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Elderly Population in Singapore: Understanding Social, Physical and Financial Needs

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Lien Centre for Social Innovation
SMU Change Lab

ELDERLY POPULATION IN SINGAPORE

**UNDERSTANDING SOCIAL, PHYSICAL
AND FINANCIAL NEEDS**



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SINGAPORE MANAGEMENT UNIVERSITY

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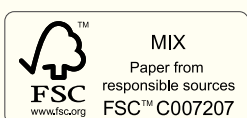
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SMU Change Lab

Over the years, the applied research conducted by the Lien Centre for Social Innovation (LCSI) has evolved into a community-engaged model. In 2014, SMU Change Lab which was formed to support this research model, with collaboration as its pivot. It is an action-oriented research and design programme within the LCSI that investigates and responds to unmet social needs in Singapore. SMU Change Lab works with community members, voluntary welfare organisations and students to use qualitative primary research to collaboratively (re)design innovative responses to social needs. The objective is to suggest new or improved support mechanisms, services, practices or policies to meet the needs of the various vulnerable groups.

SMU Change Lab has tried various approaches to participatory action research by looking closely at three vulnerable communities in Singapore – the elderly, persons with disabilities and single-parent families. The intent is to find practical applications from the research findings for issues that affect vulnerable communities.

The SMU Change Lab team consists of:

- Dr. Balambigai Balakrishnan, Research Associate
- Ms. Carol Candler, Consultant (*until Jan 2015*)
- Assoc. Prof. John Donaldson, Senior Research Fellow
- Dr. Emma Glendinning, Research Associate
- Ms. Mumtaz Binte Mohamed Kadir, Assistant Manager
- Ms. Sanushka Mudaliar, Senior Manager (*until Nov 2014*)
- Ms. Ranjana Raghunathan, Programme Manager
- Dr. Catherine Smith, Research Associate

Acknowledgements

This research study would not have been possible without the support of many individuals. In order to keep the confidentiality of those we interviewed, we are not able to name our partner voluntary welfare organisation. This extraordinary organisation approached us two years ago with the idea of conducting research to inform the development of new programmes that can better serve the elderly. Our deepest gratitude goes to staff of this organisation who have been involved since the inception of the research study and who have provided us with their unflagging assistance.

This study also reflects the contribution of more than a hundred pioneers who let us into their warm homes and shared their wisdom from lives full of experiences. Some of them later joined us for additional discussion and even worked with a group of students to translate their experience into art pieces. It is not easy to tell strangers your story. We remain awed and humbled by the generosity.

Sincere gratitude to Lien Centre for Social Innovation's (LCSI) director Jonathan Chang, and LCSI staff Shirley Pong and Jared Tham, as well as the LCSI Board for their support and encouragement throughout the development of SMU Change Lab. Special thanks are due to the two recipients of the Shirin Fozdar scholarship, Damini Roy and Fiona Lim Shi Hui, who provided support in fieldwork management and overall support during the primary research collection; the forty enthusiastic Singapore Management University (SMU) undergraduates who assisted in primary research as interviewers; Professor Bussarawan Teerawichitchainan from SMU School of Social Sciences who lent her expertise in research design; and the participants from civil society organisations who provided feedback at our 'social conversations.'

This research would not have been possible without a generous grant from Quantedge, a gift from Turf Club that was administered by Ministry of Social and Family Development, and scholarship awards from Shirin Fozdar Trust Fund which was entrusted to Wee Kim Wee Centre at SMU.

List of Abbreviations

CES-D	Center for Epidemiologic Studies Depression
CDC	Community Development Council
CPF	Central Provident Fund
DOS	Department of Statistics
Duke-NUS	Duke-NUS Graduate Medical School Singapore
HDB	Housing Development Board
ILG-Singapore	International Longevity Centre Singapore
LCSI	Lien Centre for Social Innovation
MSF	Ministry for Social and Family Development
PGP	Pioneer Generation Package
PR	permanent resident
SMU	Singapore Management University
VWO	voluntary welfare organisation

Executive Summary

The Lien Centre for Social Innovation (LCSI), as part of a broad research plan to study and address unmet needs in Singapore, has assessed the community landscape and identified six vulnerable communities in Singapore.¹ The projects were carried out in collaboration with voluntary welfare organisations (VWOs), Singapore Management University (SMU), community members and policymakers. This report is a result of one such project.

In consultation with a VWO,² LCSI, with the help of SMU undergraduate students, designed a research project to learn more about the needs of the elderly population (60 years old and above) in a specific neighbourhood of Singapore. This research was designed to explore the self-assessed physical, social and

emotional status of residents living in an eight-block area, which the VWO's staff had identified as a possible "blind spot" for eldercare services. While there are a number of elderly services in this neighbourhood, very few of these are located within a 500-metre radius of these blocks. From the observation of the VWO's staff, many of the elderly residents of these eight blocks are not mobile enough to access services outside that radius.

The VWO's staff also had a number of hypotheses regarding the needs of the elderly community; guesses that were based on years of experience in the sector. Part of the goal of this study was to test those hypotheses, and in so doing, provide a more research-driven understanding of the needs of this community.

The first list includes the assumptions of VWO workers, based on their years of experience in the field, which this study verifies.

The second includes insights from this study, which may add nuance to other assumptions.



Verifications

Most people have a reasonable level of mental wellness.

Most people need social interaction.

Most people have a reasonable number of social networks.

Many seniors' financial stability is threatened by medical expenses.

The more issues people face (physical challenges, financial difficulties and social isolation), the poorer they score on mental wellness tests.



Insights

Strengthening social networks does not necessarily heighten levels of mental wellness.

Social isolation and financial difficulties are sometimes intertwined.

Many of the elderly who face physical challenges do not experience low levels of mental wellness.

Encouraging people not to live alone, to improve relationships with friends and neighbours, and to increase general social activity might not make a difference to social isolation on a large scale.

Improving relationships with children and grandchildren, or having people one can rely on for help may make a significant difference in alleviating social isolation.

With respect to finance, perception of financial stability might have more of an effect on mental wellness than objective financial stability.

1 Braema Mathi and Sharifah Mohamed, *Unmet Social Needs in Singapore – Singapore's Social Structures and Policies, and their Impact on Six Vulnerable Communities* (Singapore: Lien Centre for Social Innovation, October 2011).

2 In order that participants in this study not be easily identified, we have not specified the geographic area or the identity of the VWO.

“The strength of social networks was found to be the biggest determinant of mental wellness.”

For this study, we tested three broad areas of concern – financial stability, strength of social networks and physical ability – against two measures of mental wellness.³ Within each of these three categories, there were several questions within the research instrument. The goal was to determine which issues had the biggest impact on participants’ mental state.

Overall, the strength of social networks was found to be the biggest determinant of mental wellness. While some people with poor social networks still scored quite well on both measures of mental wellness, there was an overall linear relationship such that few social networks led to poor mental wellness, and strong numbers of social networks led to good mental wellness.

The same could not be said for financial stability or physical ability. Broadly speaking, physical challenges on their own (that is, without corresponding lack of social networks and/or financial difficulties) most frequently did not lead to poor mental wellness. There are a few exceptions, which are discussed in Part III of the paper, but overall, physical challenges were not shown to have as significant an impact as the absence of social networks. So long as physical challenges did not prevent participation in valued activities, people with physical disabilities could usually be considered to be “doing fine.” That being said, when people with physical challenges were prevented from participating in valued activities, they scored markedly worse on measures of mental wellness. This suggests that the primary reason behind poor mental wellness again had to do with social networks.

Where finances were concerned, the analysis became rather more complicated. We tested the relationships between finances and mental wellness in two different ways: people’s objective finances against their mental wellness, and people’s perception of their financial situation and mental wellness. We found that people’s perception of their financial situation had more of an impact on mental wellness than did their objective financial situation.

Looking more closely at the relationship between the perception of finances and mental wellness, it appears that social networks play a role here as well. For example, if people felt that they had no one to depend on in times of financial hardship, this seemed to have significant negative effect on their mental wellness measures. Further, there were examples of participants who felt that their poor finances had affected their personal relationships

negatively, such as when they had to take out loans from friends or family.

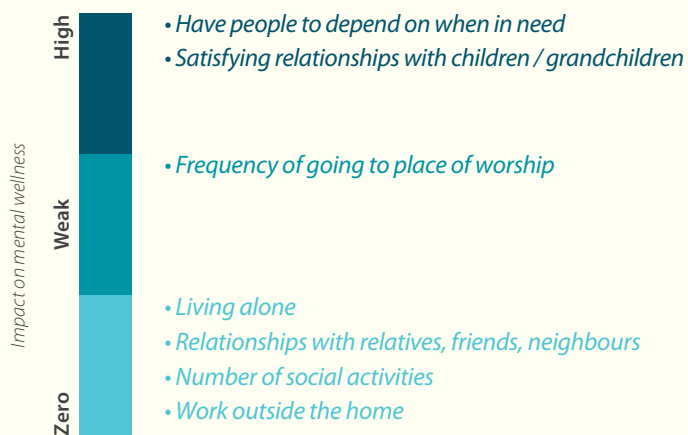
Of course, the fact that an objectively poor financial situation appears to have little bearing on mental well-being does not suggest that no intervention is needed. While it is good that people are doing well mentally, they may still be in need of intervention when it comes to their finances.

A CLOSER LOOK AT SOCIAL NETWORKS

Most people we interviewed had adequate social networks. As mentioned above, those who did not were generally more likely to score poorly on measures of mental wellness. Since poor social networks appear to be at the root of most cases of poor scores on mental wellness measures, it is important to take a closer look at what types of social networks have a significant impact.

Several of our interview questions concerned types of social networks, as well as frequency of social connections. We found that some types of social connections had a bigger impact on mental wellness than others.

Types of social networks and their impact on mental wellness



As is discussed in Part III, many of these findings are borne out of other studies. Living alone versus living with others has not been found to have a major impact on mental wellness. Further, in the Singapore context, it has been documented that satisfaction with relationships with children and grandchildren plays an important role in mental wellness, which will also be discussed further in Part III. Finally, it is important to note that these factors might affect individuals in very different ways; the above categories only represent what we have found to make a difference across the study.

³ Throughout the paper, we use “mental wellness” as a broad term to capture both measures. Because one of the measures concerns “mental well-being,” it is important to note the separate use of “mental wellness” as a less specific term.

“We found that people’s perception of their financial situation had more of an impact on mental wellness than did their objective financial situation.”

SOCIAL NETWORKS AND MENTAL WELLNESS: PLATEAUS AND INFLECTION POINT

Our study also demonstrates that the relationship between social networks and mental well-being is more meaningful in some places on the spectrum of well-being than in others. We graded “social network” scores on a scale of zero to eight, depending on respondents’ answers to relevant questions. Perhaps predictably, a score of four was identified as an inflection point – about half of the respondents who scored a four showed poor scores on mental well-being, and half recorded good scores. Scores below a four were generally poor, and scores above were generally good, with exceptions.

In addition to the score of four being significant, there are plateaus in the relationship between social networks and mental well-being scores. Those respondents with scores of three and below on the eight-point scale were indistinguishable in terms of their mental well-being. In other words, among those with scores of three and below, the ones who obtained a one or two did not seem to be experiencing worse mental well-being than those scoring a three. The same was true with respect to scores over four. Garnering a seven or eight on the scale was no better than a five or six when it came to the measure of well-being. This suggests that once people have ‘enough’ social interaction, more interaction does not do them much good or harm.

EXCEPTIONS AND CASES OF RESILIENCE

There were 15 participants who experienced all three hardships in our study: financial difficulties, a lack of social networks and physical challenges. Of these, there were two who did not show signs of poor mental well-being. This type of exception is important, because it can shed light on how resilient people can be in the face of several issues that would be expected to pose significant difficulties. Excerpted qualitative data from these two cases can be found in Part III.

While two cases are not enough to make many generalisations, it is noteworthy that in each case, the participant claims not to feel lonely, and satisfied with his/her level of social interaction. Although not conclusive, this lends support to the idea that the lack of social networks is the most frequent cause of poor mental well-being. It appears that for participants who are at once experiencing physical challenges, financial problems and a relative lack of social networks, they might still be doing well according to our measures so long as they are not experiencing social isolation.

We explain our definition of social isolation further in Part II: briefly, we follow the lead of other similar studies in defining social isolation as a combination of experiencing a relative lack of social networks, and at the same time experiencing loneliness or poor mental wellness as a result of this lack of social networks. We assess the loneliness or poor mental wellness of our participants based on both quantitative data (the participants’ mental wellness scores) and qualitative data (the participants verbalising a link between their poor social networks and their feelings of loneliness or depression).

“Once people have ‘enough’ social interaction, more interaction does not do them much good or harm.”

Part I

Introduction and Background to the Study

Section A: Singapore's ageing population

Singapore has one of the fastest ageing populations in the world. The number of elderly citizens, defined as aged 65 and above, is expected to triple to 900,000 by 2030.⁴ While this is a significant challenge, Singapore has the advantage of time to address the issue and to put in place the necessary infrastructure, programmes and schemes to support the increased number of elderly citizens. More importantly, Singapore has time to develop strategies to ensure that our elderly citizens live the last years of their lives with dignity and security.

As reported in the Population Trends of Singapore, there were 3.87 million citizens and permanent residents (PR) in Singapore in 2014.⁶ Of these, 13.4 per cent were between 55 and 64 years of age and another 11.2 per cent were 65 years old and above;⁷ in other words, nearly one in four Singaporeans was aged 55 or older in 2014.

Beyond concerns about the number of elderly in Singapore, there is also the issue of how this number compares to the number of those of working age. Singapore's Department of Statistics (DOS) publishes the "Old-Age Support Ratio," which, as they write, "relates to the number of people who are capable of providing economic support to the number of older people who may be dependent on others' support."⁸ This ratio has steadily declined: in 2004, the ratio was 8.4, and in 2014 it was 6.0.⁹ The old-age support ratio may be even less favourable if only the citizen population is included, rather than the entire resident population; the younger PR population is most likely to have left behind their parents in their countries of origin,

meaning PRs would be overrepresented on the "able to provide support" side of the ratio.

Singapore will feel the impact of its ageing population in many ways. Due to its consistently low total fertility rate (TFR), the elderly population will be supported by a smaller base of working-age citizens. It is estimated that by 2030, there will only be 2.1 working-age citizens for each citizen aged 65 and above.¹⁰ This demographic transition has wide-ranging implications for Singaporean society. In addition to the change in demographic composition, it may become necessary to upgrade Singapore's social policy as it pertains to caring for the elderly. While family support has long been the main pillar of social policies addressing the well-being of the aged, this will likely not be sustainable in the long run as the ratio of elderly to non-elderly increases.

With this in mind, Singapore should put in place whatever structures are necessary to address the needs of its new demographic reality. The government has begun to put some structures in place, such as the Pioneer Generation Package (PGP) and the Silver Support Scheme. First, the PGP is a scheme that was introduced in 2014, designed to provide greater support for the healthcare of elderly Singaporeans who contributed to Singapore in its early days.¹¹ To be eligible for the package, a Singaporean has to have been born on or before December 31, 1949, and must have obtained Singapore citizenship on or before December 31, 1986.¹² The PGP provides several forms of healthcare assistance, including special subsidies for

4 "Our Demographic Challenges and What These Mean to Us," National Population and Talent Division, <http://www.population.sg/key-challenges/#.VRtdeUakre0>.

5 Most developed countries, including Singapore, set 65 as the cut-off age for one to be considered "elderly". See Singapore Department of Statistics, "Population Trend 2014," Singapore, September 2014, http://www.singstat.gov.sg/docs/default-source/default-document-library/publications/publications_and_papers/population_and_population_structure/population2014.pdf The United Nations has adopted the age of 60 as the official cut-off for what they refer to as the "older population." See "Definition of an older or elderly person," World Health Organization, <http://www.who.int/healthinfo/survey/ageingdefnolder/en/> Although this study is conducted in Singapore, we follow the UN in setting the cut-off age at 60, because of an interest in understanding the situations of those who will soon be a part of Singapore's large elderly population.

6 Singapore Department of Statistics, "Population Trend 2014".

7 Ibid.

8 Singapore Department of Statistics, "Old Age Support Ratio," http://www.singstat.gov.sg/docs/default-source/default-document-library/statistics/visualising_data/old_age_support_ratio.pdf.

