my diet and brought my weight down. The biggest help was the weight loss. Then I'm taken off hypertension medication. So, I'm not on any medication currently but I know that the minute I relax, the weight creeps up. So, I went vegetarian. I watched all those health guru videos on the internet which show the different kinds of things to eat, prepare, and to get a feel of it. Plus, my church also supports healthy eating and they provide lots of information, and encourage you to go vegetarian for health reasons.*

To achieve independent living and minimize burdens on family members, participants indicated a need for medical and home care support or proximity to services to manage their complex chronic conditions (i.e., when the need arises) and maintain their physical and cognitive functioning in the community, for as long as it is possible.

G2/F4/71: I would like to be ageing at home until I come to a situation where the care I need is so specialized and complex that I have to be in a hospital or something. But otherwise my choice would be to age at home with support systems provided and available.

Emotional and mental health care are considered to be as important as physical care, and encompasses showing empathy and affection, opportunities to talk about life challenges and express fears and anxieties. Participants seek interactions (within their social networks and with service providers) that promote open communication and foster feelings of safety, trust, and respect. Across the groups, there is a clear need for emotional care and better support for mental health but these are often glossed over in aspects of care provision:

G7/M1/71: Mental health support system is missing…I sometimes struggle with mental pressure… but I don't know how to deal with it or understand what it is. It's a stigma to go to the Institute of Mental Health, you know?

The group discussions on emotional care broached on intense and private experiences. One of the participants (Female, 67) who was caring for her parents and sister shared about the need for emotional support and mental health/well-being for current and/or bereaved caregivers, while another (Male, 72) wished he had additional support during post-surgery recovery:

G2/F1/67: I was a caregiver for my dad for 5 years and he was bedridden throughout those years. Then after that, my mom had depression-induced dementia because of my father's passing, and I became her caregiver for the next 5 years. Currently, I'm looking after a sister who has Parkinson's disease. So, there is a lack of support for my mom when my dad passed away, which accelerated her dementia. I think that's something very important for all of us when we lose our loved ones including our husbands because we're likely to outlive them. But no one's really talking about what kind of support you should receive.

Facilitator: Do you imagine this to be family (support) alone?

G2/F6/66: No.

Facilitator: What other support is needed?

G2/F6/66: Friends…

Facilitator: What about paid support, professional support?

G2/F1/67: Paid support, yes, such as grief counselling.

G6/M4/72: I have stage four stomach cancer. I had a surgery done about four years ago, which removed a significant percentage of my stomach and 27 lymph nodes. But thank God I'm well now. Six months ago, I had a brain surgery and a brain aneurysm. It was a major surgery, but thank God, I went through that. And you need to have a very strong mind to face these challenges and a very positive posture to overcome all these adversities. Because when you're not well it's easy to fall very, very low even to the point of wanting to commit suicide. And the suicidal thought is very strong, especially when you cannot eat. Because of the chemo treatment I lost 23kg and felt very weak. When you cannot eat, the [negative] thoughts just come in - what's the point of living when you cannot…you might as well die. Jump down from the flat. And the thought comes in, because it tells you that if you die, your loved ones will be freed from the burden. And they could be happy.

Some participants shared how spiritual and religious support provides a sense of hope, and enabled them to cope with the challenges of ageing and afflictions of illnesses:

G2/F2/72: At least you believe in something. Let's say your life and health are bad; if you're a Christian then you pray to God for better coping and better health. Although you're suffering you can still pray for better health, and for strength to deliver you from this suffering.

Facilitator: An additional layer of support that's unseen.

G2/F2/72: I mean, support from family, from friends, and also your religion.

G2/F1/67: Body, mind, and spirit.

G6/M4/72: I recovered (from cancer) because of the very strong family support, friends support. And especially as a Christian, I relied on God's promises and prayers. The faith that I have is a very positive and important factor in my healing journey.

Participants described respect and dignity, staying physically and mentally healthy, and maintaining independence as important but also challenging aspects of ageing well. Addressing social, safety and security, and health support including emotional care needs are key to enabling quality of life and well-being.

5.4 Thriving in Age-friendly Environments

Participants elaborated on what is needed in their lived environments (e.g., surroundings, community, facilities and services, and housing) that enables them to age-in-place.

5.4.1 Surroundings

Most participants envisioned living in their own homes as they age. "Home" embodies feelings of attachment, love, and trust and provides familiarity, security and comfort, and connection to people, places and activities that are meaningful. The home environment also includes its surroundings– participants value being close to nature (e.g. beaches, parks, greenery) as it brings peace and serenity. Home is not merely a physical place to "stay put". They recognized the social and emotional components of home, which could be "built" or created and facilitated:

G1/F2/73: Home means comfort and familiarity to me. I imagine my mom who does not wish to go anywhere else…she don't even want to move from her room upstairs to a room downstairs. She's comfortable and familiar in her own room.

Facilitator: Can these principles be applicable to places other than the home? A place that's not your home but makes you feel secure, comfortable, and familiar…

G1/F2/73: Yes, of course.

G1/F1/74: Yeah, of course.

G1/F4/75: Yeah.

G1/F2/73: I agree that security, familiarity and comfort can be created beyond just the physical house or home, and that is ideal. That is why we are envisioning that the government or private enterprises will build this.

5.4.2 Community

Studies have shown the significance of neighbourhoods and communities to health and well-being, enabling independent living and quality of life for older persons (Cagney & Cornwell, 2010; Cagney, et al., 2005). The neighbourhood and community provide opportunities for formal and informal interactions, social support, and connectedness:

G3/F5/69: I live in a condo and my surrounding neighbours organize many group activities. I enjoy living here because it has an MRT station, restaurants, supermarkets and many clinics, including dental. Everything is there. It is a small estate and everybody knows each other.

In imagining the ideal residential community, one female participant broached the idea of communal living with friends, inspired by the American sitcom "Golden Girls" (1985-1992), which invoked the ideals of personal choice, freedom, friendship, and satisfaction in later life:

G1/F2/73: If we are able to live like the "Golden Girls" – where four older women comprising of three widows and one divorcee get together to live in a house. They each have their own room and privacy to lead their own individual lives but also opportunities to seek out others when they feel like talking or socializing to cook and eat their meals together. They show affection and care for one another but can also be mean and sarcastic with each other at times. They share things but also quarrel and fight with one another over things.

Everyone: <<laughs>>

Facilitator: I wonder if it's because you're never married that you have this "Golden Girls" idea. But for those who are married or widowed, do you have this idea or similar thoughts?

G1/F1/74: Yeah, true <<laughs>> Different. I am more family-oriented.

