Research Brief Series : 7

Senior Activity Centres: Challenges and Possibilities

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Senior Activity Centres: Challenges and Possibilities

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Key Findings:

- A higher proportion of Senior Activity Centre (SAC) survey's respondents were female, Malay, 80 years and above and retired/not working compared to an estimated national profile of older persons living in HDB 1-2 room rental flat. They also had poorer health and lesser social networks.
- The profile of non-frequent SAC users were male, widowed/divorced, ethnic minority, 60-69 years, working, living with child, with 3 or more ADL or IADL limitations and had lower personal mastery.
- Overall, SAC users had poorer health compared to the general population of older persons living in HDB 1-2 rooms rental flats. With regards to their psycho-social health however, a notably high proportion of the same general population however reported themselves to be "very lonely" (33%) compared to the SAC respondents (10.7%) which suggest the potential key role for SAC in addressing this need.
- About one in two users were extremely satisfied with the SAC and found SAC participation meaningful.
- Facilitators for attending SAC included social needs (i.e. feeling lonely and meeting friends), health reasons (i.e. keeping the mind active, staying healthy), and provisions (i.e. rations, excursion, food).
- The main barriers for participation in SAC were i) work commitment; ii) family and caregiving needs iii) health limitations iv) suitability of programme and v) SAC's operational issues.
- Strengthening staff capacities, building networks of support, leveraging on the wider community and developing a national framework for SACs are among possible approaches to enhance SAC's successes and address its challenges.

Introduction

Singapore is ageing rapidly. The number of citizens aged 65 and above is expected to increase to 900,000 by 2030, as population growth slows [1]. While there were 13.5 workers for every elderly person in 1970, the ratio decreases to 5.4 in 2016 and is expected to decline to 2.1 in 2030 [1, 2]. This profound shift in demographic poses a major challenge to the existing healthcare and social service infrastructure in Singapore.

In Singapore, family is traditionally seen as a key pillar of support and this stance has also been constantly reiterated by government policies. However, the change in demographic composition and other social trends, such as rising rate of unmarried and divorce individuals and preference to live alone, have resulted in an increase in ageing nuclear households [3]. A high proportion of these households have low social support and these older persons are at risk of social isolation. This has been anticipated in the years ahead to be a major public health issue.

SACS were set up to reach out to vulnerable older persons living in HDB rental flats and studio apartments. It is essentially a drop-in center which provides support to older persons through various programmes, activities and outreach. These services include a) communal space for social and recreational activities; b) information and referral; c) managing emergency alert response calls; d) monitoring frail and/or homebound elders and d) befriending. Currently, there are more than 50 SACs serving approximately 40,000 vulnerable seniors in Singapore. The SACs are either operated by Voluntary Welfare Organization (VWO) or commercial operators.

This brief presents findings from a study commissioned by the Ministry of Social and Family Development in 2015 with the following objectives:

- To understand the profile, needs and well-being of SAC participants
- To understand the overall experiences of SAC participants and their perspectives of SAC programmes and services
- To understand the motivators and barriers to accessing or using the SACs

A mixed methods approach, comprising of a quantitative survey, in-depth interviews and focus group discussions, was used for the study. Both frequent and non-frequent SAC users, as determined by SACs' attendance record, were included in the study, (See Appendix 1 for details of the study methodology).

We also conducted a comparison between the demographic and health data from the SAC study and those from the Social Isolation Health and Lifestyles Survey 2009 (SIHLS), a nationally representative survey of community-dwelling adults 60 years and older to provide a deeper insight into the profile of the SAC's clienteles. The data presented has also been weighted to account for the over-sampling of ethnic minorities.

Study Limitations

A non-experimental design was adopted for the SAC study for various reasons. This post-test only with non-random assignment design was a weak design to ascertain the link between SAC programmes and services and their impacts. Differences in outcomes between frequent and non-frequent users might be influenced by other external factors not attributed by SAC such as, baseline characteristics, socio-demographics, personality and health status. Therefore, care needs to be taken when inferring the effectiveness of SAC programmes from the data. In addition, this study did not include the views and data of non-SAC users and the barriers presented may not be exhaustive.