9 Singapore Department of Statistics, "Population Trend 2014".

10 National Population and Talent Division, "A Sustainable Population for a Dynamic Singapore: Population White Paper," Singapore, January 2013, <http://population.sg/whitepaper/downloads/population-white-paper.pdf>.

11 "Who is Eligible?," Pioneer Generation Package, <https://www.pioneers.sg/en-sg/Pages/Overview.aspx#eligib%E2%80%8Ble>.

MediShield Life, disability assistance (for those with moderate to severe disabilities), additional subsidies for outpatient care and Medisave top-ups.¹³

In 2015, the Singapore government introduced plans for the Silver Support Scheme, which is also designed to provide extra assistance to older Singaporeans. This scheme will provide a supplement of between \$300 and \$750, which will be paid quarterly to those who are eligible.¹⁴ To determine eligibility, the government will look at three factors: lifetime wages, existing

household support and the type of housing the applicant lives in. The Silver Support Scheme is a permanent scheme, so it will cover the elderly of today as well as the future.

While both the PGP and the Silver Support Scheme are important steps in the direction of supporting the increasing number of Singapore's elderly, more will have to be done as the demographic situation continues to change. This research attempts to identify other gaps in support which will also need to be addressed in the coming years.

Section B: Research methodology

THE INSTRUMENT

This research project used a single instrument to gather both quantitative and qualitative data: a questionnaire that incorporated both open- and close-ended questions. The questionnaire consisted of 36 main questions, each with many follow-up questions. Each main section began with a broad

question, which was designed to spark conversation. Ideally, the conversation would address many of the follow-up questions, and also provide valuable qualitative data. The following is an example taken from the research instrument, including a broad question followed by two specific questions which are intended to be answered by the conversation resulting from the initial prompt.

1 Are you part of a religious community? Tell us about it.
(Prompt for frequency of attending religious community and the type of activities they do.)

<p>a) The subject's religion:</p> <ul style="list-style-type: none"> <input type="radio"/> Buddhism <input type="radio"/> Christianity <input type="radio"/> Islam <input type="radio"/> Taoism <input type="radio"/> Hinduism <input type="radio"/> No religion <input type="radio"/> Others <p><i>Please specify:</i> _____</p>	<p>b) Frequency of attendance at church/synagogue/mosque or other places of worship?</p> <ul style="list-style-type: none"> <input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Less than monthly <input type="radio"/> Not at all
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Figure 1.1: An excerpt from the questionnaire

Only one member of each household was interviewed. In situations where a household had more than one member who was 60 years old and above, we asked the relevant members of the household to decide on the primary respondent. Hence, one respondent in this study may be interpreted as representing a household.

The instrument was purposely designed to facilitate a semi-structured interview and therefore would incorporate the advantages of a survey (comparability among respondents) and those of an interview (free-flowing discussion, follow-up and the ability of the respondent to tell his/her own story). Initially, the research team had used a survey based on a similar

¹² Ibid.

¹³ Ibid.

¹⁴ Channel News Asia, "Budget 2015: Silver Support Scheme 'New Feature' in Local Social Security Landscape," *Channel News Asia*, 23 February, 2015, <http://www.channelnewsasia.com/news/singapore/budget-2015-silver/1674544.html>.

study by Duke-NUS Graduate Medical School Singapore (Duke-NUS),¹⁵ but following a pilot test it became clear that it was not the ideal instrument for this study. It failed to facilitate conversation and the high number of questions was too taxing for elderly participants. Moreover, we discovered that the student volunteers from Singapore Management University (SMU) were capable of handling the complexities of conducting a semi-structured interview. SMU Assistant Professor Bussarawan Teerawichitchainan, a demographer specialising in elderly issues in Southeast Asia, assisted in designing the interview instrument.

The team of interviewers consisted of undergraduate students from SMU and staff members of the Lien Centre for Social Innovation (LCSI). This project was directed by LCSI and involved the support of faculty from SMU.

THE RESEARCH TEAM

The research team conducted face-to-face semi-structured interviews with 104 respondents. After identifying housing blocks, the research team used the “door-knocking strategy” to recruit respondents who were interested in participating in the study. The team knocked on a total of 1,517 doors. Of these, some units were not occupied, some did not include an elderly resident, some elderly residents were not interested and others were not at home.

Following a successful piloting of the questionnaire in January 2014, a one-day survey in which 27 respondents were interviewed, the interview process began on February 24, 2014 and ended on March 15, 2014. A total of 102 usable questionnaires provide the data for this report; two questionnaires were excluded, as they did not fulfill the age criteria set for the respondents. Finally, we gave a \$10 Fair Price voucher to each respondent as a token of appreciation for their participation in the study. After an initial analysis of the data from the interview process, we followed up with a focus group discussion including representatives from among the same sample of elderly. This is discussed further in Part IV.

LANGUAGE

Questionnaires were prepared in four languages: English, Mandarin, Malay and Tamil. However, interviewers with expertise in other dialects — including Teochew, Hokkien and Cantonese — were also deployed during the fieldwork. As shown in Figure 1.1. Mandarin was the most commonly used language in this survey, followed by English and Malay. Many elderly of various races were able to speak Malay and some chose this language instead of their mother tongue to answer the survey questions.

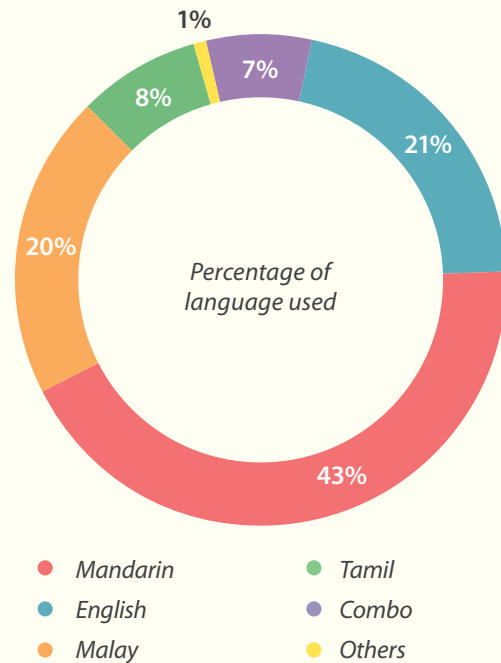


Figure 1.1: Languages used during interviews with elderly participants (N=102)

LOCATION

The data-gathering strategy described here does not capture a nationally or locally representative sample; however, we are confident that our findings will have relevance beyond the specific geographical community studied, as it is one of the older estates in Singapore and has a significant elderly population. This targeted area within the community is also suitable for a study concerning low-income elderly because of its high number of rental flats, which are only available to low-income populations.¹⁶

We did not limit ourselves to interviewing only the lowest-income residents, but rather interviewed any person aged 60 and above in this community. While no one in our data set could be considered high-income, the variety of financial situations has allowed us to examine the impact of finances on mental wellness, which is discussed at length in Part III.

15 “Social Isolation, Health and Lifestyle Survey 2009,” Duke-NUS Graduate Medical School Singapore, <http://hssr.duke-nus.edu.sg/projects/social-isolation-health-and-lifestyles-survey-2009>.

16 Unfortunately, citations cannot be used in this section without revealing the study’s location.

Part II

Measures of Wellness and Social Isolation

Section A: Defining and measuring mental wellness

“Wellness,” or “doing well,” means different things to different people, just as people react to different situations in a variety of ways. For this paper, we consider “wellness” as a function of whether or not people perceive themselves to be experiencing unmet social needs. Note that “perception” plays an important role in our understanding of wellness and actually serves to limit the number of people we found to have unmet needs: some people with very little human contact would be considered to have an unmet need because it would affect them in a negative way, whereas others might enjoy being alone most of the time. The same can be argued for people with physical challenges: some are perfectly content, despite their physical challenges or disabilities, while others might perceive their situation as dire. Even people with insufficient funds might have strategies to meet their needs, and therefore not perceive themselves as having an unmet social need, while others see themselves as living in a precarious situation. It is critical to define the meaning and develop a measurement of “wellness” and “unmet needs,” because intervening in cases where no unmet need is felt by the individual can be intrusive or harmful. Having said that, we did find some cases in our study where respondents acknowledged an unmet financial need, yet still scored well on measures of mental wellness. In such cases, we accepted the acknowledgement of financial difficulties as evidence of a perceived unmet need, in spite of scoring well on wellness measures.

Understanding the unmet needs of Singapore’s elderly requires finding a gauge of “wellness” itself, and then looking carefully at the data to ascertain which unmet need(s) have had the most significant impact on wellness. An accurate measure of wellness allows us to understand better the situation of the elderly, both as individuals and as a whole, and to evaluate the extent to which individual factors such as lack of social networks, physical challenges and financial difficulties are actually linked to wellness, and to each other.

MEASURES OF MENTAL WELLNESS

For this study, we used two separate, but related, measures of wellness, both of which allow the participants themselves to gauge how they are doing. We selected these so that we might avoid favouring the researchers’ voices and perceptions over those of the participants.

Measure 1: Mental well-being

We used a variant of the standard Center for Epidemiologic Studies Depression (CES-D) test, a screening test for symptoms of depression. This is a commonly used test that can be employed by almost any interviewer. Moreover, it has been a widely used index for measuring depressive symptoms among older adults around the world, one that is considered both valid and reliable.¹⁷ Further, at least one version of the test has been validated in Singapore;¹⁸ this was used by Duke-NUS in their study of the Singapore elderly.¹⁹ For our own purposes, we shortlisted 10 questions that are part of the CES-D test. While the full test includes 20 questions, we chose those that appeared to be most appropriate to the context of our study, and would represent the relevant categories without prolonging the survey part of the interviews and potentially exhausting the elderly participants. The answers produce a continuous scale to measure how respondents are doing relative to each other. Further, the score can be used to categorise mental wellness.

Score	Category	No. of participants
0 - 3.5	Very poor mental well-being	5
3.6 - 7.0	Poor mental well-being	31
7.1 - 10.0	Satisfactory mental well-being	66

Table 2.1: Categorising scores of mental well-being

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- 17 Lenore S. Radloff, “The CES-D scale: A Self-Report Depression Scale for Research in the General Population,” *Applied Psychological Measurement*, 1, no.3 (1977), 385–401; Frank J. Kohout et al., “Two Shorter Forms of the CES-D Depression Symptoms Index,” *Journal of Aging and Health*, 5, no. 2 (1993), 179–93.
- 18 Dorit Stahl et al., “Screening for Depressive Symptoms: Validation of the Center for Epidemiologic Studies Depression Scale (CES-D Scale) in a Multiethnic Group of Patients with Diabetes in Singapore,” *Diabetes Care*, 31, no.6 (2008), 1118–19, cited in Angelique Chan et al., “Living Arrangements, Social Networks and Depressive Symptoms among Older Men and Women in Singapore,” *International Journal of Geriatric Psychiatry*, 26, no.6 (2011): 630–39.
- 19 “Social Isolation, Health and Lifestyle Survey 2009,” Duke-NUS Graduate Medical School Singapore.

According to this measure, nearly two-thirds of our respondents are doing acceptably well. However, while a large majority of our respondents fall within a range that can be considered healthy, one out of three respondents are not doing well. Finally, only a handful of people fall within the very poor mental well-being category (N=5).

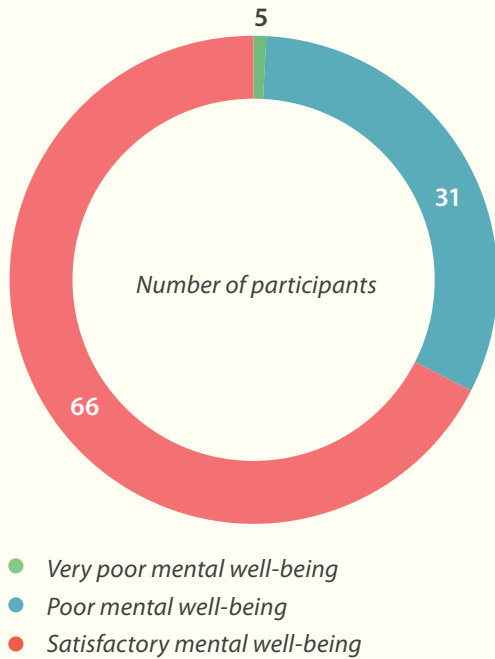


Figure 2.1: Results on elderly's mental wellness based on mental well-being measure

Measure 2: Perceived constraints

The Duke-NUS study also used questions concerning perceived constraints; this test has been systematically validated as a measure of life satisfaction.²⁰ Measuring “perceived constraints” gives some indication of what level of control people feel they can exercise over their lives. These questions include, “I have little control over the things that happen to me,” and “I often feel helpless when dealing with problems in life.”

We developed a five-point scale for the perceived constraints measure. In the interview process, respondents were free to decline to answer any questions that made them uncomfortable. Two respondents declined to answer questions pertaining to the measure on perceived constraints, which is why the total number of responses for perceived constraints amount to 100, rather than 102. From this, a plurality – nearly half our sample – reported perceiving no constraints on their lives, while a further one-fifth perceived few. The remaining 35 respondents reported at least a moderate number of perceived constraints. Eight people

Score	Category	No. of participants
0.0	Many	8
0.2 - 0.4	Several	15
0.6	Moderate	12
0.8	Few	19
1.0	None	46

Table 2.2: Elderly respondents' scores on perceived constraints measure

responded to all of the test questions negatively, suggesting that they feel they have little control over their own lives.

Combining the two measures

The two tests correlate with each other: people who score poorly on one tend to do the same on the other, with some exceptions. Figure 2.2 shows the numbers of people who performed well on each, poorly on each, and well on one and poorly on the other.

To avoid the confusion caused by the fact that doing well on both tests is counterintuitive (i.e. a low score on the test of mental well-being is poor, whereas a high score on perceived constraints is poor), we will refer to the scores in general as being poor or not.

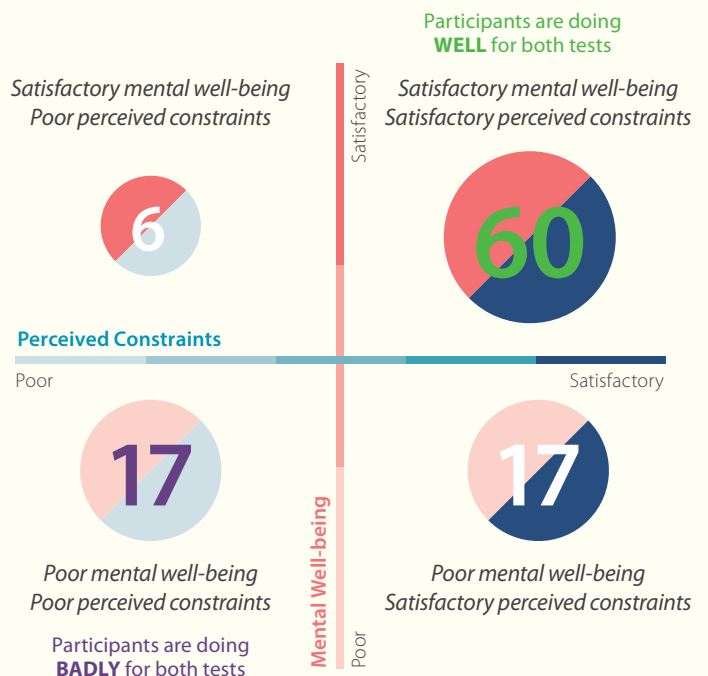


Figure 2.2: Intersection of results from the two mental wellness measures

20 See for example, Margie E. Lachman & Suzanne L. Weaver, “The Sense of Control as a Moderator of Social Class Differences in Health and Well-being,” *Journal of Personality and Social Psychology*, 74, no.3 (1998): 763-73. For more information on the Duke-NUS Survey, see Duke-NUS Graduate Medical School Singapore, “Social Isolation, Health and Lifestyle Survey 2009.” For more information on this test of perceived constraints, see University of Wisconsin Institute on Ageing, “Documentation of Scales in MIDUS 1,” University of Wisconsin Institute on Ageing, March 2004, <http://www.midus.wisc.edu/midus1/documentationofscales.pdf>.