G1/F3/82: They can also be Golden Girls in no time, because…

G1/F1/74: …When the husband passes on, when I'm a widow, I will be single <<laughs>>

G1/F3/82: We outlive the men.

The community is also where participants envision their contributions and "giving back" to society, as means to be generative and guide the next generations:

G2/F4/71: Community to me is really the wider community. I think it's the duty of each of us who are fortunate to look after and help those who are less fortunate. I too was involved in a reading program for underprivileged kids and I had similar experiences mentoring. I've been a teacher all my life. But teaching that little kid who could not read, and then 6 months I saw that transformation, was more satisfying to me than all the teaching that I've done.

5.4.3 Facilities and Services

Participants discussed about the facilities and services that they would require to support their functioning and vitality in older age, including their capacity to engage in activities that matter to them. These include beauty and wellness, healthcare, and activities of interest. Enabling access to these facilities, services, and activities such as shopping, which could be in the community and neighbourhood or easily accessible by public transport or assistive devices like Personal Mobility Devices (PMDs), is key.

G1/F1/75: I don't quite like the word "independence" you know. By that time, I don't think anyone of us can be independent. We would need somebody to support…

G1/F2/73: to support our desire for ageing well. We need to spell out the kind of facilities and services that support us to live well and thrive.

G1/F1/75:…and have meaningful connections.

G1/F3/82: To live in an environment where we could make friends with those who are not very ill, still healthy but alone. To go to a place where we could talk to others and play games…

G1/F1/75: To help us stay mobile and active.

5.4.4 Housing

Participants were open to right-siting and down-sizing of housing to maintain their independence. Suitable housing types and options can be defined by individual ageing-well goals and functional capabilities, informed by financial considerations, availability and quality of facilities and services to support their needs, access to transport and health services, and a wide variety of amenities. Right-siting and down-sizing decisions were also tied to family considerations about encouraging their adult children to move-out and lead independent lives on one hand but also accommodating loved ones to stay for extended period of time, and hosting family gatherings at home. For those who preferred to age-in-place in their current homes, having a helper and making home modifications would be essential.

Participants also discussed about what they would need in a residential ageing facility. Safety and security, and a peaceful environment were pre-requisites. Other requirements included having their own private space like an ensuite apartment, open spaces and gardens to walk around, and communal spaces such as function room and dining halls for meals to interact and socialize with others, and living with "like-minded" others who could provide social and intellectual stimulation.

Facilitator: Can you imagine yourself living in this type of Community Care Apartment (CCA)? Does it suit the needs of your group?

G2/F1/67: Too small. I will feel very claustrophobic.

G2/F4/71: Because we're used to…let's be honest, we're used to more space. And for me, I think we all have families, children, grandchildren, who may not be in Singapore, maybe living in the US or whatever. So, I would like to have a space in my home where they can come and visit and have their bedroom and live with me during the summer holidays or whatever. So, it is important for them to feel that this is grandma's home and there is enough room for them.

Facilitator: I see, okay.

G2/F4/71: It should be a home for other people and not just a care facility. With this [CCA model], I'd rather jump from my current home straight to the hospice nursing home.

G2/F1/67: I don't think this CCA model will work because they are just too many people/residents for one care manager to look after them, and not enough care staff. And what kind of care are you talking about? Because you know, like my mother who has dementia, you will need more care. When you ring or activate the help button, there may not be a care staff to attend to you, as and when you need it. There is still a question about the quality of care, although there may be facilities.

Environments play a role in sustaining, building, and promoting older persons capacity to engage in activities that matter to them and/or removing barriers that prevent or inhibit participation in those activities (Beard, et al, 2016). Living conditions and housing in particular ensure well-being. Participants' discussions reinforce the functional, symbolic, and emotional attachments and meanings of homes, neighbourhoods, and communities, which is central to the literature on ageing-in-place (Wiles, et al., 2011, p.357).

6 What Does it Mean to Age Well

Participants discussed what it means for them to age well with reference to their current and future quality of life (QoL), informed also by their socioeconomic and cultural contexts (see Nilsson, et al., 2005). Across discussion groups, QoL, for the participants, is beyond meeting their basic needs (e.g., shelter and income) and is more about deriving fulfilment, purpose and pleasure through the following:

- Staying in good physical and mental health
- Self-actualization
- Social connections and friendship
- Enjoyment of leisure activities
- Harmonious family relationship

6.1 Good Health: An Objective and Pre-requisite

Good physical and mental health is an objective of as well as pre-requisite to ageing well, and is predicated upon one's personal responsibility, capacity and skills. Staying in good health enables one to pursue life goals and interests, which in turn, extends one's health span and QoL:

G2/F4/71: We are happy to trade all wealth for good health. I realised that if I don't have health even though I might have the means and time, I can't do the things I love.

G1/F3/82: My aspiration for ageing is to be in good health because without good health, one really has nothing. And to have the energy, the spirit to travel overseas...

G1/F2/73: And still enjoy life.

G1/F3/82: And interact with friends in Singapore. I would like to be in good health so that I could continue to live in my home.

Good health is required for maintaining one's independence. This includes having the ability to make decisions and exercise control over one's own life as well as minimize burdens onto others. Participants' desire for control over their care decisions stem from scepticism about relying on others:

G2/F2/72: I just retired two years ago, so now I'm starting to adjust my life. Health is important because you can't depend on people. You still need yourself to help yourself, you can't just fully depend on people. You need to be able to think for yourself what you want, how you want to spend the rest of your life- at home, in a hospital or in a nursing home, you have to decide for yourself. I'm still figuring it out because I'm a few months old in this age.

Through discussions around the case studies co-created by the groups based on their collective experience, we found that healthy living is both a priority and a challenge, especially in modifying lifestyles through diet, exercise, household chores and health-seeking behaviour:

G1/F4/75: I think a lot of people our age don't really take care of their meals.

Facilitator: Why do you say that?

G1/F4/75: It's true in daily life. For example, if I like to eat white bread and when people advise by saying 'choose the healthier bread and all that', but you ask them to change…

G1/F1/74: …It's very hard, for example they only eat kaya toast.

Facilitator: Do you think health is one of Madam N's (case-study) challenges or priorities?

G1/F4/75: Both.

Facilitator: It's a priority but it's also a challenge for her? Madam M is someone who desires to change her lifestyle and habits but struggles to do so?