Profile of SAC participants

Demographic Profile

Table 1 detailed that demographic characteristics of the SAC survey participants and those of SIHLS. Compared to the estimated national profile of older persons living in HDB 1-2 room rental flat, the SAC survey had a higher proportion of older persons who were female, Malay, 80 years and above, widowed and retired/not working. The proportion of older persons who were male, Chinese, working and married were lower in the SAC survey, which suggested the likely demographic profile of non-SAC users.

In terms of demographic differences between frequent and non-frequent SAC users, a higher proportion of frequent SAC users were either married or never married, aged 80 years and above, female, Chinese and retired and not working compared to non-frequent SAC users. With respect to living arrangement, a higher proportion of non-frequent SAC users lived with child only compared to frequent SAC users.

Table 1: Weighted socio-demographic characteristics of survey respondents by type of SAC users and SIHLS 2009 respondents

Description	Frequent User (n=1271)	Non-Frequent User (n=499)	Total (n=1770)	SIHLS 2009 – Older adults living in HDB 1-2 room rental housing (n=233)[a]
Gender				
Male	40.0%	43.1%	42.3%	50.7%
Female	60.0%	56.9%	57.7%	49.3%
Ethnicity				
Chinese	81.5%	74.9%	76.0%	78.4%
Malay	12.6%	19.4%	17.6%	9.7%
Indian	5.9%	6.7%	6.5%	11.9%
Marital Status				
Married	29.0%	25.7%	26.6%	40.5%
Widowed	34.7%	40.0%	38.6%	27.7%
Divorced/Separated	11.3%	13.7%	13.1%	10.0%
Never Married	25.0%	20.6%	21.8%	21.9%
Age				
60-69 years	27.5%	32.4%	31.1%	48.4%
70-79 years	41.7%	41.1%	41.3%	38.9%
80 years and above	30.8%	26.5%	27.6%	12.7%
Employment Status				
Full-time	3.3%	7.6%	6.5%	18.4%
Part-time	7.8%	14.7%	12.8%	15.3%
Retired and not working	68.0%	56.8%	59.8%	49.3%
Home-maker	20.9%	21.0%	21.0%	17.0%
Living Arrangement				
Living alone	40.0%	36.3%	37.2%	28.9%
Living with spouse only	22.6%	18.6%	19.6%	27.5%
Living with child only	10.6%	19.0%	16.8%	13.5%
Living with spouse and children	4.5%	5.0%	4.8%	7.5%
Living with others only	22.4%	21.2%	21.5%	21.7%

[a] Source: Weighted proportion based on authors' tabulation of the Social Isolation health and Lifestyle Survey 2009 (SIHLS)

Health Profile

Overall, SAC users had poorer health compared to the general population of older persons living in HDB 1-2 rooms rental flats. With regards to health differences between frequent and non-frequent SAC users, a higher proportion of frequent SAC users had 3 or more chronic illnesses compared to non-frequent SAC users. However, 1 in 10 non-frequent SAC users had 3 or more difficulties in ADL (Table 2).

Table 2: Weighted percentages of respondents' reported number of chronic illnesses, difficulty in Activities of Daily Living and difficulty in Instrumental Activities of Daily Living by type of SAC users

Description	Frequent User	Non-Frequent User	Total	SIHLS 2009 (HDB 1-2 room rental)[d]
Number of Chronic Illnesses[a]				
0	8.6%	14.4%	12.8%	22.1%
1-2	41.5%	40.7%	40.9%	47.2%
3 and above	49.9%	44.9%	46.3%	30.7%
Difficulty in Activities of Daily Living[b]				
No difficulty	83.3%	79.7%	80.7%	91.5%
1-2 difficulties	10.0%	10.8%	10.6%	5.3%
3 and above difficulties	6.7%	9.5%	8.7%	3.3%
Difficulty in Instrumental Activities of Daily Living[c]				
No difficulty	80.7%	74.3%	76.0%	89.0%
1-2 difficulties	12.0%	15.6%	14.7%	4.3%
3 and above difficulties	7.4%	10.1%	9.4%	6.7%

[a] Chronic illnesses include heart attack or other heart disease, cancer (excluding skin cancer), high blood pressure, diabetes, respiratory illness, digestive illness, renal/kidney or urinary tract ailments, ailments of the liver or gallbladder, joint pain, arthritis, rheumatism or nerve pain, osteoporosis, fractures, and eye disease.