As can be seen from Figure 2.2, most of the elderly we consulted – 60 of 102 – performed satisfactorily well on both tests. That is, they experienced neither poor nor very poor levels of mental well-being, nor poor scores on the perceived constraints test. On the other hand, of the 42 experiencing either poor mental well-being and/or

poor levels of perceived constraints, 18 scored poorly on both tests, while another 18 scored poorly on the test for mental well-being but scored satisfactorily well on the test for perceived constraints and six participants tested satisfactorily well on perceived constraints but scored poorly for the test of mental well-being.



Verification

Based on standard tests, most elderly people we talked to seemed to be doing well. A large number (18), while not a majority of our group, were doing poorly. A small number seemed to be faring extremely poorly.



Concluding Questions

Are there better and more empowering ways to measure well-being in Singapore?

How are some elderly able to be resilient in the face of unmet needs that prove more crippling to others?

Can these 'exceptions' provide some clues or insights as to how to help others who face the same problems, but are not doing as well?

Section B: Ageing in place, social networks and social isolation

This section aims to explore the day-to-day realities of the elderly who are ageing in place, according to the understanding of the term by Ministry of Social and Family Development (MSF), to gain a better understanding of their level of isolation or integration and how this affects mental wellness. We focus on the people and environment in which our elderly sample are currently located. In doing so, this section aims to identify areas for improvement to ensure that the ageing population is growing old comfortably and with dignity, with an eye to the "social integration" aspect of MSF's ageing-in-place plan.

AGEING IN PLACE

In developing strategies for providing care for Singapore's increasing numbers of elderly, MSF plans to support "ageing in place." The idea of ageing in place can be understood in various ways, but MSF largely uses it in the sense of allowing the elderly to age with little disruption to their lives and with adequate social integration. As MSF writes, "Singapore's conceptualisation of ageing in place involves developing strong social networks involving families and friends and providing care and social services so that the elderly can continue to live in the community

for as long as possible."²¹ This definition of "ageing in place" relies upon the elderly maintaining social ties, rather than growing increasingly isolated as part of the ageing process.

The Housing and Development Board (HDB) has put in place several programmes to enable the elderly to continue to live in their flats by encouraging their children and other family members to live close by. Such schemes include the Married Child Priority Scheme, Multi-Generation Living Scheme, Lease Buyback Scheme, Higher-Tier Family Central Provident Fund (CPF) Housing Grant and Higher-Tier Singles CPF Housing Grant.²² The HDB has worked closely with town councils and has tried to keep estates as elderly-friendly as possible. In addition to the HDB's efforts, local VWOs, of course, do their part as well to support the elderly remaining in their homes for as long as possible.²³

LACK OF SOCIAL NETWORKS

One of our VWO partner's main hypotheses about the unmet social needs of seniors in their surrounding neighbourhood is that they lack sufficient social networks and that this constitutes an unmet need. The literature concerning social networks among

21 Yap Mui Teng, "State of the Elderly in Singapore 2008/2009," Ministry of Social and Family Development, Singapore, 2009, http://app.msf.gov.sg/Portals/0/Summary/research/State%20of%20the%20Elderly_Release%203.pdf.

22 Ibid., 11.

23 Ibid.

the elderly generally draws a distinction between lack of social networks and the more clinical concept of “social isolation.” In the literature, the term “social isolation” is often used in a way that suggests not only having little in the way of social networks and support, but also a lack of satisfaction on the part of the people who are deprived of this network. For example, Hortulanus et al., in their attempt to define social isolation, look not only at social networks, but at the subjective experiences of the people who may or may not participate in them. They write, “To arrive at... a definition, we use two theoretical approaches that are relevant for a study of social isolation: the network approaches that focus on factual aspects of the network, and loneliness approaches, which focus on the subjective experience of the network.”²⁴

Following this two-part definition of social isolation, our study seeks to ascertain whether the participants in our study lack robust social networks and whether this insufficiency of networks leads to poor scores on our wellness scales, or evidence of loneliness in the qualitative data and therefore constitutes “social isolation.”

In the event that the elderly in our study do have unmet needs with respect to their social networks, these should be taken seriously. Social isolation is not simply an issue of loneliness or unhappiness; myriad studies have demonstrated that social isolation is correlated with a wide array of other problems, including but not limited to poor physical health, poor mental health, higher stress levels, less ability of the body to fight disease, low self-esteem and mortality.²⁵ Loneliness, a factor within our definition of social isolation, has been found to be correlated with poor quality of life, cognitive decline and symptoms of depression.²⁶ Therefore analysing levels of social networks and whether low levels are associated with social isolation in the “ageing in place” elderly in Singapore, has bearing on a number of policy issues.

We gauged the strength of the social networks of the seniors we talked to using the following questions:

- Does the elderly person live alone?
- Is the elderly person satisfied with his/her relationships with children and grandchildren, if any?

- Does the elderly person participate in outside activities?
- Does the elderly person have regular interaction with relatives, friends or neighbours?
- Does the elderly person have people to count on in case of illness, a need for companionship, or financial needs?

These types of questions are typical for studies concerning the relationships between social networks and social isolation. While questions will vary from study to study, depending on the research questions, contacts, etc. of the study in question, most have to do with frequency of contacts with relatives and non-relatives, as well as having a support system to contact in times of need.²⁷ For example, Wong and Verbrugge studied elderly Singaporeans in Kampong Arang, Telok Blangah and Bukit Merah, and their survey included questions about whether the respondent lived alone, how much contact they had with friends and relatives and how they coped with living alone.²⁸ Similarly, Shimada et al. conducted a study on social isolation among the elderly in Japan, and their questions included having people to call for help, to confide in and the number of people who visited once a month.²⁹

For our study, because we were primarily interested in testing the hypothesis that a lack of social networks constitutes an unmet need among the elderly in the eight-block area we created two measures for social networks.

- (i) **The basic measure** is a preliminary evaluation of whether a person lacks social networks – it addresses the questions of whether the elderly can find help when needed and whether they participate regularly in an activity outside the home.
- (ii) **The nuanced measure** attempts to quantify the extent of social engagement by asking, for instance, how many people the elderly can count on in times of need and how frequently they do things outside the home. Then each measure can be compared with the individual’s mental well-being and perceived constraints to ascertain whether and to what extent this lack of social networks has led to social isolation, and should be read as an unmet need. These are shown in Figure 2.3 below.

24 Roel of Hortulanus, Anja Machiels, and Ludwien Meeuwesen, *Social Isolation in Modern Society*, (New York: Routledge, 2006).

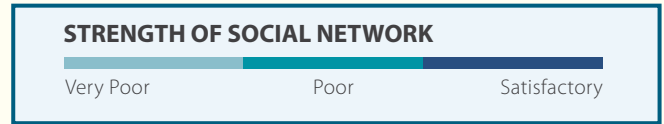
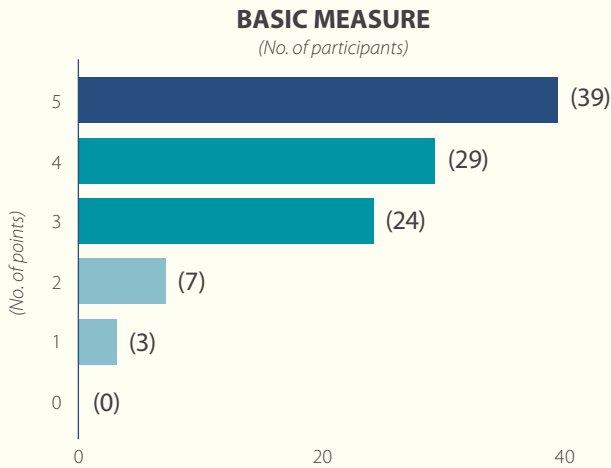
25 Yang-Sheng Wong and Lois M. Verbrugge, “Living Alone: Elderly Chinese Singaporeans,” *Journal of Cross-Cultural Gerontology* 24, no.3 (2009): 209-24; Hortulanus, *Social Isolation in Modern Society*.

26 Xinqi Dong et al., “Loneliness in Older Chinese Adults: A Risk Factor for Elder Mistreatment,” *Journal of the American Geriatrics Society* 55, no.11 (2007): 1831-35.

27 Hortulanus et al., *Social Isolation in Modern Society*.

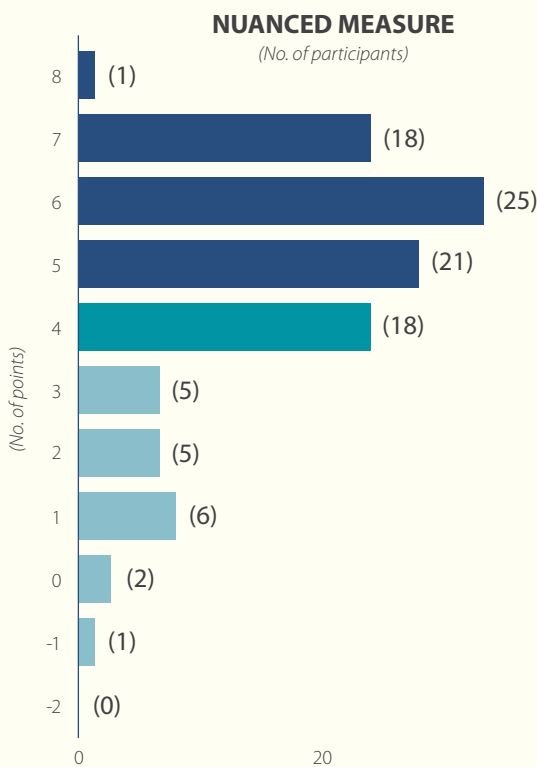
28 Wong and Verbrugge, “Living Alone: Elderly Chinese Singaporeans”.

29 Shimada Kyoko et al., “Prevalence of Social Isolation in Community-Dwelling Elderly by Differences in Household Composition and Related Factors: From a Social Network Perspective in Urban Japan,” *Journal of Aging and Health*, 26, no.5 (2014): 807-23.



+1
point for each circumstance

- Not living alone
- Joins an activity
- Have someone to depend on
- Regular interaction with relatives, friends and/or neighbours
- Satisfied with quality of relationship with child and/or grandchildren



+1
point for each circumstance

- Not living alone
- Joins an activity
- Member of senior activity centre
- Have someone to depend on
- Regular interaction with relatives and/or friends
- Regular interaction with neighbours
- Satisfied with quality of relationship with child
- Satisfied with quality of relationship with grandchildren

-1
point for each circumstance

- Dissatisfied with quality of relationship with child
- Dissatisfied with quality of relationship with grandchildren

+2
points for each circumstance

- Have more than one person to depend on

Figure 2.3: Strength of social network based on basic measure and nuanced measure³⁰

First, we can see that no respondents are completely lacking any kind of a social network, according to the basic measure. Moreover, a clear majority of the people we talked to cannot be considered as lacking social networks. This is also reflected when we compare the score for “strength of social networks” with our scores for mental well-being. When respondents had a certain score for the strength

of their social networks (above four for the robust measure, for instance), they had much better scores of mental well-being on average. In sum, most of the people we talked to appeared to be doing well in this regard, at least according to the measures used in this study: they had strong social networks and they had strong scores for mental well-being.



Verification

Most people have a reasonable level of social networks. Those who lack social networks are usually doing poorly on the scales of mental wellness and might be considered to be socially isolated, therefore having an unmet need.

30 The questions asked for these scales are found just below them. Because different people have different numbers of children and grandchildren, we asked about their level of satisfaction with these relationships rather than attempting to quantify them. While this may appear to be more subjective, and therefore more in line with the “loneliness” component of social isolation, we made the decision to include it among the network questions, because it has less to do with a mental state, and more to do with the people’s perceptions of the networks that are available to them.

SOCIAL NETWORKS AND MENTAL WELLNESS: PLATEAUS AND INFLECTION POINT

Using the scores that measure the strength of social networks, we can look more deeply into the relationship between the lack of social networks and mental wellness. First, there is a clear relationship between social networks and our measures of wellness: those who are severely lacking social networks (scoring a three or below on our eight-point nuanced scale) have significantly worse scores for mental well-being. Moreover, those above five on the scale scored significantly higher on the mental well-being measure.

However, the relationship between social networks and mental wellness is more complicated than it might initially appear. While it seems as though it is a matter of causation in one direction – a lack of social networks causes poor mental well-being – some studies have suggested that the two affect each other, and the direction of causation can go both ways. Klinenberg’s study of the 1995 heatwave in Chicago found that many of the socially isolated had been victimised in some way, which led to self-imposed isolation based on a fear of public interaction.³¹ On the other hand, various studies have also demonstrated that social isolation directly leads to various other problems, which are discussed in Part III. In other words, the causal flow can go from poor mental wellness to social isolation and vice versa.

Our study also demonstrates that the relationship between social networks and mental well-being is more meaningful in some places on the spectrum than in others – that is, there are plateaus and a clear inflection point. A social network score of four was identified as an inflection point; about half of the respondents who scored a four showed poor scores on mental well-being.

Second, as the eight-point nuanced scale reveals, there are plateaus in the relationship between social networks and the CES-D scale measuring mental well-being. Those respondents with scores lower than three on the eight-point scale were indistinguishable in terms of their mental well-being. That is, among those with scores of three or below, those scoring a one or two did not seem to be experiencing significantly worse mental well-being than those scoring a three. While there were important individual exceptions to these patterns, it was striking how regularly they appeared.

The same is true with respect to scores over four. Scoring a seven or eight was not significantly different than a five or six on the eight-point scale when it came to scores on well-being. This suggests that once people have a certain level of social interaction, more interaction does not do them much good or harm. Again, there are exceptions to this rule – their poor scores on mental well-being and/or perceived constraints are linked to other issues besides a lack of social networks.



Verification

Most people seem to need some social interaction. Those with a weak social network tend to not do well in terms of well-being. Those with some social networks do far better. The relationship is strikingly tight, and continues to hold when we control for other factors such as financial stability and physical challenges.



Insight

The relationship between social isolation and mental well-being is not completely linear. It is generally true that once someone has a certain amount of social interaction, he or she will do better in terms of mental wellness. But further strengthening their social network seems to make no significant difference.

31 Eric M. Klinenberg, *Heat Wave: A Social Autopsy of Disaster in Chicago*, (Chicago: University of Chicago Press, 2002); Eric M. Klinenberg, “Dying Alone: The Social Production of Urban Isolation,” in *The Sociology of Health and Illness: Critical Perspectives*, ed. Peter Conrad and Valerie Leiter (New York: Worth Publishers, 2012), 83-97.

EFFECTS OF SOCIAL ISOLATION ON THE INDIVIDUAL

So far, we have only looked at the relationship between social networks and mental well-being in the context of the large group

of respondents. This relationship tells us little about the effects on the level of the individual, such as how frequently those who lack social networks in our sample also do badly in terms of mental well-being and perceived constraints.