G1/F4/75: Right

G4/M5/70: Housekeeping, home therapy. In order to get ourselves fit, our house must keep clean. Therapy is something… when we get old, our muscles become stiffened. So, you need a therapy exercise. So, keep ourselves fit…

G4/M2/65: I think vital signs monitoring is important for those with chronic conditions. I am quite surprised that the manner in which we go about for the elderly is that they must always go to the polyclinics or things. It's very stressful for the elderly to just go there for probably less than 15 minutes for that purpose, you can actually have mobile care teams like family physicians to go to their homes…

6.1.1 Managing Stress to Achieve Good Health

Over their life course, older persons experience a number and variety of stressful life events, including personal illness, death or illness of a family member and/or friend, and non-medical events. One study in the USA showed that only a minority of older persons reported personal illness as the most stressful, and that other similar stressful events can have negative or positive consequences for older persons, depending on individual levels of resilience (Hardy, et al., 2002).

Participants, particularly older women, reported experiencing stress due to managing relationships and responsibilities within the family, often times at the expense of one's self:

- Catering and accommodating to the needs of family members:

  Sometimes my children will come back and request for some special food to cook, so I'm very stressed, I need to prepare and think about what to cook for them. (G2/F6/66)

- Dealing with spousal conflict due to differences that became apparent post-retirement and/or where efforts have not been reciprocated:

I've seen people who are older than me, especially wives having to deal with husbands who do not have the same goals in ageing. Because you're giving, you're giving, and you're giving. (G2/F1/67)

Now that I've retired for three years, I found out that my wife also had a lot of stress, which she didn't show when I was working. But when I retired the bubbles all burst. I realised that my work also took a lot from her. (G7/M1/71)

- Coping with caregiving demands:

I'm a primary caregiver for my 86-year-old father. He is still mobile but needs a walking aid and has mild dementia. I have a helper who is very good. There is some stress to caregiving, and I feel very guilty because he doesn't have any friends. He is isolated because of his immobility and I don't know how to engage him. I feel like I'm not doing enough for him outside of his physical needs like nutrition, going to the doctor- that's well looked after. Not so much caregiver burnout, more of caregiver's guilt. (G3/F1/65)

Participants also believe that healthier living can be achieved through greater self-management of exercise, chronic conditions, proper diet and better stress coping practices (e.g. relaxation techniques). Their desires for greater self-mastery corroborate with studies which suggest that higher levels of mastery including personal control, self-efficacy and self-esteem can contribute to positive affects and subjective well-being among older persons (Kempen, et al., 1997; Ben-Zur, 2001):

G2/F2/72: "For the first time in a long time, I managed to relax with no stress from work"

G4/M5/70: "I'm self-employed, still working. My concerns are to manage chronic diseases, stay fit, be stress-free and take care of my mental wellness"

6.2 Self-actualization

Participants regarded self-actualization as opportunities for personal growth and development, that allows them to pursue meaning and sense of purpose in their lives and within their communities for example, through religion, mentoring younger people, volunteering. They tend to include these elements in the structures of everyday life, which are shaped and co-constituted by major life transitions.

6.2.1 Pursue Meaning and Purpose

Participants seek self-actualization that enables self-exploration, life review, and new identities in later life, supporting integrity of the self (i.e. seeing one's life as meaningful and whole) and re-integration into society.

G4/M4/82: The mind, body and soul or mind, body, spirit must be aligned – what you think, say and do – this is your personal self. You, to yourself, to your family and to the public, all these are alignments. M7 (other participant) and myself are contributing to this relationship banking (i.e. being others-oriented rather than self-serving) where we reach out to others every Monday at YMCA.

Those who have suffered from illnesses, loss, and/or ageing-related decline were more likely to articulate having a sense of interiority (i.e. self-awareness, focus, and others-oriented), and they tend towards civic participation and caring for others as a form of meaningful occupation:

> *G3/F5/69: I'm a survivor of breast cancer for 21 years and it has changed my life. The cancer has turned me into a better person. Because of the cancer I had my earlier retirement and had so much time on my hand, so I volunteered at Wings and at so many associations. I followed my music teacher to give singing lessons to blind children, and that was somewhere I really experienced bringing joy to someone who needs it. I'm very fortunate to have experienced this. My grandchildren are my motivation, it is a joy to watch them grow up. To me having a purpose means making the best use of your time and contributing in whatever you can.*

6.2.2 Enable Growth and Development

For personal growth and development, participants require activities that are intellectually engaging and align with their educational attainment, professional experiences, and global exposures:

> *G4/M2/65: "At this age, I prefer activities which are less physical demanding but maybe more mentally challenging. I think we have come to an age where we can address a broader spectrum of things than we were younger. Things such as reading, taking courses, discussion, explaining, going in-depth into areas in which there is specialist advice on the internet though reputable and credible sources."*
>
> *Facilitator: "Many of you spoke about being interested in things that are engaging, more philosophical and conceptual discussions. Is this something that your group identifies with?"*
>
> *G4/M6/70: "I think everybody said that."*

As evident from participants' narratives, self-actualization reveals individual projects towards highest levels of psychological development achieved through personal enrichment after basic needs have been fulfilled (D'Souza & Gurin, 2016). As the narratives suggest, self-actualization can also be defined in relation to others and the wider community, informed by common life events like retirement and involves activities across one's life stages including generativity (Everingham 2003, p.245).

6.3 Social Connections and Friendship

Participants aspire to stay connected and engaged with family, friends, loved ones, and others in meaningful ways. They seek connections with "like-minded" people who have similar values and life outlook and are able to engage them in issues of interest. From the discussions, like-mindedness may be defined in terms of social class, educational attainment, and/or language:

G1/F4/75: An example of what I'm looking at would be social level. I can't go and mix with some aunty who is not educated and all that. That is not what I want.

G1/F5/73: Like-mindedness. The same thinking about certain issues.

G1/F2/73:More than same thinking, it is the way to approach life and challenges.

G1/F3/82: Like-minded people means those who have the same thinking or principles like yourself. I can talk to someone at my level, which I can then enjoy. If I can't talk to someone who is not my level, not that I despise the person, I cannot carry on a conversation.

There was interest among the participants to widen their social networks and include those from younger generations. Intergenerational friendships provide opportunities for sharing knowledge, wisdom, learning new things and mentoring and also bolster older persons' generative inclinations that encompass a purpose-drive life and identity by helping others and guiding younger generations.

G4/M7/82: If my health deteriorates, I will activate 'Tuesdays with Morrie'(i.e. sharing life lessons with younger people) to address my needs

G1/F3/82: To be a close friend is not easy. To know a friend well, takes time. When these old ladies need friends, how do they get friends at their old age? Are you going to meet all the old people? I say, no, I want to meet younger people, that's why I'm here [at an event].

Friendship also contributes to a sense of social connectedness and fosters an outward-orientation– caring and being present for friends and loved ones. Developing empathy and interpersonal understanding is key to building and sustaining friendship. It entails being intentional about spending quality time with loved ones, paying attention to their needs with sincerity, openness, and generosity:

G3/F4/64: What we have now is time to spend, to give away, so it's not spending money. Sometimes it's much more important to spend time…with your old friends because they are frail, they need help to go to chemo sessions. So, follow them to their operations, post-operation therapy, etc. When people say they are too busy they don't understand that one can actually make time for all these activities and share yourself with others.