STRENGTH OF SOCIAL NETWORK SCORE

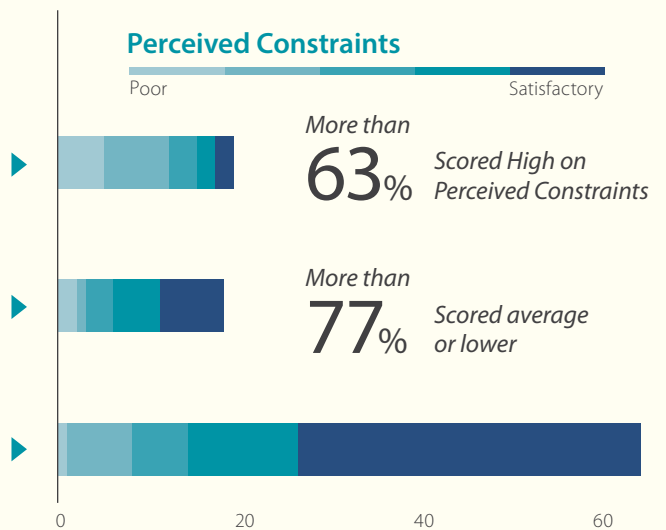
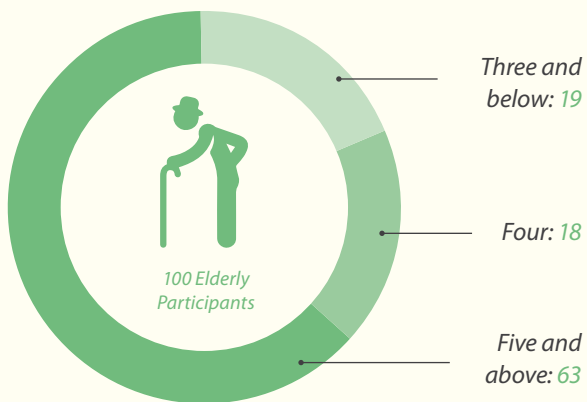
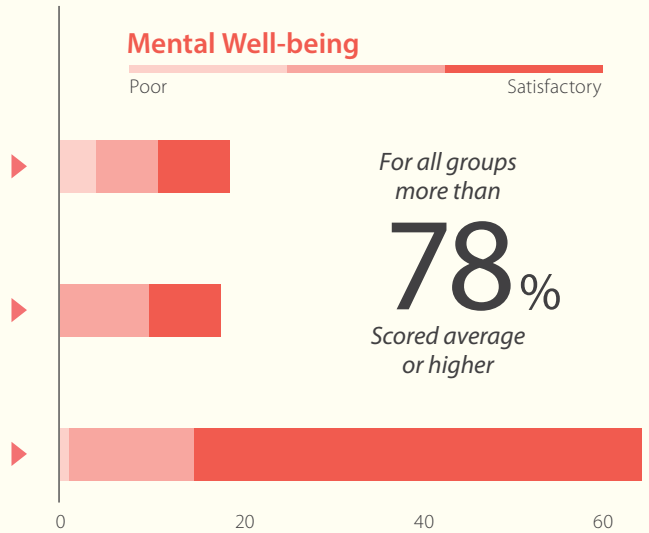
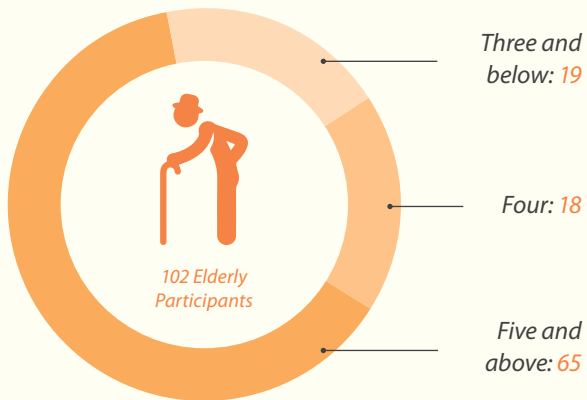


Figure 2.4: Relationship between strength of social network and the two measures of mental wellness

As can be seen from Figure 2.4, a total of 19 people scored below three on the social networks scale. Of these, 11 had poor scores on mental well-being and 12 had poor scores on perceived constraints. (Below, we explain that these are not always the same

people). Those who had a strong social network score of five or above tended to do well on both measures of mental wellness: 50 out of 63 had high levels of mental well-being and 49 did well in terms of perceived constraints.

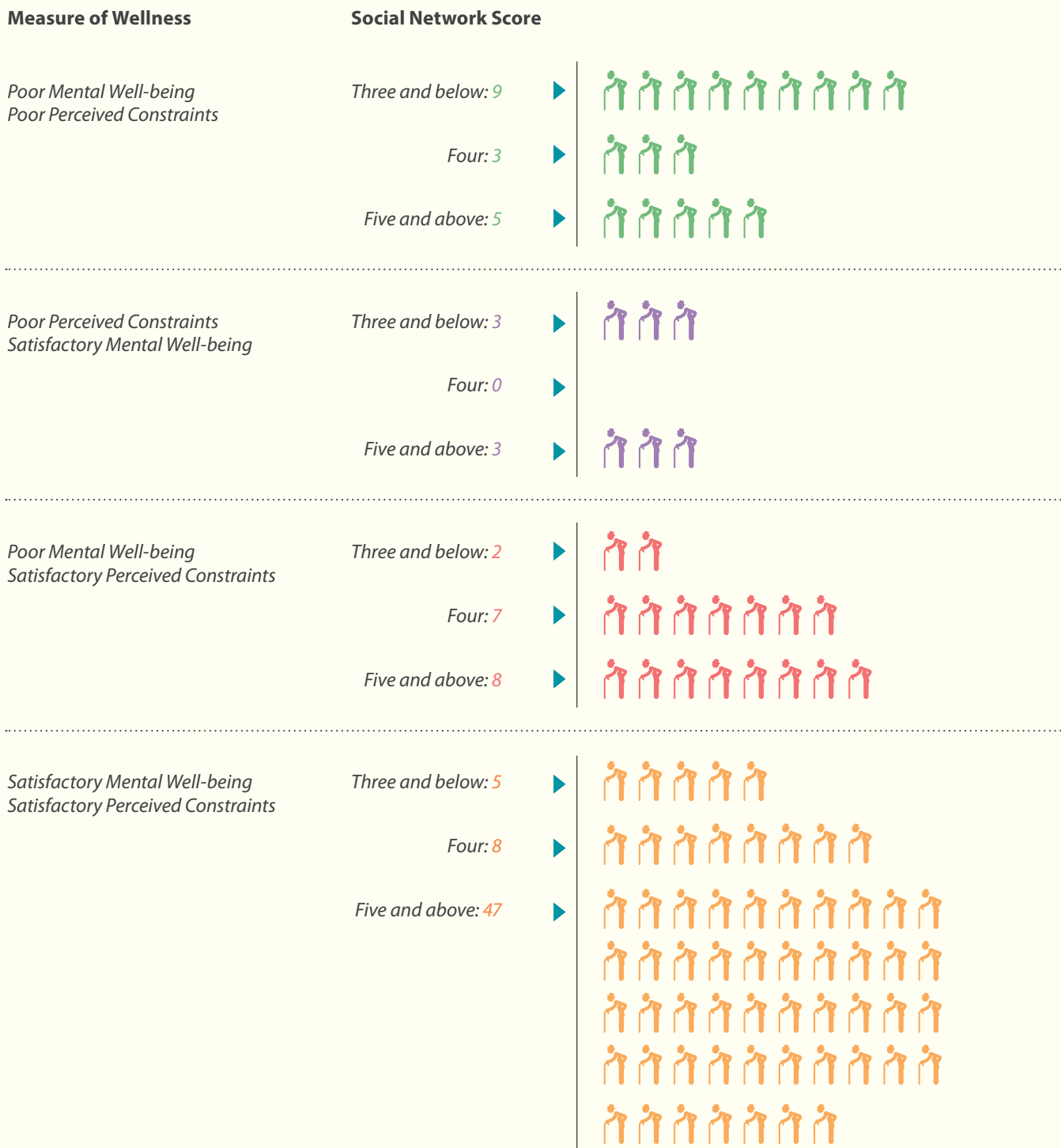


Figure 2.5: Intersection of results from the two measures of mental wellness and their relationships with strength of social network

In terms of the overlap between the two scales of wellness, 14 of the 19 elderly who had low scores in social networks (below three) had correspondingly poor scores on mental well-being and/or perceived constraints. At the same time, the majority (47 of 65) of elderly with good scores (five or above) on the nuanced measure for social networks showed positive levels of both mental well-being and perceived constraints. Of the elderly at the inflection point – those who scored exactly four on our measure of social networks – just under half of these (8 of 18) experienced positive levels of mental well-being and perceived constraints. The rest

had poor scores on mental well-being, or low or medium scores on mental well-being combined with poor scores on perceived constraints.

Considering all the issues that people have to contend with – including financial and physical challenges, health concerns and a myriad of other issues – this is a notable pattern. Strong social networks tend to enhance mental wellness, while most people who experience a lack of social networks seem to be doing poorly in one way or another.

Part III

“Types” of Respondents and the Three Categories of Stressors

In this part, we look at three broad categories of stressors that can have an effect on wellness: social networks, physical challenges and financial difficulties. While we separate these into discrete categories, this is simply an artificial way to allow for an organised discussion. In reality, it is rare that one exists completely separately from the other two. However, we have isolated each, to whatever degree we can, to enable us to get a better idea of causes and effects of individual issues.

Our analysis in this section relies on both quantitative and qualitative data. The quantitative data can tell us where there are correlations between variables: that is, it can indicate whether two or more variables tend to be related in some way. For example, we find that there is a correlation between the elderly believing they are having financial difficulties and experiencing low levels of mental wellness. At this point, however, quantitative data can take us no further on its own. For example, we would not be able to identify which elements of the elderly’s finances are causing more stress than others, or indeed whether we should be looking at discrete issues at all – perhaps it is the mere fact of managing finances that affects mental wellness.

We use the qualitative data to help us understand these correlations better. In this example, the qualitative data (the conversations with the elderly participants) suggest that, for at least some elderly, the cost of healthcare might be causing significant stress and may be related to low scores on our mental wellness measures. Throughout this chapter, we use quantitative and qualitative data in this way: qualitative data allows us to make educated guesses about how certain variables are related, or correlated, to one another.

We begin to discuss the various “types” that emerge from the numerous intersections of the three categories of stressors and the levels of mental wellness that tend to be associated with them. To be sure, each individual’s situation is unique and there are several variables that come into play that affect each person’s mental situation and coping mechanisms. The types listed below, however, represent situations that occurred somewhat frequently in this study, and which the combination of quantitative and qualitative data, as well as secondary literature, suggest may be common enough to warrant intervention.




 Social Networks	 Physical Challenges	 Financial Difficulties
<i>Type 1:</i> Socially isolated	<i>Type 4:</i> Physical challenges affect mental wellness	<i>Type 7:</i> Financial problems affect mental wellness
<i>Type 2:</i> Socially isolated with chronic financial problems	<i>Type 5:</i> Physical challenges with social isolation	<i>Type 8:</i> Financial problems representing an unmet need
<i>Type 2A:</i> Social isolation exacerbated by financial difficulties due to lack of network		<i>Type 8A:</i> Help from relatives insufficient for needs
<i>Type 2B:</i> Chronic financial difficulty leads to continued borrowing, which frays social network		<i>Type 8B:</i> Employed but with high medical expenses
<i>Type 3:</i> Social networks help overcome physical challenges and financial problems	<i>Type 6:</i> Physical challenges with financial problems	
Intersection of Social Networks, Physical Challenges and Financial Difficulties		
<i>Type 9:</i> Multiple challenges affecting mental wellness		
<i>Type 10:</i> Doing fine despite the odds		

Figure 3.1: Interplay of challenges faced by elderly participants

Section A: Social networks

TYPE 1: SOCIALLY ISOLATED

A number of the people we talked to appeared to be socially isolated – that is, they had weak social networks, and these weak

networks seemed to affect their level of mental wellness on one dimension or another. The cases below are those people who demonstrated weak social networks, but were doing well in terms of physical challenges and financial stability.



Respondent #10

74-year-old man, has lived with his partner for the past 10 years, no children.

Interviewers reported:

“He feels isolated and does not trust his neighbours. He thinks they all have bad intentions and felt quite bitter when he was coughing the entire night but nobody came to ask if he was okay. He perceives himself as healthy, and while he reports earning less than \$1000 per month, he perceives this as adequate.”

Researchers’ summary:

This person has few social networks. He reports no contact with friends, neighbours or relatives, and has no one to depend on when he needs help. He had the poorest mental well-being score of all our respondents, responding negatively to every measure of well-being for a score of 0.0 (very poor). He scored 0.2 out of 1 on perceived constraints, which is also a very poor score.



Respondent #68

74-year-old man, lives alone, never married, works as security guard.

Interviewers reported:

[He enjoys living alone because] “he does not have to share, has no disturbance and enjoys privacy. He has no relatives and he’s not close to others, thus he faces no trouble at all. He has ‘hello and bye’ types of relations. He loves dogs and used to have pets, but was unable to care for his dog so he gave it away. Moreover, he used to have a very good younger friend in his 50s who passed away recently and now has no friends. He reports sometimes feeling sad and lonely, but says that he is happy most of the time and enjoys life.”

Interviewers further note that “an internet scam may have shaken the respondent’s life, plunging him into legal and financial difficulties. Although the respondent may have thought he was secure without any social support, had he a more extensive network of friends with whom he discussed his life, he may not have fallen for the internet scam.”

Researchers’ summary:

His score for mental well-being is 7.50 (satisfactory), perhaps reflecting his comfort with being alone. However, his perceived constraints score of 0.2 (several constraints) is quite poor. The participant reports feeling that he has little control over his own life and experiences helplessness. This is consistent with the evidence from the interview that the respondent has been hurt before in his relationships. It appears that his lack of social networks seems to affect, both directly and indirectly, his perceived constraints’ scores.

Respondents #10 and #68 both report having little in the way of social networks and both score poorly on at least one test for mental wellness. These two represent our definition of social isolation: cases where scarcity of social networks seem to affect mental wellness negatively.

TYPE 2: SOCIALLY ISOLATED WITH CHRONIC FINANCIAL PROBLEMS

A number of respondents acknowledged both financial difficulties and social isolation, indicating that these two issues are related to each other in many circumstances. We have divided cases from this category into two directions of causality: cases where social isolation causes financial hardship and cases where financial hardship exacerbates social isolation.

TYPE 2A: SOCIAL ISOLATION EXACERBATED BY FINANCIAL DIFFICULTIES DUE TO LACK OF NETWORK

Many low-income elderly depend on their social network for a significant portion of their livelihood. For example, the International Longevity Centre Singapore (ILC-Singapore) found that, for seniors with children, elderly men rely on family members for 34 per cent of their income, whereas elderly women rely on family members for 65 per cent of their income.³² Elderly with no children rely on other relatives for 40 per cent of their income. Since such significant portions of income fall into non-employment categories like these, those elderly who are lacking social networks are often at a financial disadvantage.



Respondent #76

80-year-old woman, has had a partner of 50 years, with whom she has six children. Her partner is an alcoholic and is verbally abusive. She is overweight, has high blood pressure and has difficulty walking.

Interviewers reported:

“He (the partner) would intervene as the woman answered questions, and most of what he would say was intended to put her down. While not submissive, the woman talked quietly while her partner talked quite loudly. Except for this partner, the woman is nearly completely isolated. Their children don’t like their father and don’t visit. Only one daughter keeps in touch with her mother and gives her money – but only when the partner is not at home. However, that daughter was recently incarcerated, further exacerbating the woman’s isolation. The woman has lost touch with her children to such an extent that she doesn’t know where four of her children live. She thinks her sons are useless and hasn’t stayed in touch with them since they married.”

Researchers’ summary:

While finances are an issue (the couple are not earning money and they face many unpaid bills), these are linked to the isolation from children and other resources. In addition, the woman has poor health, which limits her ability to work. Not surprisingly, her mental well-being is 3.80 (very poor) and she answered negatively to all of the questions on perceived constraints for a score of 0.0 (many constraints).

32 International Longevity Centre, “A Profile of Older Men and Older Women in Singapore 2014,” http://www.ilc-alliance.org/images/uploads/publication-pdfs/A_profile_of_older_men_and_women_in_singapore_2014.pdf.



Respondent #66

62-year-old man, has financial troubles (behind on rent and utility payments), depends on VWO for food.

Interviewers reported:

"His wife passed away two decades ago, and he lives alone. His eldest son committed suicide and his daughter has married and lives far away with her family. Not only is he isolated from his children, when asked about his grandchildren, he says he doesn't want to talk about the situation and seems to be resigned to it. [When asked about daily activities] at this point subject is rather distraught. Points out that he has nothing to eat and tries to sleep as much as possible, spends a lot of time on the sofa."

Researchers' summary:

Given these severe social and financial issues, it is not surprising that he has very poor mental well-being score of 0.80 and an equally poor perceived constraints score of 0.00 (many constraints).

In both of the above cases, the respondents' financial situations have arguably been adversely affected by their poor relationships with their children and their poor social networks. Many elderly rely upon children and other relatives for financial assistance and when those relationships are poor, financial difficulties can follow. Our data suggests that, at least in some

cases, improving social networks might lead to an improvement in people's financial situations.

The following case is similar to the previous two, but includes a clear "triggering event" that appears to have led to more serious social and financial problems.