G3/F1/65: My husband is a professor. Many of his first batch of students are in their 50's now and are still very close to us. I have seen them get married and all that, there's a lot of interaction and they become our friends. They still respect us and we are still in contact with many of them.

6.4 Enjoyment of Leisure Activities

Enjoyment of leisure activities such as travel, hobbies, wine and dine, being close to nature, is a key feature in the lives of middle- and upper-income seniors. Leisure activities contribute to well-being and life satisfaction, and is an important aspect of self-actualization:

G7/M4/69: I'm a retired management person from an American technology company, and I retired many years back. Ageing gracefully for me, is first and foremost, God willing, to be physically active, to be able to walk myself to the toilet, come back. To be able to do everything and to remember to take my medication and not forget these things. That's one thing. Two, to be able to travel internationally. To be able to drink lots of red wine, I would say, at least two glasses of wine twice a week. And different, good wine.

G3/F5/65: "I enjoy learning how to play the piano and sing classical songs. I was able to perform at the Esplanade"

G3/F6/72: "Gardening brings me to nature and makes me feel relaxed. I'm a member of a small gardening club where we grow some vegetables.

G6/M4/72: "Taking walks, visiting the museums, parks, and the zoo. All these activities to get close to nature are very invigorating and refreshing for your mind and thinking, it helps you to be a better person"

6.5 Family: Bond, Love, and Care

Maintaining harmonious family relations is an important aspect of ageing well. Men, more than women, regard their family, particularly their spouses, as the primary source of care. Family denotes connection, affection, care, and values. Participants saw their role in the family as "generative" in the sense of transmission of and perpetuating values, being a role model, and bringing family members together in love and care, even in the face of adversity or differences in perspectives.

G2/F1/72: My dad left us a very strong legacy of family love – these are the ties that bind you and we want to continue that.

G4/M1/68: If my health deteriorates, I hope to turn to my family to address my needs because they are the people I spend the most time with. I am with people whom I care for and also I'm the one that they care about.

G6/M7/71: The most important person to me is my wife. She takes care of me, and I take care of her. If something happens to me, who would be the best person to care for me? The person next to me – my wife. That is a fact of life.

7 Challenges to Age Well and Participants' Suggestions

7.1 Individual, Social and System Challenges

The challenges to ageing well are an interplay of multiple factors at the individual, social, and system levels. Some of the participants shared their concerns about social isolation and loneliness, for example when they have outlived their friends or dying alone without anyone knowing. Others struggled to find meaning and purpose in life, manage stress, and cope with changes in their health, relationships, and everyday routines. They were also worried about future vulnerability that could result in dependency, loss of control, and cognitive impairment. Exposure to digital threats and dangers with rising digitalization also increases the sense of vulnerability:

> *G7/M/71: I have a pacemaker but who looks after my mental health? We have no support system for that- it's a stigma to go to the Institute for Mental Health (IMH).*

> *G4/M/69: I see people trying to take advantage of older people. It can be phone scams or internet hacking, and these are going to get worse in ten years' time. You really expect an old person living alone to be able to handle all that? I caught my mother at a point where she was about to press a button to get scammed.*

Social challenges include maintaining close family ties and relations to care for each other, and share caregiving responsibilities:

> *G1/F/75: I come from a family of eleven. If possible, I wish that some of us can stay together with a helper, and look after each other. The challenge here is for the family to stay together and care for each other. You see, I have an older brother who has Parkinson's and his wife has dementia. Even though they have a helper, I could see that living with his wife is taking a toll on him- he is losing interest in a lot of things. What I do now is every Tuesday I will devote myself to him- we will have lunch and do some shopping together. I also signed him up for gym. So, in a way, care responsibilities can be shared with the rest of the family members, to care for one another.*

Participants discussed problems on seeking the right kind of care services, and receiving quality services, identifying all these as a major systemic challenge. Some of the problems include helpers' competency to provide good quality of care, the cost of assisted/community living, and lack of suitable existing services, facilities, programs and/or policies for respite care, assisted living, and insurance schemes for home care services or preventive care. They suggested that the lack of manpower resources, training, accreditation, and professionalization of care workers devalue care services and compromise quality standards. Some participants felt that the high price-point for services do not necessarily equate to the promise of quality of care. Based on some of their experiences with caregiving, the availability of care services in the market can be spotty and unreliable:

G2/F1/67: The government is making it mandatory for helpers to take one day off every week. But the thing is respite care is not there. When my mom's helper goes out on her day off, I need somebody. We have used "ABC Services" and one day the care aide who was assigned got COVID and the company had no last-minute replacement. We were left high and dry.

Facilitator: That's interesting, "ABC Services" is supposed to be like Grab you know where you are assured of getting someone.

G2/F4/71: But they're all short-staffed. I have personally experienced that.

Participants also shared that the conditions in some of the respite care facilities in Singapore are unsatisfactory while others lack the flexibility which they needed in the event of emergencies:

G2/F1/67: Once, my sister and I went to check-out a respite care facility, and we said 'no way are we going to leave our mum there' The whole place is so sad, it's just [so] sad. That's why we always prefer to have somebody come in and be there for 8 to 10 hours. We went to look at another facility elsewhere because we needed a backup plan, and even then when we talked to them about our situation they said 'oh you just cannot just drop in as-and-when'. We must be committed to sending mum there every week or every other week. You can't just drop-in."

Facilitator: "There's no drop-in but when you think about respite and urgent care you can't anticipate things like this."

G2/F1/67: "Yeah, you can't anticipate things, as much as we want to keep her at home.

Even though health and care services may exist, participants had difficulties accessing those services or getting information about the type, availability, and quality of services:

G6/M1/69: Unfortunately nobody knows AIC, and nobody publicised their programmes.

G6/M5/77: I think hospitals, polyclinics, family GPs should be disseminating such information [about care services and programs] to us.

G6/M1/69: I would not want to be so passive in a sense because you're waiting for people to spoon-feed you at the polyclinics and GP clinics. What we need is actually a one-stop access portal with all the information that I need and can answer my questions, then you will intuitively go there and see.

Other service gaps highlighted by participants include limited offerings in the market for more personalized care plans, and the lack of variety for healthy and tasty food options and/or providers that cater to people with conditions like dysphagia. Participants also mentioned wanting more comprehensive support for preventive care which includes alternative healing practices or holistic therapies (e.g., naturopath) that can enable older persons to age well.