Respondent #59

83-year-old woman, divorced since age 25 after being abused by her husband (she was married for five years).

Interviewers reported:

"She has three children but her in-laws brought them up as she does not have the financial ability to bring them up. She has 10 grandchildren but they do not call or visit her at all. She does not have the money to buy what she wants to eat. When asked about her ideal living situation she would want people to look after her and talk to her when she is free. She recently fell down and could not find anyone to help her until her neighbour visited her."

Researchers' summary:

While her financial situation is acute, it seems that being isolated is her triggering event and being less isolated would help alleviate her financial constraints. It appears that the lack of rights in her divorce has directly led to her isolated state, which in turn has further exacerbated her financial situation. Indeed, she relies on her few contacts with children as well as neighbours for her survival. Not surprisingly, she has a very low mental well-being score of 3.30 (very poor) though her perceived constraints score of 0.8 (few constraints) is much better.

In cases like the one above, it is possible to make an educated guess as to the "triggering event" in the erosion of social networks, which ultimately led to a myriad of other problems, including

social isolation and financial difficulties. In such individual cases, it is then possible to plan an appropriate intervention to address the original problem.

TYPE 2B: CHRONIC FINANCIAL DIFFICULTY LEADS TO CONTINUED BORROWING, WHICH FRAYS SOCIAL NETWORKS

Alternatively, some must borrow in order to meet their needs. On the one hand, borrowing in the case of emergencies is part of what social networks enable. On the other hand, financial issues are often chronic and the borrowing does not resolve long-term needs. In such cases, money is sometimes not repaid, or the same network is used repeatedly – both of which can cause discord.



Respondent #20

63 year-old man, recent widower, lives alone. No children or grandchildren.

Interviewers reported:

"His CPF is insufficient and he borrows money to make ends meet. This man appears to be 'very isolated' [Note: this was the interviewer's word, and should not be confused with this study's definition of "social isolation"] and felt that he leads a very meaningless life, a condition exacerbated by his wife's death. He has almost no interaction with others, including friends, neighbours and relatives. The subject claims that his monthly CPF withdrawals are never enough for his expenses and as a result, ends up borrowing money from the few friends and relatives he has. This has affected his relationships with them. He carves birdcages in his free time."

Researchers' summary:

This man is grappling with financial difficulties and the lack of a social network. The qualitative data suggests that these are interrelated: his financial difficulties caused him to borrow, which in turn have harmed his social network. He has a poor score on the mental well-being test (6.70) and he answered negatively to all the questions on perceived constraints, earning a poor score on this test as well (0.0).

The case above demonstrates how financial problems can cause social networks to erode. This seems to be a situation in which low-income elderly often find themselves having to rely on family and friends for financial assistance. In this particular case, however, relying on informal networks to supplement finances ends up causing

strife and contributing to social isolation. ILC-Singapore reports that, among elderly Singaporeans who do not have children or grandchildren, 40 per cent of their income is derived from financial support from other relatives.³³ This is not an insubstantial amount; we might reasonably infer that the case above is not unique.



Insight

In some cases where both social isolation and financial difficulties appear together, their co-existence does not seem accidental; one seems to be causing the other. Sometimes social isolation causes some of the financial distress. Other times the financial distress can fray social networks, leading to social isolation.

TYPE 3: SOCIAL NETWORKS HELP OVERCOME PHYSICAL CHALLENGES AND FINANCIAL PROBLEMS

Some respondents described situations in which their social networks created additional resources that helped them with other problems, such as physical challenges and the financial problems that were associated with them. The data strongly suggests that some of our participants were helped a great deal by their strong social networks, which they could count on to provide needed resources.

Measures of physical challenges

We asked a range of questions regarding physical challenges that people might be experiencing, and these were divided into four categories:

- **Physical interference** (N=28): Based on the question of whether physical issues interfere with daily activities in any way
- **Physical limitations** (N=12): Based on questions concerning difficulty eating, getting dressed, bathing, getting up after lying down and making a phone call
- **Mobility issues** (N=39): Based on questions concerning difficulties walking 200-300 metres and walking up and down stairs
- **Disability** (N=8): Assessed through self-report
- **Any of these** (N=52): If any of these four measures apply

If an individual responded positively to any of the four factors, we said that he or she faced some kind of physical barrier.

Irrespective of which barrier people faced, or how many, facing a barrier is systematically linked to worse scores on well-being and perceived constraints. This finding is supported by various other studies on persons with physical disabilities and their mental wellness, or happiness.³⁴

While physical barriers affect many of the elderly we talked to, there are many “exceptions” (25 of 52) who seem to be doing fine based on both measures of wellness. Understanding why these people have defied the odds can provide valuable insight into what factors matter most to mental wellness. The most important contributing factor to resilience seems to be the presence of social networks: elderly people who face one or more of the physical barriers described below, but who remain socially active, seem to be doing well.

This finding has also been borne out by other studies that have sought to measure the relationship between physical disabilities and well-being. For example, van Campen et al. investigated the assumption that “higher participation” in activities improves the well-being of persons with disabilities. They found that greater participation in random activities had little correlation to well-being, but that well-being is improved “if they perceive that participation as valuable.”³⁵ This is quite similar to the findings in our study, where the “social networks” tested in the quantitative part of the study involve specific, meaningful activities, and much of the qualitative data includes descriptions of particularly valued activities. This is addressed further below, in Section B.



Respondent #19

62-year-old man, married, enjoys relationship with wife, lives with one (single) son.

Interviewers reported:

“He has diabetes. He has lost his left lower leg (below the knee) and toes on his right foot and hence, his mobility is limited. He had heart bypass surgery about a decade ago and is currently taking dozens of medications for his diabetes, heart problem and prevention of kidney failure. [Regarding his social network] he says ‘more contact would be better.’ Although he considers his financial situation to be ‘good’ and his income to be adequate, he relies on his children financially. His interactions with his neighbours are especially good. He calls himself ‘the chairman of the residents of the floor he lives in.’”

Researchers’ summary:

Despite his physical problems, the respondent has a strong social network. His three children and four grandchildren talk to him on the phone every week and visit monthly. For both financial and physical needs, this man depends on his social network. Despite his various challenges, he has a very positive outlook on life. This is reflected in his mental well-being score, which is satisfactory (7.90) and his excellent score on the perceived constraints measurement (1.0).

34 See discussion in Cretien van Campen and Jurjen Iedema, “Are Persons with Physical Disabilities Who Participate in Society Healthier and Happier? Structural Equation Modeling of Objective Participation and Subjective Well-being,” *Quality of Life Research Journal*, 16, no.4 (2007): 635–45.

35 Ibid., 644.



Respondent #13

82-year-old widow, lives in rental housing, has a son who lives with her who works as a delivery person.

Interviewers reported:

"Although she has very poor eyesight and her back and leg problems hinder her walking, she uses a trolley to collect recycling items for extra money. Her son takes care of their bills and she doesn't feel that they are especially challenged financially. In addition to living with her son, her daughter, who lives in Malaysia, calls her regularly, tries to visit once a month and also helps with their expenses. The recycling activity gets her out of the house, where she meets friends as she works, and they sometimes help her carry the newspapers and cardboard back to her apartment."

Researchers' summary:

While this woman faces some physical challenges, and her financial situation is stable, though not lavish, she does not lack a social network. Her mental well-being is satisfactory (8.80) and she faces few perceived constraints (0.8).



Respondent #84

84-year-old man, married and lives with his wife.

Interviewers reported:

"He had five children, though tragically, one of his daughters committed suicide while she was at university. He has physical limitations – he suffered a stroke long ago and has fallen down once. He also has prostate problems. His wife has intestinal cancer and dementia, in addition to diabetes, leg and hand trouble, and cholesterol issues. To make matters worse, the couple faces financial problems. While he considers his situation to be 'average', he doesn't believe his income is adequate for his needs. Despite his wife's dementia, he says his wife is a better planner. 'She plans well,' he says. 'We never drink coffee at the shop.' The couple's main sources of income are savings and money from their children. They have a relatively strong social network. He is devoted to his wife ('I want to watch my wife,' and 'If I die, better die two persons, don't want to die alone.') He is a Christian, which seems important to him ('I had a stroke, and almost died,' so his wife and son asked him to convert to Christianity), though he can't attend church due to his leg pain. He's satisfied with his relationship with his remaining children, a fact he ascribes to his wife being 'a very good mother, she did a very good job raising the children,' though their 'eldest son never gave money,' and 'he wants to argue all the time.' He has 'very good' neighbours who sometimes buy things for him, and help him carry things."

Researchers' summary:

Although he faces significant physical and financial issues, his mental well-being scores are quite good (10.0) and he perceives no constraints (1.0). This appears to be linked to his relationship with his children, wife and his neighbours.

For the above cases, social interaction is a key factor. This is borne out in the statistics generated from quantitative analysis of our data: if we control for social isolation, physical

challenges is no longer a factor in either measure of mental wellness even if financial problems remain a factor.



Insight

Many of the elderly who face physical barriers do not experience low measures on scores of mental wellness. Of these, being socially active appears to be a key factor in their relatively high scores on well-being and perceived constraints.

Three factors that strengthen social networks and affect mental wellness

Several factors have been combined to measure the strength of the elderly’s social networks, and together these factors seem to cause mental distress in many people we interviewed. After analysing the components of social networks separately, clear patterns begin to emerge. While both the basic and nuanced measures of social networks are related to well-being and perceived constraints, the impact of the individual components of social networks on these measures varies a great deal. For this analysis, we have added two additional potential factors that could affect social networks: regularly going to a place of worship and having employment outside the home, both of which are included among the lists below.

When analysed separately, another clear pattern surfaces: living alone is not correlated to either measure of mental wellness; nor is participation in social activities. Working outside the home and satisfaction with friends, neighbours and extended family (excluding children and grandchildren), are also not

correlated. None of these four factors is statistically linked to measures of mental wellness – that is, none of these factors appears to have a significant relationship to mental well-being or perceived constraints.



Figure 3.2: Types of social networks and their impact on mental wellness



Insight

The individual factors that make up a person’s social network do not seem to make a difference across the board. Encouraging people not to live alone, improving their relationships with friends and neighbours, increasing their social activities, or finding a job outside the home, might make a difference in individual cases. The data from our sample, however, does not suggest that changing these individual elements of social networks would make an impact on a larger scale.

The level of satisfaction for relationships with children and grandchildren is most highly correlated with measures of well-being, and especially with perceived constraints. Having people to depend on when one needs help is a close second. Finally, the frequency of going to a place of worship is also correlated to a certain degree, which is unlikely to be accidental. Statistically,

faith in a religion does not seem to matter in a systematic way – though it could easily make a difference in individual cases. It is how often one goes to a place of worship that matters. This seems to imply that what matters are the social networks and ties that one forms in places of worship.



Insight

Improving relationships with children and grandchildren (if any) or having people one can depend on for various social, economic or physical needs may make a significant difference in alleviating social isolation.

At this stage, it is important to note that, while the evidence suggests that improving connections between the elderly and their children and grandchildren would likely have a positive impact on the former’s mental wellness levels, this should not be read as an endorsement of the family’s role in the current social support system. This part of our study looks specifically at social relationships and not financial assistance on the part of the family. Further, the correlation between relationships with close family

and levels of mental wellness might suggest that the “ideal” of the Singaporean family could be having a harmful effect on actual families. That is, the elderly might feel that a lack of interaction with close family could signify a lack of worth on their part. In any event, the implications from these findings should be limited to those policies or services that improve social relationships and interaction between the elderly and their children and grandchildren.



Concluding Questions

- What are some ways to strengthen social networks and reduce social isolation?
- If an elderly person were to design a programme to reduce social isolation, what would it look like?
- Given that many people (even some without strong social networks) do not seem to be socially isolated, how targeted should the programme be?
- What are effective ways to improve the factors that strengthen social networks?
- Does the link between these sub-factors related to social isolation necessarily mean that intervening to affect them actually improves mental wellness?
- How can we as a society help to ensure that relationships between the elderly and their grandchildren are good, despite modernisation and the wide age gap?

Section B: Physical challenges

Physical challenges, when measured separately from social networks and financial well-being, did not correlate with poor mental well-being or perceived constraints. That said, there were

individual cases in which physical challenges appeared to have an impact on respondents, and when combined with our measures of social isolation, the impact on both measures of wellness is greater.

TYPES OF PHYSICAL CHALLENGES	LINKED WITH		
	Mental Well-being	Perceived Constraints	Social Isolation
Physical interference	✓	✓	✓
Physical limits	✓	✓	✗
Mobility issues	✓	✗	✓
Disability	✗	<i>(Too few people represented here – refer to LCSi’s report on people with disabilities for more information)³⁶</i>	
Any of these	✓	✓	✓

Table 3.1: Relationship between different types of physical limitations and mental wellness as well as social isolation

36 Ranjana Raghunathan et. al., “People with Physical Disabilities in Singapore: Understanding disabling factors in education, employment, caregiving and finances,” (Singapore: Lien Centre for Social Innovation, June 2015).

TYPE 4: PHYSICAL CHALLENGES AFFECT MENTAL WELLNESS

Some people faced severe physical challenges and this seemed to directly affect their levels of mental wellness. Although our quantitative analysis did not demonstrate a correlation between physical challenges and mental wellness, there did appear to be a connection in individual cases, which is supported by other studies.³⁷



Respondent #7

88-year-old woman, never married, no children, lives with a domestic worker and a tenant. She relies on the rent money and her savings to pay medical bills. She is confined to a wheelchair due to her injured leg.

Interviewers reported:

"She is unable to walk around under the block by herself and interact with her neighbours. She cannot move around much in the house and thus remains seated most of the time watching television. She says she feels 'happy staying alone,' as she has people to depend on when she's ill or in need of someone to talk to."

Researchers' summary:

While her social network has frayed due to her physical issues, it does not seem to affect her as badly as it would, because her domestic worker helps her in and out of the house and takes care of her daily needs. Her main issue is her physical problems. Her mental well-being score is 6.30 (poor), but not far from the cut-off of 7. She rarely feels lonely or depressed, but nor does she often enjoy life or feel hopeful, according to her interview answers. Her perceived constraints score of 0.0 (several constraints) is more severe, as she answered negatively to all of the questions related to this.

While the above case seems to suggest that physical challenges on their own are not enough to affect levels of mental wellness, in

other cases, negative outcomes seem to be linked directly to physical challenges because the elderly cannot participate in valued activities.



Respondent #45

70-year-old widow, lives alone, has a son and grandchildren, and is satisfied with her interaction with both.

Interviewers reported:

"She has good relationships with her neighbours and friends, and is active with the VWO which is just downstairs from her rental flat. She believes her financial situation is adequate, although she depends on her son for that. She has severe diabetes and 'has to watch [her] diet carefully,' and she believes that her physical situation gets in the way. A Christian, she was active in church when she was younger, though she attends church services 'when there is bus availability' which is about 2 to 3 times per month. She has to take care of her physically impaired sister, who is in poor health. She has another sister in a centre for the mentally disabled who is 'unable to talk and care for herself.' She pays for the sister to stay in the centre and visits her when she can."



Respondent #45 (cont')

Researchers' summary:

This woman has a strong network, which seems to help her. However, her physical situation and that of her sister gets in the way of her going to church, and keeps her from being as active as she had once been. Her mental well-being score is poor (5.80) and she reports rarely feeling hopeful. Her interview answers suggest that she sometimes feels sad, lonely and depressed. Her perceived constraints score of 0.2 is especially poor (several constraints).

The elderly woman described above might not be so affected by her physical challenges were it not for the impact they had on her social activities. While she cannot be considered isolated, her physical challenges nonetheless don't allow her to participate in certain activities, which seem to have a negative effect on her mental wellness scores. As discussed above, van Campen et al.

have suggested that participation in valued activities can improve the mental wellness levels of those with physical challenges.³⁸

Some of our respondents were less affected by the physical issues themselves, but more because they felt they were a burden to their families.



Respondent #61

71-year-old woman, married for over 50 years, has two children and four grandchildren, and a strong social network.

Interviewers reported:

"She had a heart attack due to a hole in the heart; has since stopped seeing the doctor for this condition as medical expenses are piling up. She also has Parkinson's disease, currently in the moderate stage of forgetful memory and has trouble walking. She is taking medication for this. Although she will walk around downstairs, she mainly watches television at home. She doesn't partake in outside activities, and her constant weak health has made her give up hope on life. Although she reports that her income is adequate, her medical bills are mounting and she has to visit the hospital frequently for medication and checkups. Her children are their only source of financial support and she feels that she is a burden to her spouse and children due to the illnesses she suffers."

Researchers' summary:

This respondent is facing physical challenges and feels that she's a burden to her family. Her medical bills are also an issue, although she reports that her finances are adequate. It seems that she has a support network. Not surprisingly, her mental well-being score is very poor (3.30). Her interview answers indicate that she often feels depressed. While her perceived constraints score (0.6) is above the cut-off, she answered that she doesn't feel she has control over her life, and doesn't see ways in which she can change her situation.



Respondent #94

66-year-old woman, has children who are employed and adequate social networks. Has leg problems, diabetes, high blood pressure and high cholesterol, which hinder a lot of activities.

Interviewers reported:

"[Her physical challenges] have stopped her from doing many things. For instance, she cannot go to the mosque alone, but she doesn't want to trouble her children. About her children, she says 'I can't make it difficult for them – they have children too... I cannot ask for more. My children are everything to me.'"

Researchers' summary:

This woman, although relatively young, faces mounting physical challenges, which get in the way of activities she holds dear. She has a strong social network, but does not want to burden her connections with her needs. While she reports facing no perceived constraints (scoring 1.0), she has a poor score on her mental well-being (4.60).

In both the above cases, physical challenges appear to have led to poor mental well-being scores due to feeling like they are an encumbrance to their families. Again, these are instances in which physical challenges relate to poor scores on one or more mental wellness scales, not so much owing to the challenges themselves, but more from the externalities accompanying the challenges (e.g. feeling burdensome to loved ones or unhappy when not able to participate in certain activities).

TYPE 5: PHYSICAL CHALLENGES WITH SOCIAL ISOLATION

For some people, physical challenges and social isolation became a dual problem. One or the other might not have led to poor scores on our measures of wellness, but together they appear to have had a significant effect on mental wellness.



Respondent #42

85-year-old woman, a widow (her husband died 20 years ago), has four children and is largely bedridden.

Interviewers reported:

"She feels financially secure, receives support from the son who lives with her and also reports receiving welfare from the government. While her first son and his son live with her and support her, she states that, 'my other three children forgot about me.' She says she has no friends, isn't friendly with her neighbours and among her other relatives, only her sister visits her once a year. She is also unhealthy. She has an amputated arm. Because of this, she's not able to participate in activities, such as going to the mosque. She doesn't get along well with her children, neighbours or friends. She enjoys watching Bollywood movies, but can't watch anymore because the cable is too costly."

Researchers' summary:

This woman faces physical challenges, a lack of social networks and financial problems. Her story reveals that her isolation from her relatives and family predated her bedridden state, and that her deteriorating physical condition only exacerbated her poor social networks. Now she can no longer do some of the activities that she enjoyed. Her mental health score is 5.8 (poor) and her perceived constraints score is even lower 0.2 (several constraints).



Respondent #15

85-year-old man, lives in one-room flat in rental housing. He has several problems with his ears and mobility and suffers from diabetes. He relies on a scooter to get around. Described by interviewers as "lethargic."

Interviewers reported:

"Although he has a daughter and grandchildren, his daughter visits infrequently, his grandchildren even less and he is reluctant to discuss his relationship with his grandchildren. In other ways, he is almost completely isolated. He is Christian, but attends church less than once a month. He relies on the church for financial support (he receives \$450 per month in donations) and gets none from his daughter. However, he states that his financial situation is average. He is also isolated from his friends and neighbours and besides the church, has no one to depend on for his needs. The subject has been living alone ever since the death of his spouse, about three years earlier."

Researchers' summary:

This man faces dual challenges of social isolation – he has little contact with his immediate family and even less with the community – and physical challenges. His limited mobility impairs his ability to interact in the community. Yet, at least part of his isolation from his family seems to be independent of mobility. Based on his dependence on charity, this man might also be facing financial difficulties, thus belong in a different category. However, because we are measuring perceived financial difficulties rather than financial problems based on other more objective measures, we have placed him in this category of people. In any case, his mental health score is 3.9 (poor) and his perceived constraints score is 0.0 (many constraints).



Insight

Physical barriers are sometimes linked with mental wellness through social isolation. Sometimes, however, these two issues appear in parallel. Other times, physical barriers appear to be linked to mental well-being without social isolation being a factor.

TYPE 6: PHYSICAL CHALLENGES WITH FINANCIAL PROBLEMS



Respondent #81

70 year-old woman, widowed more than a decade ago and currently living alone in a one-room flat in rental housing.

Interviewers reported:

"She has two sons, the younger of whom died in a traffic accident two years ago, while her elder son is married with four children. The woman suffers from physical difficulties – she is partially paralysed and has poor eyesight. Her legs hurt to the extent that she says it precludes her from exercising. Despite her physical challenges and the fact that it hurts to exercise, she continues to work full-time as a cook in a canteen as she has done for the past three decades. She reports that her income is 'average' and adequate to her needs. Although she lives alone, she does not seem to be isolated. Her elder son's family visits her regularly. She reports having a satisfying relationship with her child and grandchildren, and has people to count on when she needs help with finances, if she's ill, or if she needs someone to talk to. Yet, she rarely feels hopeful or happy and rarely enjoys life, though she hardly experiences loneliness. She feels helpless that she's not able to resolve problems and has little control over her life."



Respondent #81 (cont')

Researchers' summary:

This respondent faces serious physical challenges, though she seems well-supported by her social network. She relies on her work, which supplements her CPF, to meet her financial needs. Although she continues to work as a cook, she reports that her legs are too painful to exercise. Some of her problems, particularly her perceived constraints, seem to be linked to her physical challenges. She also recently lost her son. She scored a 5.0 (low) for mental well-being and scored a 0.2 on perceived constraints (many constraints).



Insight

Some elderly work outside the home because they want to, which can be encouraged as a part of active ageing. Yet, with some of our interviewees, their work outside the home is motivated by financial necessity. When that is combined with severe physical challenges, it is not surprising that problems ensue.

In other situations, the financial situation is linked to physical challenges, which create mounting medical bills and at the same time preclude working.



Respondent #23

67-year old widow, her husband died when her daughter was young. She has a son (unmarried) and her daughter (recently divorced) now lives with her.

Interviewers reported:

"She said, 'My husband passed away 32 years ago, when he was 39. I was only 32 then. My mother was around and she had a shop. I stayed and worked with Mum and the church helped too. Only when my daughter went to secondary school did I have to work.' She was not used to working and suffered a work accident that injured her right hand, which caused her to stop helping out at the shop. For financial reasons, she rented out two rooms in her house until her daughter finished her schooling. She currently struggles with her finances, but cannot work. This is in part due to her poor health situation, caused by diabetes, high blood pressure and cholesterol. She says her son helps her whenever he can, but her daughter is saving her money for further education. She lives off what her children give her and doesn't feel that her finances are adequate to meet her needs. She feels disappointed with her children, who she says, 'are not responsible and they don't listen to me.' According to her, they never help around the house and she broke down when reporting that she feels disappointed that they didn't get more education and that they are dating foreigners with unstable jobs holding only work permits. She doesn't visit her neighbours who she says are mostly foreigners. According to her, 'They say hello and we say hello. They are really nice, but I can't ask them for help.' She has three close friends, but hasn't seen them in a while. She talks to relatives by phone, but rarely has any visitors. She reports 'I am a homely person, don't like to go out very much.'"



Respondent #23 (cont')

Researchers' summary:

Although she doesn't get out of the house much and doesn't seem to get along well with the daughter who lives with her, she doesn't seem to be lacking in social networks – she has three best friends, talks to her relatives and goes to church every week. She also reports that she has people she can count on if she falls ill, needs money or needs to talk. In addition, she seems to like being alone. She has many regrets, saying in the interview "I should have lived a good life when I was younger, I lost it." Her mental well-being score is 6.4 (poor) and her perceived constraints score is 0.0 (very poor). This seems to be caused in part by her financial and physical situations, as well as her dissatisfying relationships with her children.



Insight

Many elderly who are not financially secure in the first place find that medical bills exacerbate their financial situation. Yet their physical situation precludes most forms of work – cleaning, cooking, etc. – that are open to them.

Section C: Financial problems

We asked several questions related to finances, but here we focus on the impact finances have had on mental wellness, as measured by our two scales.

We assessed the level of financial stability in two ways. The first was an objective measure based on household incomes. In addition to this, we asked two questions that concerned a more subjective perception of our respondents' financial situations: Does the participant feel that s/he has adequate income to meet monthly expenses? How does the participant consider her/his financial situation (very good, good, average, poor, very poor, not sure)?

We were surprised that the more objective measure – based on household incomes – does not correlate with either measure

of mental wellness. What seemed to be more important was perception – whether our respondents believed their finances were adequate and/or if they perceived their financial situation to be poor or very poor. This could be for several reasons. First, as the cliché has it, perception is reality: one's objective position might matter less than one's perception about it. Second, different people live in different ways. Although the effect of finances on outcome persisted when we controlled for health or other issues, some people's "basic needs" are more expensive than others. Third, having someone to count on for financial needs might trump an objective measure of an individual's financial situation.

In future, we hope to measure people's assets – what items they possess – that might fulfill basic needs. This might be a more telling measure than one's actual income.



Insight

With respect to finance, subjective perception – whether one felt one's income was adequate – measured as being more important to well-being compared to a more objective measure of actual income.

Two other insights emerged: first, there appeared to be no difference between those two questions (answers to question on financial adequacy correspond with answers to question on

financial situation). Second, there was no difference between people who reported their situation as "poor" or "very poor."



Insight

Different measures of subjective finances had similar results. Moreover, in regards to mental health, there appeared to be no difference between whether someone felt 'poor' or 'very poor.'

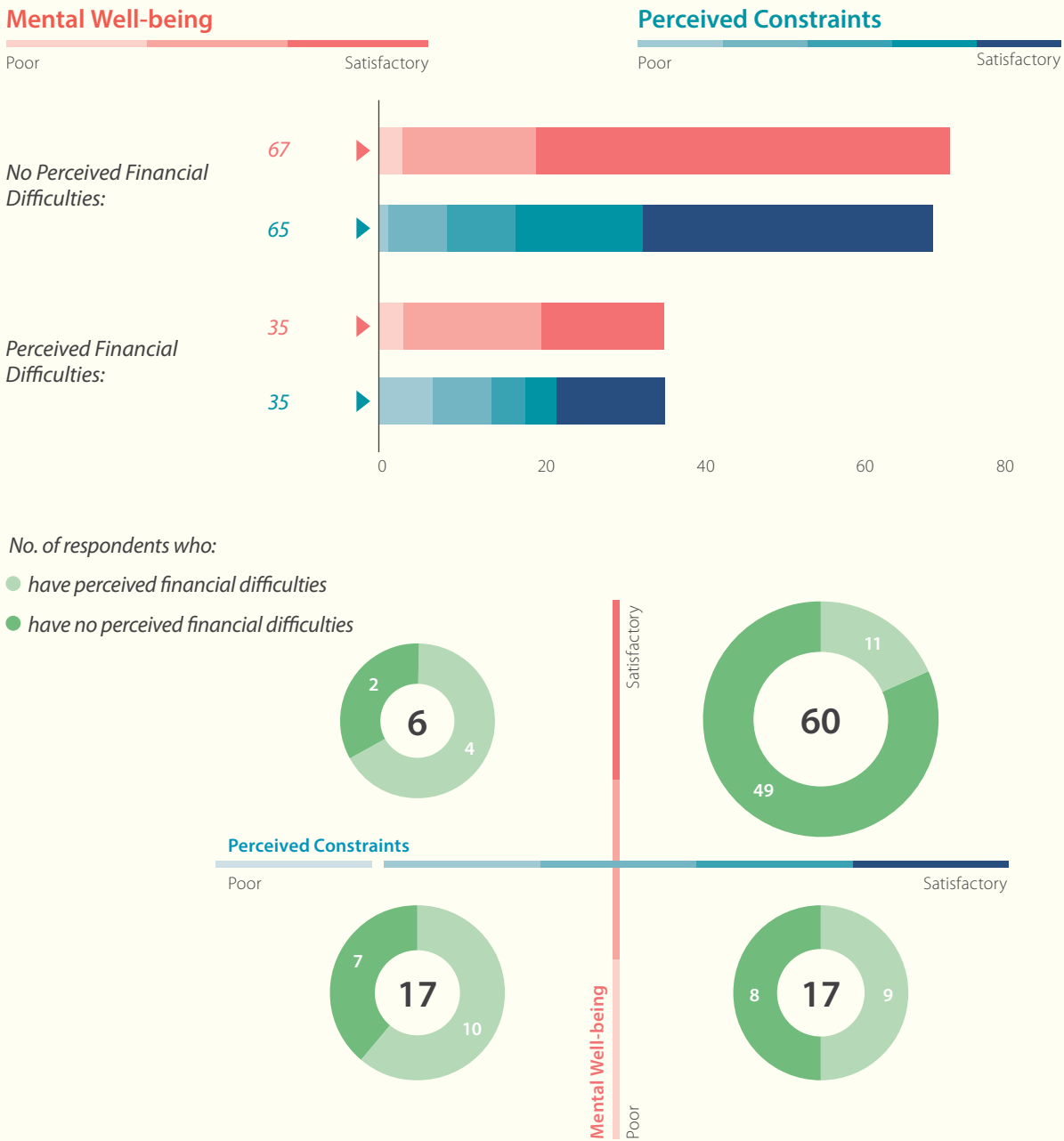


Figure 3.3: Relationship between perceived financial difficulties and the two mental wellness measures, and the intersection of the two results

Most people we interviewed (67 of 102) did not see themselves as being in a poor financial position. While the majority perceived themselves as having adequate finances, 35 is a significant number. Of the 35 participants who reported having perceived financial difficulties, 20 had poor or very poor scores on mental well-being and 14 have very high or high perceived constraints.

Looking at the overlap between our measures, less than one-third (11 of 35) of the respondents who perceived financial difficulties had positive scores on both the measures of mental well-being as well as perceived constraints. A similar number (10 of 35) had negative scores on both measures, while four experienced very high or high levels of perceived constraints alone and nine had low or medium scores on mental well-being alone.



Verification

Most people we talked to did not perceive finances to be a problem. This occurred despite the fact that we were interviewing in a relatively low-income neighbourhood. However, there were still a lot of people who did.

TYPE 7: FINANCIAL PROBLEMS AFFECT MENTAL WELLNESS

For some people, financial challenges were a major problem and affected them independently, irrespective of other factors like social isolation or physical issues.



Respondent #62

73-year-old woman, widowed for 23 years, lives with her granddaughter and a maid. Children visit quite often and she is in good health.

Interviewers reported:

"One of her sons is in prison 'because of traffic offences' and is due to be released in three years. She needs to take care of his three children who are all in primary school. Her son's wife left the family and never contacted or visited her children. The respondent earns a total of \$680 a month, all of which she uses for the three grandchildren living with her. She often has trouble sleeping and feels like everything is an effort."

Researchers' summary:

She has poor mental well-being (5.80) and often feels depressed and lonely. It appears from the qualitative data, including her reports, that she is in good health, has adequate social networks and her poor mental well-being score is partly due to financial stressors.



Respondent #2

77 year old male, married for 50 years.

Interviewers reported:

"Respondent earns \$400 a month from working as a contract cleaner from 6.00 - 9.00 a.m. He only takes buses to work and when his destinations are far. His hospital check-up takes up the most expenses for him. He eats what is sufficient, no fancy expenses. Granddaughter asks \$3-4 from him daily as her father doesn't give her much money. Singapore Indian Development Association (SINDA) helps with his grandchildren's tuition and school fees. [He] talks to neighbours on his level as they all came to this block around the same time. He reports that "Neighbours say don't go and leave this block and stay somewhere else." Children call him and talk to him daily to see if he is okay."