Given the low reliability, poor quality, and limited knowledge or lack of options available in the market, participants saw migrant domestic workers (MDWs) and family members as their main source of

support and provider of care. But for families with more than one older person, participants felt that the current restriction of two MDWs per household is insufficient to look after their elderly parents and/or themselves at the same time, and thus to consider relaxing the quota on migrant domestic workers. They also proposed to review policies such as land-use regulations to encourage greater development and innovation, such as new service models and/or integrated housing projects that cater to middle- and upper-income seniors.

7.2 Participants' Suggestions for Services, Programs, and Facilities

Participants offered several suggestions for services, programs, and activities which are more targeted and specific to their needs as follow:

- Bespoke befriending services
    - Paid service fronted by people who are versatile and savvy ("smart enough to google and carry out conversation" that speaks to the interest of older persons rather than superficial formalities)
    - Free-to-use, app-based inspired by "Tinder" to match with others for companionship, but also concerns about safety and scams.
- Community activities for self-development and social engagement
    - Design facilities and curate programs for continuous self-development, social connections, discovery, and leisure such as nature walks, travel planning, seminar series, expert talks, debates, etc.
- Promoting mental and spiritual wellness
    - Enable holistic therapeutics and pastoral care that facilitate personal growth, healing, and reconciliation with self, others, nature, and/or God, to achieve well-being goals
    - Counselling services to cope with role transitions and prepare older people before they reach pre-frail and frail stages of ageing (to address fear and anxiety about ageing)
- Wearables/technologies for preventive health
    - Digital monitoring, tracking health status, built-in nudges for self-management of chronic illness and preventive health; for falls detection and emergency activation
- Intergenerational care reciprocity models
    - Involve younger generations to provide care for older persons, as an investment in their future long-term care option (in the context of respite care, elder sitting, etc.)
- Inclusive Financial services
    - Provide wider range of incentives and insurance coverage for preventive care (e.g. holistic treatments, healthy diet, lifestyle modifications) beyond medical treatments and hospitalisation; ensure inclusion in banking protocols (e.g. revise requirement for proof of income for credit card eligibility)
    - Review financial aid schemes and subsidies to broaden eligibility for older people living in purchased housing, and/or improve care financing to enhance affordability
- Home improvement programs
    - Extend subsidized home improvement schemes and options to those living in landed houses and private condominiums
- Targeted communication and public awareness
    - Communicate information about care services, facilities and programs available in Singapore, raising awareness and improving care planning and coordination amongst family and loved ones

- Enhance digital safety
    - Improve internet safety for older people to prevent scams and frauds, and reduce digital vulnerability beyond mere ICT training
- Retirement residential community
    - Premium executive Community Care Apartment (CCA) model but with bigger space (two bedrooms)
    - Segregated spatial use with gated high security for residential area but public and communal spaces for social activities but
    - Residents can be segregated based on low and high-care needs but tiered between independent versus those with higher care needs
- Care concierge
    - Can be a service and information platform or individuals who are knowledgeable about health and eldercare:
        - Able to explain various care options and even accompany older persons to appointments, and can advocate for them as well as update family where necessary.
        - Care concierge needs to be very savvy and resourceful, functioning like a personal assistant who can help with IADL needs such as bills, banking, etc., and also suggest recommend services like beauty/ spa/pedicure-manicure, and other activities that may interest older persons.

Much of what the participants had suggested, aspired for, and considered to be their needs to age well can be folded within the 2023 MOH "Living Life to the Fullest: Action Plan for Successful Ageing". The refreshed action plan caters to a greater diversity of experiences, and seeks to make a meaningful difference to the lives of seniors. The plan comprises three thrusts: preventive health measures, active ageing programmes, and care services to enhance physical and mental well-being; lifelong learning, volunteerism and continuous employment to keep older persons engaged in society, and enabling support networks including digital platforms to help seniors stay connected to loved ones and society.

8 Implications and Recommendations

8.1 Enablers to Age Well

Participants were optimistic about getting older. To age well is to live with dignity, freedom, and authenticity through leisure and enjoyment, contributing to community and society, looking after the family, and continuing to grow and develop in later life. The enablers are:

Physical and emotional health

Achieving "wellness" through holistic and/or alternative therapeutics, and spiritual and emotional care. Importance of being spiritually and emotionally grounded in their religious tradition, supported by the religious community.

Community

To live with people who are positive in their outlook, sincere, honest, instead of being "stuck" with older, sicker, and/or dying people around. Being in a community with "like-minded" people who share the same values, interests, and life experiences.

Living environment

Living in a "homely" environment that ensures familiarity, comfort, security, and safety. In an address to property developers and professionals in the real estate industry, the Real Estate Developers' Association of Singapore (REDAS) proposed to review whether Singapore should have a separate zoning for senior living to accommodate rising demand for senior-living housing (Lim, 2024).

Society

Being part of a more just society free from ageism where no one would be discriminated against or deprived of their needs.

Health ecosystem

To have options for good quality, timely, and affordable care services, facilities, and programs. Assurance of professional competency and service standards through ISO, audits, ranking systems, etc. Access to a care concierge who can help them navigate the care system, make recommendations and arrangements that cater to their needs, and also able to advocate and protect their interests.

8.2 Policy and Practice Considerations

Participants' requirement for "higher-end services" can be translated or operationalized into quality standards across service provisioning and program delivery. These standards can be defined in terms of:

- Flexibility and options in service and program offerings
- Timeliness – services are available as and when needed
- Customized and personalized services that meet individual needs
- Service quality of care providers and staff who are knowledgeable, savvy, personable, and work in the interest of their clients
- Better regulation, guidelines, and best practices for care providers/operators

Improve workforce planning and development of care staff and professionals in the areas of:

- Identifying manpower needs of care industry
- Providing accreditation and professionalization of care workers
- Creating career pathways, training, reward and retention of care workers
- Learning from other countries e.g. Japan

Apply and/or incorporate the "Retirement Village" model in service and program development or urban community and housing design principles for senior living spaces:

- To create a vibrant community of "like-minded" people with shared values, similar outlooks, and common interests
- To enable positive, considerate, and meaningful social exchanges
- To be amongst family and friends but also opportunities and choice to interact with other people from different backgrounds (e.g., social mixing)
- Communal spaces yet with privacy, safety (inner feeling) and security (efforts to protect from harm/danger)
- Integrated services such as in-house health, lifestyle, and care services
- Comfort, aesthetics, nature, and space
- Different housing types/options that cater to different levels of care within the same compound

Holistic care needs can be addressed through:

- Better identification and matching of social, health, and home care needs and integration of services
- Befriending programs that offer emotional support, friendship, and/or companionship and build meaningful relationship
- Life coaching to scaffold experiences towards self-fulfilment and personal development
- Counselling to cope with role transitions and address fears and anxieties about ageing
- Spiritual support, connection, and care from religious/faith communities
- Better access to information about health, personal, and home care services in public, private, and voluntary sectors
- Greater social and material support for caregivers that caters to their healthcare needs, provides respite, time-off, etc.

Incentivize innovation and adoption of digital technologies that enable or improve individual health and well-being:

- Wearables that monitor and provide "live" updates, and intervene when required
- Yet secure and safe enough from fraud, misuse, etc.

Care and ageing frameworks could shift from medical and social prescribing to a more collaborative, consultative, and participative approach so as to be more responsive to the needs of middle- and upper-income seniors. They should be empowered to act, organize, and make decisions about their own needs, and work with competent service providers whom they can rely upon and trust. All these would require greater public, private, and voluntary sector investments and cooperation to uplift and create a robust care industry, which could see more experimentation, innovation, and alternative models of care.

Continuing efforts are required to revise and reframe "ageing" as societal and cultural norms change. This study shows that there are needs for self-actualization and fulfilment, and the importance of enjoyment, well-being, and identity expression in later life. Services and programs that cater to generativity (i.e. capacity to guide and develop next generations), purposeful recreation (self-care and well-being), and personal development are key to meeting those needs. Enabling civic participation through volunteerism, charity, public discussions/ debates, etc., could be avenues for older persons to pursue personal growth and contribute to the community or society.

Policy-making is pro-active in encouraging experimentation, establishing research committees, developing comprehensive care frameworks, and regularly reviewing and implementing policies and/or initiatives to support eldercare services, address workforce shortages, and improve the overall quality of care. The Japanese experience (Nakamura, 2018; Tsutsui, 2014) shows that eldercare service planning and policy-making need to be highly intentional, extensive, and coordinated. Some of the principles that could be adopted include:

- A person-centred care approach in the design of care frameworks, processes, and practices
- Provisioning of a single point-of-contact for older persons to help identify care needs and coordinate services
- Comprehensive care planning which considers and incorporates the needs of informal caregivers
- A community-based integrated care framework to facilitate public-private-non-profit collaboration in the development and delivery of care services and programs
- Establish inter-professional training programs for care workers and service providers

9 Conclusion: Development of a Care Industry to Support Diverse Ageing Population

The FGD findings, conversations with other stakeholders, and literature review point to the need for a sustainable eldercare ecosystem that comprises of private and public service operators. The current eldercare system that caters mainly to lower income seniors provided by charity and not-for-profit organizations, do not necessarily meet the expectations or needs of the middle-income segment.

Participants value quality of service, professionalism, and safety, which require standards to be made explicit, and regulations enforced. Customization such as individual wellness strategies require service providers to identify and map possibilities, and enable customers to make the "right choices" that would support their individual health and care needs, and/or personal growth.

New models of care, whether "village", community-based or ageing-in-place strategies integrating health, care, and infrastructure design, require flexibility in policy making to address restrictions such as classifications of built land use, which emerged from previous conversations with private developers based on the issues they faced when it comes to development of age care facilities.

Learning from Japan's experiences in developing and managing the eldercare sector, an industry planning approach (rather than laissez-faire) would be critical to the development of such an ecosystem that could enable and support innovation, job creation, build pipelines for manpower/talent, and being responsive to the changing needs and expectations of citizens. All these require deeper public-private sector cooperation on one hand, and better regulations and licensing standards on the other not just for compliance but for establishing safety and trust especially in the context of home and assisted living care services and facilities. Suggestions include the following:

1. Enabling innovation and flexibility without compromising standards and quality of care through experimentation, benchmarking, standard setting, and licensing reforms:
    - Shared Stay-in Senior Care services sandbox currently being explored in Singapore
    - Need to understand what home care and assisted living operators know about regulatory requirements or care guidelines
    - Establish benchmarks or minimum standards for safety and patient/caregiver satisfaction
    - Categorizing licenses and regulations into different archetypes catering to the specificities of business x care models rather than expecting standards to be held to institutionalized care standards
    - Currently, only nursing homes are subjected to regulatory standards, with care guidelines for centre-based and home care
2. Regulations/restrictions in classifications of built-land use need to evolve to support population ageing needs:
    - Exploring the possibilities of mixed classification of residential/ business/ commercial/ healthcare categories or possibilities of creating new classifications for community residential care

3. Increase R&D investment by inviting established international service providers through a global Request-for-Proposal (RFP) facilitated by EDB and MTI to engage and attract foreign investors/ corporations to build and develop an age-care industry:
    - To promote joint ventures between local service providers and international players for knowledge transfers, and collaboration of expertise
    - Potential global partner e.g. Honor Technology, Inc (US) world's largest senior care network and technology platform (global franchisor of personalized, in-home care services) with strategic experience in transforming the delivery of home care in fast growing, highly fragmented $83-billion worldwide home care market spread across 21,000 individual agencies in U.S, and R&D that leverages on technology to allow seniors more streamlined access to products and services needed to age at home
4. Development of data infrastructure to track, monitor and analyse care outcomes to identify long-term trends in age-care and offer appropriate solutions to ageing-in-place.
5. Raising quality standards as well as best practices for attracting, training and retention of healthcare professionals in age care:
    - E.g. U.S. offers the Magnet Recognition Program developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations providing nursing excellence
    - Rigorous standards to achieve Magnet Recognition, institutions need to demonstrate qualitative and quantitative evidence regarding patient care and outcomes

It has become increasingly important to recognize the value of consumer choice to improve service and quality standards, and incentivise innovation and diversification in home care services. Having choices and the ability to exercise them provide people with a sense of control and predictability.

With longer health-spans and greater means to stay independent, more middle- and upper-income older persons are thinking about and exploring new ways and models of living which would meet their individual needs to age well. Here, family caregiving remains crucial and would continue to be the mainstay of support for older persons although this may become more challenging in Singapore given changes in population demographics, social norms, rising costs of living, etc. Thus, giving recognition to the work and role that informal caregivers play by providing greater care training and incentives to upskill, and provisioning of financial stipends or subsidies for caregiving costs that commensurate with higher levels of skills and competence required for more complex care needs, could go a long way in supporting and enabling middle- and upper-income older persons to age well.

Appendix 1: Case Study

DukeNUS Medical School | Centre for Ageing Research & Education

Help Madam N figure out her future!

Madam N is interested to explore different care options for herself in the next 10-15 years

- 68, retired professional.
- Living with her husband in his 70s'.
- 2 adult children in their 30s' and both are married with their own families.
- Lives in a 3-bedroom condominium in central region.
- Has a chronic illness, but generally well-managed and otherwise in good health with no functional limitations.