Researchers' summary:

Although he believes that his financial situation is adequate and reports that he has sufficient finances to survive, he and his family struggle with money. He has trouble paying the \$50 he is charged per visit at polyclinics; in the past, the visits were discounted by \$20-25 through CPF, but for some reason, the clinic now only deducts \$3. He has survival strategies: despite his age and health, he must continue to work, and his family does have people they can count on for finances. While the family feels they have sufficient food, his medical bills are a cause of worry and they can afford no luxuries. He reports rarely feeling happy or hopeful about the future and says he rarely enjoys life. His mental well-being score is poor (6.7).

These two cases reflect people who are doing well in terms of physical well-being and social networks, but have poor mental wellness scores that seem to be related to their financial situations. Their stories detail the ways that financial worry, often related to medical expenses in elderly populations, can have a serious impact on mental wellness. A recent study conducted by Flamingo in conjunction with Association of

Women for Action and Research (AWARE) had a similar finding: Flamingo conducted in-depth interviews with 19 low-income women from various backgrounds across Singapore, and found that many were concerned about their inability to pay for medical treatments as they aged. As Flamingo writes, “The lack of a financial safety net adds to their sense of unpredictability around future healthcare needs.”³⁹



Insight

Some elderly, even those with a strong social network, find their financial burdens too great. Oftentimes this comes from medical expenses. In some cases, the elderly find themselves taking care of their family’s financial needs, which create a financial strain.

TYPE 8: FINANCIAL PROBLEMS REPRESENTING AN UNMET NEED

There are a number of interviewees who face several financial problems, although they are doing well on both our measures. As a group, they are diverse in terms of age, health, race and gender. None of them are isolated, though some face physical challenges in addition to their financial woes. Their scores on mental well-being and perceived constraints, however, are at least satisfactory, in some cases excellent.

Still, they remain in acute need of financial assistance. Therefore, we should not ignore those people, who through their resilience have a positive outlook on life, show few signs of mental distress and face few perceived constraints. Regardless of their coping abilities, they have acute financial needs. As the causes of their financial problems are different, the solutions will likely need to be different as well.

TYPE 8A: HELP FROM RELATIVES INSUFFICIENT FOR NEEDS



Respondent #79

68-year-old man, married for over 45 years, enjoys good relationship with his three kids and 11 grandchildren. He has friends, is cordial with his neighbours and participates in many outside activities.

Interviewers reported:

“He was a labourer for 43 years, but now faces leg problems due to accidents at work and uses a walker. He faces severe financial difficulties. While he asks his son for money when he needs to, he and his wife primarily survive on the \$300 monthly pay-out from National Trade Union Congress (NTUC) life insurance. He not only reports his finances as being insufficient for his financial needs, he also explicitly states that he needs financial help.”

Researchers’ summary:

This man is extremely concerned about his financial situation. He wishes he could work, but cannot due to his physical problems. These concerns do not seem to be reflected much in his scores on the mental wellness tests: his mental well-being score was high (8.3) and his perceived constraints score was also quite good (1.0). Though resilient, this person’s current sources of income are insufficient for his financial needs.

39 “Research Exhibition: Hopes and Challenges of Low Income Elderly Women,” Flamingo and Association of Women for Action and Research of Singapore (AWARE), The Loft, 19 Duxton Hill, 1 April, 2014.



Respondent #83

73-year-old widow, has six children and five grandchildren, worked as a labourer for 30 years.

Interviewers reported:

"She lives with one of her sons and two of her grandchildren because 'their mother doesn't want to look after them.'"

Researchers' summary:

She is quite active, friendly with her neighbours and participates in activities in the local recreation centre. Physically, she faces a number of challenges, including asthma, gout, high blood pressure and diabetes. She survives on money given to her by her children and other relatives.

While this woman has sources of financial aid she can count on, she worries about her ability to meet her financial needs. This does not seem to affect her measures of mental wellness significantly; her score on mental well-being is 7.9 (high) and she has a perfect score of 1.0 for perceived constraints. Nonetheless, this person's current sources of income are insufficient for her financial needs.

The above accounts illustrate the situations in which the unmet needs are not captured by poor scores on wellness scales, but rather become clear in descriptions of people's financial situations. While most of our categories of unmet needs include the individuals having poor scores on one or

both of the mental wellness measures, there are also cases like these, in which individual resilience does not cancel out the reality of serious financial worries. Even when relatives support the elderly, like in the cases above, it is often not sufficient to meet expenses.



Insight

Although some seniors experiencing acute money problems seem to be doing well based on our measures of mental wellness, their financial needs should also be considered as "unmet."

TYPE 8B: EMPLOYED WITH HIGH MEDICAL EXPENSES

Similarly, some elderly are able to continue participating in the workforce, but their incomes fall below the level

necessary to meet their financial needs. In spite of having financial problems, they have good scores on the mental wellness scales; still, their financial situations constitute an unmet need.



Respondent #88

81-year old woman, has been separated from her husband for around 12 years, after he went to the United Kingdom and lost touch.

Interviewers reported:

She has two children and no grandchildren. She currently lives with a friend in a one-room rental flat. She reports having good neighbours, friends at work and has been going to the same church for three decades. She faces a number of health concerns, including diabetes, asthma, a weak kidney and pain in her legs. Despite her age, she typically wakes up at 3:30 a.m. to work full-time in the morning shift as a cleaner in an Indian restaurant, where she makes \$600 a month. She is very concerned about money. 'Food is expensive,' she says. She also visits the doctor for her physical problems – 'two trips a month on average' and receives no medical subsidy. 'My situation is bad – how to live like this?' she asked.



Respondent #88 (cont')

Researchers' summary:

Although she has children, this woman says she meets her financial needs solely through paid work. Her already high cost of living is exacerbated by her medical expenses, which are not subsidised. In spite of this, her score on mental well-being is 8.3 (high) and she has a perfect score of 1.0 for perceived constraints.



Respondent #100

69-year old man, lives with his wife of 40 years, has two children and four grandchildren.

Interviewers reported:

"His children and grandchildren are busy and cannot visit much, but he reports feeling satisfied with these relationships. He has good neighbours, exercises in his neighbourhood by taking slow walks and goes both to the temple as well as the church when friends bring him. He faces a number of health problems, including high cholesterol and blood pressure. Moreover, his wife has diabetes, high cholesterol, high blood pressure, leg pain and a growth in her stomach. He works seven days a week for six hours per day at a petrol station and receives a monthly salary of \$1150. His wife has largely been a homemaker and although she tried her hand at being a hawker for three years, her health was not agreeable to the long working hours and she had to stop. The interviewee complained of a constant pain in his lower left abdomen, but when he went to see a doctor, he was told by the hospital that the checkup could not be paid for by CPF. He is also concerned that if the government finds out about his salary, his rent will increase from the current \$26 per month to \$50, which the couple cannot afford. The couple feels that their money situation is so precarious that they dropped their (VWO) membership when it started charging \$30 a year."

Researchers' summary:

Compared to others in the sample, this man has a relatively high salary. Nonetheless, he worries about his medical bills. Due to their long list of illnesses, this couple frequently makes visits to Tan Tock Seng Hospital. The family currently relies solely on his paid work to make ends meet. While he earns a relatively significant salary every month, the couple's medical needs are a major concern. In spite of this, his score on mental well-being is 7.9 (high) and he has a perfect score of 1.0 for perceived constraints.

In each of the above cases, the individual appears to be doing fine in terms of mental wellness, but is still facing a difficult financial situation that cannot be ignored as a significant need. Also common to each case is the role of medical expenses; in Part IV we include some discussion of the concerns that elderly Singaporeans face regarding the high costs of medical treatment. For now, it is

relevant to note that healthcare makes up a major part of expenses among the elderly. The National Survey of Senior Citizens 2011 conducted by Institute of Policy Studies (IPS) found that healthcare is always among the top three expenses for Singaporean elderly (along with food, utilities and transport), and that it is occasionally the top expense for people aged 65 and above.⁴⁰

40 Kang Soon Hock, Tan Ern Ser and Yap Mui Teng, "National Survey of Senior Citizens 2011," Institute of Policy Studies, Singapore, April 2013, http://app.msf.gov.sg/Portals/0/National%20Survey%20of%20Senior%20Citizens%202011_Complete_amended_use%20this%20CH.pdf.



Insight

Many seniors' financial situations are threatened by medical expenses. Some still seem to be doing well in terms of their scores of mental wellness even though they have strong financial needs.

Section D: Intersection of social networks, physical challenges and financial problems

TYPE 9: MULTIPLE CHALLENGES AFFECTING MENTAL WELLNESS

A number of people experienced all three problems. Sometimes, it was possible to identify which problem was the most significant – the trigger problem that cascaded into other difficulties. It is often helpful to identify the triggering problem among several issues, as there is hope that resolving

one issue might improve the others. However, in a number of cases it was difficult or impossible to identify a triggering problem. Some people were facing multiple challenges and it was difficult to coax out the relationship among them; in other cases, the relationship was so complex that no causal chain could be established. In such cases, there did not appear to be a single problem whose alleviation might also reduce other challenges.

TOTAL NUMBER OF CHALLENGES FACED (SOCIAL NETWORKS, FINANCES, PHYSICAL)



No challenges: 27

1 challenge: 41

2 challenges: 19

3 challenges: 15

Mental Well-being

Poor Satisfactory

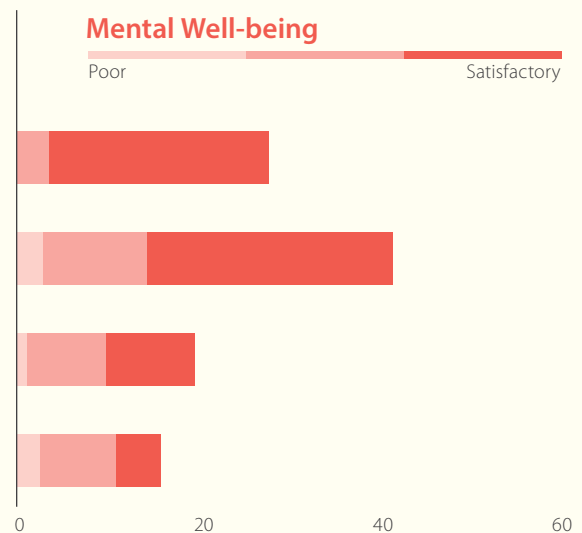


Figure 3.3: Relationship between total number of challenges and mental well-being



No challenges: 26

1 challenge: 40

2 challenges: 19

3 challenges: 15

Perceived Constraints

Poor Satisfactory

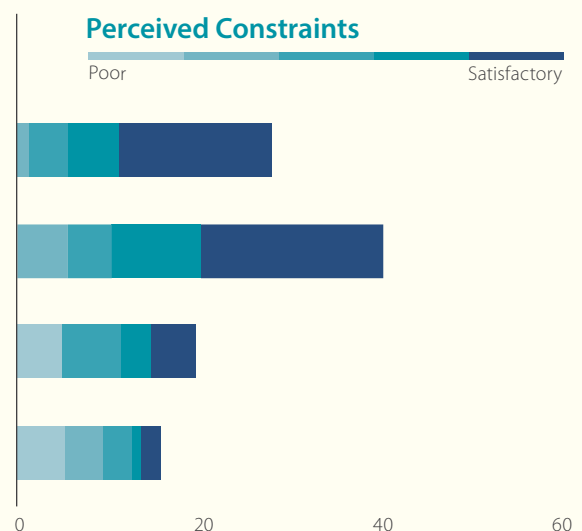


Figure 3.4: Relationship between total number of challenges and perceived constraints

There is a high correlation between the aggregate number of social needs faced and the scores on both mental well-being (correlation of -0.426) and perceived constraints (correlation

of -0.509).⁴¹ In other words, the more needs someone faces, the worse off he or she is according to our mental wellness measures.

No. of respondents who:

- has no challenges
- has 1 challenge
- has 2 challenges
- has 3 challenges

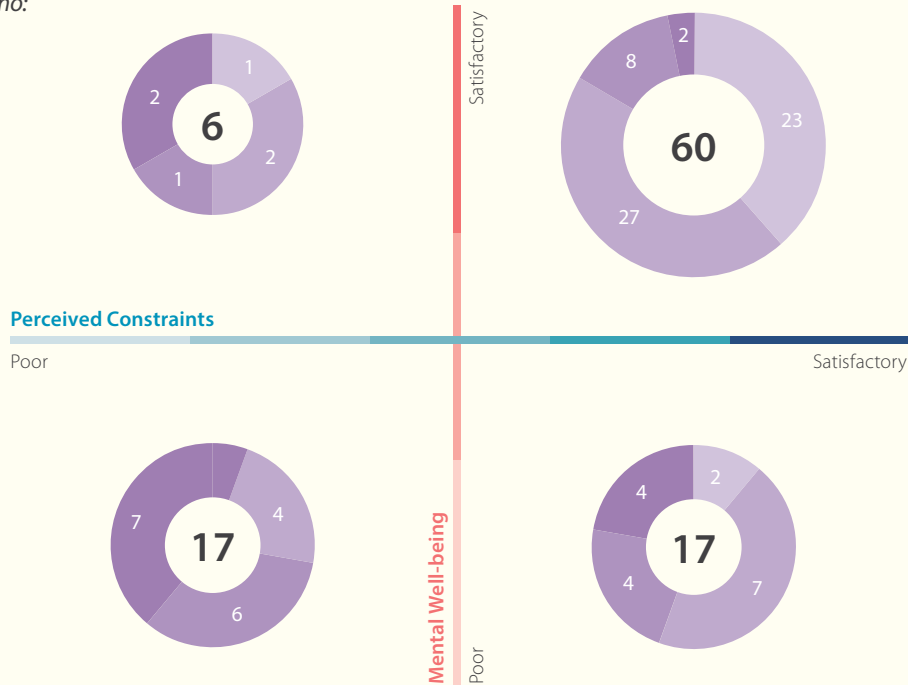


Figure 3.5: Intersection of results from the two measures of mental wellness and their relationships with the total number of needs

A total of 15 people exhibited all three of the unmet needs we have discussed thus far: financial challenges, a lack of social networks and physical challenges. Of these, 13 are not doing well by either or both of our mental wellness measures.

Importantly, though, there are also exceptions – two people with all three needs unmet, but do not exhibit any signs of doing poorly according to the two measures.



Verification

Unsurprisingly, most people who face social isolation, physical barriers and perceived financial difficulties do poorly in terms of mental well-being. The more issues someone faces, the worse he or she fares in terms of measures of social well-being.

This group of 13 may be diverse, but they all face a combination of all three challenges. We could identify a primary concern with some of them. In the cases below, however, all have a

combination of issues that are interrelated to such a degree that it is not possible to identify a central concern.

41 Both are statistically significant to the 0.01 level.



Respondent #27

81-year-old widow, has five children, of whom all but one (who lives in her home) has cut off contact with her. She faces physical difficulties, uses a walker and a wheelchair, and says that transportation to and from the hospital is a major challenge for her, particularly in terms of cost.

Interviewers reported:

"She relies on the \$200 a month that her son gives her, and says, 'Singapore is too expensive.' Though elderly, she says she wishes to work, but can't due to her physical issues. The one saving grace she mentions is [VWO] activities. While she doesn't live in rental housing, she mentions attending [VWO] activities several times during the interview and reported that she's happy living where she is 'because it is very close to [VWO], I can easily join in their daily activities.'"

Researchers' summary:

This interviewee faces financial and health problems, and though she lives with others, she is somewhat cut off from social networks. She reports that activities at the VWO is a major outlet for her, stating repeatedly that she enjoys its activities. She has poor mental well-being (5.40) and faces many perceived constraints (0.0).



Respondent #5

67-year-old man, married with two sons, the younger of whom is staying with his parents. He reports being sad often.

Interviewers reported:

"A former private driver, he now has a heart condition that affects his ability to stay active or work outside the home. He and his wife rely on the children for financial assistance. He reports being dissatisfied with his relationship with his children. For instance, the elder son has been estranged from his father since his marriage. The distance between the couple and their elder son is another possible factor affecting the subject's well-being. He doesn't interact with his neighbours and complains of neighbours from the unit above his making a lot of noise while moving furniture at night. They have complained to HDB about this before. The man seems to have lost all hope and sits at home all day watching television."