What does her daily life look like?
What do you think are her needs?
What do you think are her challenges?
What do you think Madam N is at risk of?
What types of services would Madam N need in the future?
Are current services adequate for someone like Madam N?

DukeNUS Medical School | Centre for Ageing Research & Education

Help Mr. K figure out his future!

Mr. K is interested to explore different care options for himself in the next 10-15 years

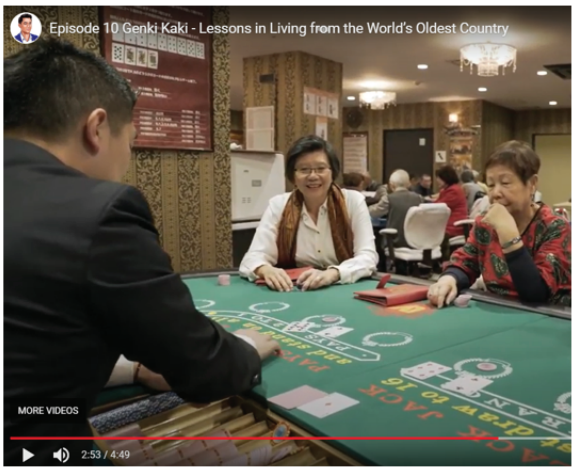
- 79, retired executive.
- Needs a wheelchair to get around when outside; uses a walker at home.
- Has a chronic illness, but generally well-managed.
- 2 adult children.
- Lives in a 5-room HDB flat.

What does Mr. K's daily life look like?
What do you think are his needs?
What do you think are his challenges?
Are current services adequate for someone like Mr. K?
What services would Mr. K. need in the future?

Appendix 2: Video Discussion

DukeNUS Medical School | Centre for Ageing Research & Education

Wrap-up



Elizabeth Seah, 62, AND Jelly Tan, 77 went on a trip to Japan where they visited and experienced various facilities and services catered to older persons.

In this 5-min video, both ladies shared on the most memorable aspects of their trip and reflected on the state of eldercare services and facilities in Singapore.

Do you concur with the feelings and thoughts that Elizabeth have about eldercare in Singapore?

What do you feel are the challenges and obstacles to live and age well in Singapore?

How do you think we could overcome those challenges and obstacles?

Video link: http://www.genkikaki.com/episodes/10/1

References

Allison, R., Assadzandi, S., & Adelman, M. (2021). Frailty: Evaluation and Management. *American Family Physician,* 103(4), 219-226.
https://www.aafp.org/pubs/afp/issues/2020/1215/p753.html

Amoranto, G., Chun, N., & Deolalikar, A. (2010). Who are the Middle Class and What Values do They Hold? Evidence from the World Values Survey. *Asian Development Bank Economics Working Paper Series No. 229.* Manila: Asian Development Bank.

MOH-APO. (2015). Ageing in Place in Singapore. *SG50 Scientific Conference on Ageing,* 19 March 2015. https://www.gs.org.sg/sg50conference/pdf/s4-1.pdf

Aw, S., Koh, G., Oh, Y.J., Wong, M.L., Vrijhoef, H.J.M.,Harding, S.C., Geronimo, M.A.B., Lai, C.Y.F., Hildon, Z.J.L. (2017). Explaining the continuum of social participation among older adults in Singapore: from 'closed doors' to active ageing in multi-ethnic community settings. *Journal of Aging Studies,* 42, 46-55.

Banerjee, A.V. & Duflo, E. (2008). What is middle class about the middle classes around the world? *Journal of Economic Perspectives,* 22(2), 3–28.

Beard, J.R., Officer, A., de Carvalho, I.A., Sadana, R., Margriet Pot, A., Michel, J-P., Lloyd-Sherlock, P., Epping-Jordan, JA.E., Peeters, G.M.E.E., Mahanani, W.R., Thiyagarajan, J.A. Chatterji, S. (2015). The World report on ageing and health: a policy framework for healthy ageing. *Lancet,* 387, 2145-54. http://dx.doi.org/10.1016/S0140-6736(15)00516-4

Ben-Zur, H. (2001). Coping, affect and aging: the roles of mastery and self-esteem. *Personality and Individual Differences,* 32, 357–372.

Billett, S. (2010). *Promoting and supporting lifelong employability for Singapore's workers aged 45 and over.* Singapore: Institute for Adult Learning.

Cagney, K.A. & Cornwell, E.Y. (2010). Neighborhoods and Health in Later Life: The Intersection of Biology and Community. *Annual Review of Gerontology and Geriatrics,* 30(1), 323-348.

Cagney, K.A., Browning, C.R., & Wen, M. (2005). Racial Disparities in Self-Rated Health at Older Ages: What Difference Does the Neighborhood Make? *Journals of Gerontology,* 60B(4), 181-190.

Carr, D. (2018). Volunteering Among Older Adults: Life Course Correlates and Consequences. *Journals of Gerontology,* 73(3), 479-481.

Crafts, N.F.R. (2004). The World Economy in the 1990s: A Long Run Perspective. *Working Paper No. 87/04.* London School of Economics.

D'Souza, J. & Gurin, M. (2016). The Universal Significance of Maslow's Concept of Self-Actualization. *The Humanistic Psychologist,* 44(2), 210-214.

Tan, E.S. (2015). Social Mobility in Singapore. In David Chan (ed). *50 Years of Social Issues in Singapore.* Singapore: World Scientific, 119-132.

Everingham, C. (2003). 'Self-actualisation' and the ageing process from an inter-generational life course perspective. *Ageing & Society,* 23, 243-253. https://doi.org/10.1017/S0144686X02001058

Fjell, A., Eriksen, K.Å, Hermann, M., Boström, A-M., & Cronfalk, S.B. (2021). Older people living at home: experiences of healthy ageing. *Primary Health Care Research & Development* 22(6): 1–7. https://doi.org/10.1017/S1463423621000049

Fried, L.P, Tangen, C.M., Walston, J., Newman, A.B., Hirsch, C., Gottdiener, J., Seeman, T. Tracy, R., Kop, W.J. Burke, G., & McBurnie, M.A. (2001). Frailty in Older Adults: Evidence for a Phenotype. *Journal of Gerontology,* 56A(3), 146-156.

Fulmer, T., Reuben, D.B., Auerbach, J., Fick, D.M., Galambos, C., & Johnson, K.S. (2021). Actualizing Better Health and Health Care for Older Adults. *Health Affairs,* 40(2), 219-225.

Gibbons, J.L., Harnby, B.A., & Dennis, W.D. (1997). Researching Gender-Role Ideologies Internationally and Cross-Culturally. *Psychology of Women Quarterly,* 21, 151-170.

Haifan, N., Sayri, E.N., Tan, M., Tadai, M.E. (2022). Gender Role Ideology and Implications for Well-being Among Older Adults in Singapore. *ROSA Research Brief Series.* Singapore: Centre for Research on Successful Ageing, SMU.

Hank, K. & Erlinghagen, M. (2009). Dynamics of Volunteering in Older Europeans. *The Gerontologist,* 50(2), 170-178.

Hardy, S.E., Concato, J. & Gill, T.M. (2002). Stressful Life Events among Community-living Older Persons. *Journal of Gerontology,* 17, 841-847.

MOH. (2016). *"I Feel Young in Singapore": Action Plan for Successful Ageing.* Singapore: Ministry of Health. https://www-moh-gov-sg-admin.cwp.sg/docs/librariesprovider3/action-plan/2015-action-plan.pdf

MOH. (2023). *"Living Life to the Fullest": Action Plan for Successful Ageing.* Singapore: Ministry of Health. https://www-moh-gov-sg-admin.cwp.sg/docs/librariesprovider3/action-plan/2023-action-plan.pdf

Jung, J.H., Ang, S. & Malhotra, R. (2023). Volunteering, religiosity, and quality of life in later life: evidence from Singapore. *Aging & Mental Health,* 27(10), 2078-2087. https://doi.org/10.1080/13607863.2023.2169247

Keene, J.R. & Prokos, A.H. (2007). The sandwiched generation: Multiple caregiving responsibilities and the mismatch between actual and preferred work hours. *Sociological Spectrum,* 27, 365–387. https://doi.org/10.1080/02732170701313308

Kempen, G.I.J.M., Jelicic, M. & Ormel, J. (1997). Personality, Chronic Medical Morbidity, and Health-Related Quality of Life Among Older Persons. *Health Psychology,* 16(6), 539-546.

Lee, S., Kawachi, I., Berkman, L.F., & Grodstein, F. (2003). Education, Other Socioeconomic Indicators, and Cognitive Function. *American Journal of Epidemiology,* 157(8), 712–720.

Lim, J. (2024). Time to review planning to raise accommodation supply for senior living: Redas. *The Business Times* (accessed 18 Feb 2024). https://www.businesstimes.com.sg/property/time-review-planning-raise-accommodation-supply-senior-living-redas

Luoma-Halkola, H. & Jolanki, O. (2021). Aging well in the community: Understanding the complexities of older people's dial-a-ride bus journeys. *Journal of Aging Studies,* 59, 1-9.

Mathews, M. & Leong, T.Y.H. (2014). Towards Ageing Well: Aspirations, Challenges, & Initiatives. *IPS Exchange Series 2.* Singapore: Institute of Policy Studies, National University of Singapore.

McGregor, J.A., Camfield, L., & Woodcock, A. (2009). Needs, Wants and Goals: Wellbeing, Quality of Life and Public Policy. *Applied Research Quality Life,* 4, 135–154.

Morrow-Howell, N. Hong. S.-I., & Tang, F. (2009). Who Benefits from Volunteering? Variations in Perceived Benefits. *The Gerontologist,* 49(1), 91-102.

Subramaniam, M. Abdin, E., Vaingankar, J.A., Sambasivam, R., Seow, E., Picco, L., Chua, H.C., Mahendran, R., Ng, L.L., & Chong, S.A. (2019). Successful ageing in Singapore: prevalence and correlates from a national survey of older adults. *Singapore Med Journal,* 60(1): 22-30. https://doi.org/10.11622/smedj.2018050

Nilsson, J., Grafstrom, M., , Zamand, S. & Kabir, Z.N. (2005). Role and function: Aspects of quality of life of older people in rural Bangladesh. *Journal of Aging Studies,* 19, 363–374.

Davies, N. (2011). Promoting healthy ageing: the importance of lifestyle. *Nursing Standard,* 25(19), 43-49.

Stets, J.E. & Burke, P. (2000). *Social Psychology Quarterly,* 63(3), 224-237. http://links.jstor.org/sici?sici=0190-2725%28200009%2963%3A3%3C224%3AITASIT%3E2.0.CO%3B2-V

Wee, L.E., Yeo, W.X., Yang, G.R., Hannan, N., Lim, K., Chua, C., Tan, M.Y., Fong, N., Yeap, A., Chen, L., Koh, G.C.-H., Shen, H.M. (2012). Individual and Area Level Socioeconomic Status and Its Association with Cognitive Function and Cognitive Impairment (Low MMSE) among Community-Dwelling Elderly in Singapore. *Dementia Geriatric Cognitive Disorder Extra,* 2, 529–542.

WHO (2017). *Integrated care for older people: Guidelines on community-level interventions to manage declines in intrinsic capacity.* Geneva: World Health Organization.

Wiles, J.L., Leibing, A., Guberman, N., Reeve, J., & Allen, R.E.S. (2011). The Meaning of "Aging in Place" to Older People. *The Gerontologist,* 52(3), 357–366.

Wilkinson, S. (1998). Focus Groups in Health Research Exploring the Meanings of Health and Illness. *Journal of Health Psychology,* 3(3) 329–348.

Publisher

Centre for Ageing Research and Education (CARE) is an academic research centre based in Duke-NUS Medical School, Singapore. Drawing on its interdisciplinary expertise and collaborations across medical, social, psychological, economic, and environmental perspectives, CARE conducts research on the social and medical determinants of successful ageing, and actively engages with government and industry partners to identify needs and strategies to enhance the experience of ageing in Singapore. CARE also conducts educational programmes to build competencies in ageing research among researchers, policy makers and programme professionals.

CARE's vision is an ageing population that is healthy, socially included and enjoys a high quality of life.

CARE's mission is to:

- Provide an environment that enables interdisciplinary research and education on ageing
- Implement and evaluate best practices to improve health and function of older adults
- Inform policy and practice agenda on ageing

Acknowledgements

The authors would like to thank: MOH - Ageing Planning Office; focus group participants; CARE team members, Malcolm Ravindran, Atiqah Lee, and Wong Yunjie for providing research support for project administration, data collection, and editing.

Authors

Dr Arthur Chia

Senior Research Fellow, Centre for Ageing Research and Education, Duke-NUS Medical School

Dr Ad Maulod

Senior Research Fellow, Centre for Ageing Research and Education, Duke-NUS Medical School

For more information, please contact:

Centre for Ageing Research and Education (CARE)

Duke-NUS Medical School

8 College Road

Singapore 169857

Email: care@duke-nus.edu.sg

Centre for Ageing Research and Education (CARE)
Duke-NUS Medical School

8 College Road, Singapore 169857
www.duke-nus.edu.sg/care
Email: care@duke-nus.edu.sg