Researchers' summary:

This man faces financial and health issues, and although he stays with his wife and a son, he still lacks social networks. He is doing badly both in terms of the score of mental well-being (2.1, very poor) and on perceived constraints (0.2).

TYPE 10: DOING FINE DESPITE THE ODDS

There is a clear pattern in that facing all three unmet needs has a negative effect on people's mental wellness. However, of the 15

cases, there are two in which this appears to be less true, and another case we have added that is borderline. As can be seen, there may be more nuances occurring in these cases. For instance, both deny being lonely – yet other aspects of the interview belie these denials.



Insight

Some seniors have weak social networks, face financial difficulties and physical barriers yet seem to be doing well. This reinforces the idea that a weak social network does not inherently equate to social isolation and that people sometimes can feel well in situations that others would find difficult.



Respondent #18

67-year-old man, divorced, living alone, has poor vision and poor health.

Interviewers reported:

"His partial blindness does affect his daily life quite a lot. He also has weak hands and bones, so he cannot carry heavy things. He perceives having inadequate income, reporting less than \$500 a month. He feels that he does not have enough money to pay his rent and bills. He lives on two meals per day and does not have anything to eat on Sundays. He has poor relationships with his children and all but one of his grandchildren. Apart from one grandchild who calls everyday, he has little contact with the rest. He talks to his neighbours sometimes but comments that their doors are always closed. He goes to the mosque but doesn't interact there. He reports enjoying 'the freedom, not having to mix with people,' and he enjoys having privacy. When asked if he needed services, he replied that he 'prefers to be alone.' When asked about his ideal living conditions, he simply said 'Freedom.' Yet there are also indications that he wants more contact. For instance, he hopes his grandchildren can visit him more often. He was not in denial of his situation and knew exactly what he had in sufficiency and what he lacked. He grieved over unhappy circumstances that were indeed happening and did have a sense of thankfulness for the positive aspects of his situation."

Researchers' summary:

In spite of this man's challenges, he reports rarely being sad or lonely. His mental well-being score (7.9) is within the satisfactory range and he faces only moderate constraints. There are several indications that he prefers being alone. In his mental well-being responses, there is little sign of grieving.



Respondent #67

86-year-old man, recently widowed, has eight children and 14 grandchildren.

Interviewers reported:

"He rarely sees his children or grandchildren and reports being satisfied with these relationships ('Not bad,' he replies). He lives with a domestic worker, and his children will sometimes come back but to 'mainly check on the maid.' His grandchildren take him out to eat about once every two months. Beyond that, he reports having little contact with other friends, relatives or neighbours. He has physical limitations and mobility problems (he uses a cane and has a cloudy eye), but still perceives himself to be in good health. We believe that the subject is not happy with certain aspects of his life, especially his relationships with other people, even though this may not be captured through the survey and the mental health assessment portion. The subject seems to imply that some of his children are only after his money or assets."



Respondent #67 (cont')

Researchers' summary:

On one level, the man faces all three issues, but none of his problems is severe. His social isolation score of four is marginal – he is not totally isolated. Moreover, while he faces physical issues, it is notable that he perceives himself to be in good health. Finally, he reports that he has people to depend on, though not for financial help. Despite his physical, financial and (to some extent) isolation issues, he is doing well: his mental well-being score is satisfactory (7.9) and he faces no perceived constraints.



Respondent #24

72-year-old woman, has health concerns (has frequent falls and is reluctant to exercise outside for this reason).

Interviewers reported:

"She reports that her CPF is dwindling, and she feels her utilities bill is unjust – it baffles her why it could be more expensive than her rent. She is happy with the level of contact with her family and seems pretty introverted as she does not like to socialise. She is not really isolated – she chooses to keep to herself mostly. She watches television and listens to the radio. These two activities keep her happy in her old age. Apart from these two activities, her weekly meet-ups with her sisters, as well as her weekly church services, make her happy too."

Researchers' summary:

Despite her challenges, she scored well on mental well-being (7.10), but she nevertheless reports feeling lonely often. Her perceived constraints scores are in the medium range (0.4), making her an exception, though not technically. Nevertheless, she appears to be content with her level of social contact and feels happy often, despite her bouts of loneliness, and having to face financial challenges and physical barriers.

As these exceptions are few in number, it is not possible to arrive at any firm conclusions regarding the source of their resilience. However, it seems notable that in all three cases, the elderly derive some joy from one or two significant

relationships and/or certain valued activities. This again points to the importance of important relationships within social networks and having valued activities.

Summary of Key Findings from Interview Analysis

The unmet needs of Singapore's elderly population span various categories, and our analysis suggests that there are several steps that service-providers could take to improve the situation of low-income seniors. This study suggests that improving social networks of those elderly who show signs of poor mental wellness might significantly improve their outlook. Further, enabling the elderly to participate in their most valued activities might also have a meaningful impact on those who

find this difficult, either because of physical challenges or financial difficulties. Both Part II and Part III suggest that even a little improvement in social connectedness and participation in valued activities could make a significant difference.

The following section looks more closely at specific services where the elderly would like to see improvement, as well as some of their insights into policy.

Part IV Findings from Focus Group Discussions

This part provides a discussion of our focus group sessions with some of the participants in this study. The sessions were intended to elicit more input from the elderly regarding their needs, their experiences with current services and service delivery, and suggestions they had for improvement in these areas. Because the focus groups involved a subset of the interview participants (about 50 participants in total), findings in this section are somewhat different in some areas from those discussed in the previous sections. Further, the data from the focus group is all qualitative, not a combination of quantitative and qualitative, as was the case in Part III. Finally, the previous section was largely concerned with questions of various challenges that our participants may face and ways

that those intersect with mental wellness. For all of these reasons, the findings discussed in this section may not be entirely consistent with those in Part III. We encourage the reader to understand them in the context of being the views of one group of elderly participants that provide other equally relevant perspectives on the experiences and needs of the elderly in our study.

To add context to this discussion, Table 4.1 details the responses from the quantitative part of our study concerning services and service delivery. We asked the elderly which of the following services, or service improvements, they required, and these were their responses:

Question	Yes	No	Maybe	Not sure	Responses
Out-of-house services such as day care	6	84	2	4	96
More accessible transport services	20	65	8	3	96
More social and recreational activities	13	74	5	4	96
Classes to improve my knowledge/skills or meet friends	8	81	2	5	96
Counselling services	9	80	2	4	95
Nursing care	6	86	2	2	96
Someone to look after me all the time	6	87	3	-	96
Another place to live	5	88	2	1	96
Help with my routine household chores	8	84	5	-	97

Table 4.1: Services required by the elderly participants based on interview analysis

As is clear from the table, the elderly were most interested in seeing improvement in transport services. This is borne out in the qualitative data discussed below as well. Further, the desire for better transportation services appears to relate to some of

the discussions in Part III about the importance of maintaining adequate social networks, which is made more difficult by poor transportation options.

Section A: General feedback from all groups

This section summarises concerns that appeared to be common to the three groups of elderly who participated in the focus group, regardless of ethnicity. Following this section, we look specifically at issues that were of greater concern to specific ethnic groups.

PERCEPTION OF RELATIONSHIP WITH GOVERNMENT AND AVAILABILITY OF SUPPORT SERVICES

The elderly in our focus group frequently expressed anxiety about rising costs of services (and other necessities), physical deterioration and lack of funds to support them in old age. Most people in the focus group discussion acknowledged having financial difficulties.

The group feels generally disempowered at this point in their lives, and believe they have little control over finances. For example, even though their CPF funds are technically their own money, they do not feel as though they have enough control over the funds or are able to access them when necessary. They voiced some resentment and distrust towards the government's management of their retirement funds.

What is clear from the focus group is that communication among medical care professionals, the state and the elderly is ineffective. This has led to frustration and lack of trust in government among some seniors. Access to both information and care is limited.

Supporting quotes from interviewers in original data collection:

"She is unhappy that the government did not transfer to her the money from her husband's Medisave account after he passed away... She feels that medical costs are too expensive and she is not aware of any form of medical subsidies available to her, except for a card she has which is only valid for dental treatment.

She receives letters saying that money is being deducted from her CPF account but she does not know the reason for this. Sometimes she approaches Post Office staff to explain the content of the letter but she still doesn't understand.

Her son gives \$100 monthly, just enough for rent and water; daughter gives another 100; they get daily goods from VWOs (rice, sugar, oil, instant noodles and bread). She said, "My sisters don't give us anything. No contact. Because we both have children, we are not eligible for welfare."

PERCEPTION OF SOCIAL ISOLATION

The elderly who attended the focus group discussions did not appear to feel that social isolation was a major problem. Many pointed out that there were several activities in which to participate if people were inclined to do so, and that apart from physical disabilities, there were no good reasons to be isolated.

It is possible, though, that by its nature this was a biased group: the focus group attendees were self-selected and were not likely to include people who would fall under the heading of "socially isolated." That is, those who would typically be identified as being socially isolated would be less likely to volunteer to attend a focus group. Due to this, we recommend that social isolation still be taken as a serious concern, particularly based on the findings discussed in Part II and Part III.

GENERAL ISSUES

The group discussed some general issues that they would like to be addressed:

- Urination in lifts,
- The tendency of people to do washing once a month and the smell that is generated by this,
- Mosquito breeding due to cleaning or irresponsible storage of water, and
- The lack of crosswalks and the difficulty for elderly to use overhead bridge.

Section B: Findings from each group

As mentioned above, our focus group was sub-divided into different language groups, and the concerns expressed, in some cases, differed according to ethnicity. In order not to conflate these results, we have maintained the same groupings for this section of the report.

MALAY-SPEAKING GROUP

Government assistance

Many in the Malay-speaking group were frustrated by the amount of paperwork required to get support from government programmes. The group discussion revealed that people who had a history of employment were more comfortable with filling out paperwork and were sympathetic to the reasoning behind form-filling for assistance. On the other hand, there were several in the group who seemed to be deterred from seeking the help they needed owing to the same reason.

Family support

Several people in the Malay-speaking group also felt that the government did not appear to understand their situations, as the “family as first line of support” could not work if their children were also supporting families of their own, and therefore could not provide assistance to them.

A hypothesis that can be derived from this discussion point is needs-based support that evaluates “family need” rather than “individual need” fails to address the reality of the situation for several in this group of participants.

Employment

Those in the Malay-speaking group who were not interested in seeking employment often cited poor health or a lack of experience as their reasons. Those who expressed interest in seeking employment were mostly interested in working from the home, ideally in their areas of expertise, such as childcare or cooking.

Medical Costs

Even after government subsidies, many people felt that medical costs were beyond their means. They explained that their lives would be much improved if basic costs were taken care of, or were at least lowered.

Social isolation

Although one woman acknowledged being lonely and began to cry as she discussed this, most of the group claimed that neither loneliness nor isolation was a major issue in their lives. They explained that their families were often present. As discussed above, however, it is possible that this finding is a function of this being a self-selected group, and that the more isolated people were simply not present at the focus group sessions.

Social activities

Most participants claimed to have several activities with friends and family. They typically did not participate in activities at senior centres though, as many people did not have the time to do this and found these activities to be culturally insensitive and more geared toward a sub-group of Singaporeans.

Issues for women

Many women rely on their husbands or children to manage their finances and do not feel confident enough to do it themselves. Further, some mentioned that they did not have a plan in place in case of their demise.

MANDARIN-SPEAKING GROUP

Government assistance

Participants mentioned that notices about schemes, which are posted next to lifts are in English, so they are difficult for Mandarin-speakers to understand. Further, if residents are illiterate, or have no access to the Internet or newspapers, they have to rely on word-of-mouth.

Participants also expressed worry about being turned down for assistance if they are found to have “sufficient” savings – that is, sufficient from the point of view of the government, but not from their perspective. Finally, pride – the fear of being turned down – prevents some people from seeking support.

Medisave

Most people do not have a good understanding of Medisave’s coverage. This seems to be particularly true with respect to dental coverage.

The Mandarin-speaking group listed various impediments to finding the support that is available to them. For one, health problems can limit people’s ability to search for support. Secondly, financial difficulties can prevent people from seeking health services if it is unlikely that they can afford the co-payment.

Most people do not go to private clinics, as they charge far too much.

Policy changes proposed by the group

The Mandarin-speaking group suggested that Community Development Councils (CDCs) could perhaps provide longer-term support. Participants found it frustrating when they got a small amount of support, but were then unable to access more.

They also suggested that the government use CPF data to earmark people in need of assistance and approach them automatically (i.e. an opt-out programme design). Participants were also happy for VWOs to perform this role.

Many in the group felt that Medisave should be designed in such a way that it could be used to solve small problems before they escalated into major health problems (i.e. do more in the way of preventive care).

ENGLISH-SPEAKING GROUP

Government assistance

In general, this group appeared to be better informed about policy and the availability of assistance. While communication was still an issue, it did not seem to be as significant when compared to the other groups.

Medisave

Some in the English-speaking group pointed out that Medisave, unlike CPF, is not transferrable, and that its funds are lost at the time of death. Further, Medisave does not cover all medical problems and at times it becomes incumbent upon relatives to pay out of their own pockets. Overall, participants are frustrated with government involvement in their medical care and seem to be enthusiastic about the idea of privatising medical care.

Polyclinics

Some participants lamented that although polyclinics allow patients to pay their bill partially at the end of a visit, people cannot register for a follow-up visit until the previous bill fully settled. This results in people being denied care if they do not have the funds to cover the previous bill.

CPF

Participants voiced a concern that the funds available to them at this point in their lives were inadequate and that they would not get to access enough of their CPF monies before they died.

Summary of Key Findings from Focus Group Discussion Analysis



Key findings from Malay-speaking group

- The amount of paperwork required to access assistance is causing some people to avoid seeking help when necessary.
- Many people believe that “family as first line of support” represents a disconnect between policy and their reality.
- There is an interest in seeking employment in the home.
- Enabling people to pay for medical necessities would go a long way in addressing some of their anxieties.
- Social isolation may not be a major problem among the participants, but this may have to do with selection bias.
- Some members of this group find senior centres’ activities to be culturally biased and are therefore not interested in participating.
- There appears to be a greater need amongst women who have not been part of the workforce, for help in organising finances and planning for the future.



Key findings from Mandarin-speaking group

- Find better ways of communicating available services.
- Lower co-payment.
- Make longer-term support available from CDCs.
- Change some programmes to opt-out support.
- Have Medisave support preventive care.



Key findings from English-speaking group

- Participants are dissatisfied with the structure of Medisave, particularly because it is not transferrable and still includes high out-of-pocket fees.
- While polyclinics are flexible about payment on the day of the visit, this can end up preventing future visits in the event of insufficient funds.
- Participants are dissatisfied with the level of access to their CPF funds.

About the publication

Who are Singapore's low-income elderly? What makes some resilient in the face of multiple challenges? What are their social needs that might be filled by additional interventions via civil society or government programmes? These are some of the questions this publication tries to understand.

It does so not by surveying the elderly, but via intensive interviews with 100 residents of one low-income neighbourhood in Singapore. Whereas surveys can help gather generalisable data, interviews can help us see the 'story behind the story,' illuminating potential causal connections and providing hints regarding possible effective ways to intercede. We followed this up with a series of small-group conversations with our participants, as well as 'social conversations' with representatives of Singapore's leading civil society organisations.

From this we discovered important insights about social isolation, financial deprivation and physical challenges amongst participating elderly. We have already started to apply these tentative conclusions to work with our VWO partner and other engaged parties. This puts 'action' into our research – the proactive use of research results to make a change and co-create tangible improvements.

About the Lien Centre for Social Innovation

The Lien Centre for Social Innovation, a partnership between the Lien Foundation and Singapore Management University, was established in 2006 to advance the thinking and capability of the social sector. The Lien Centre contributes to a more equitable, inclusive and vibrant society by addressing social needs through innovative approaches. We drive socially innovative solutions by strengthening social sector organisations so that they become influential and effective partners with business and government. We also work at the intersection of the public, private and social sectors to catalyse social innovation.

SMU Change Lab is an action-oriented research and design programme within the Lien Centre for Social Innovation that investigates and responds to unmet social needs in Singapore.

All Lien Centre research is available for download from the Lien Centre website, at www.lcsi.smu.edu.sg