[b] Activities of Daily Living include taking a bath/shower, dressing up, eating, standing up from a bed/sitting down on a chair, walking around the house, going outside the house, using the sitting toilet

[c] Instrumental Activities of Daily living include prepare own meals, leave the home to purchase necessary items or medications, take care of financial matters such as paying utilities (electricity, water), use the phone, dust/clean-up and other light housework, take public transport to leave home, take medications as prescribed

[d] Source: Weighted proportion from authors' tabulation of the Social Isolation health and Lifestyle Survey 2009 (SIHLS)

Psycho-social Profile

The study examines the psycho-social profile of frequent and non-frequent SAC users by looking the following characteristics namely loneliness, personal mastery and social network.

Loneliness and Social Networks

There was only a very slight difference among those who reported as "very lonely" among the non-frequent users (11%) and the frequent users (10%). The difference in loneliness level however was highly notable between SAC users compared to the general population of HDB 1-2 room rental dwellers. About 33% of SIHLS 2009 participants reported being "very lonely" which suggest that there might older persons who are very lonely and yet not part of SAC clientele (Figure 10).

In general, SAC users had lower social network outside of the household than the general population of HDB 1-2 room rental dwellers. Their relative poorer health compared to the general population could be one of the reason for the lag. What is perhaps more interesting however was the lack of difference in social networks outside of the household between frequent and non-frequent users (Figure 11). It is also disconcerting to note that half of the survey respondents reported that there were no neighbours whom they could call for help (Figure 12).

The qualitative interview provides some insight to seniors' perception relating to loneliness and social network:

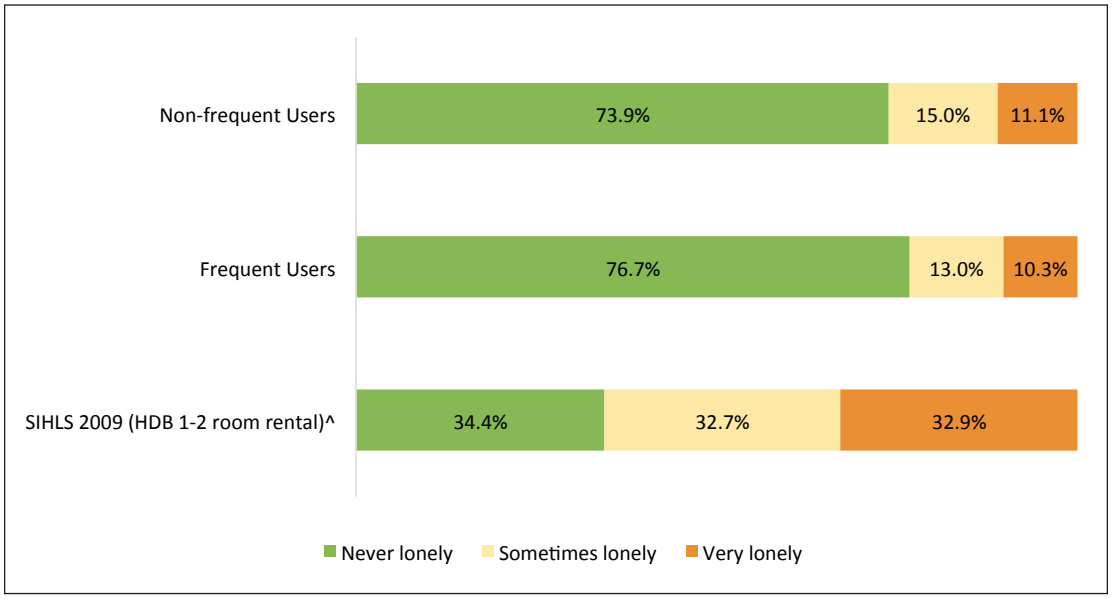
- Many older persons had participated in SACs activities to pass time because they felt lonely. However, the relationship developed between SAC participants were not close enough for in-depth sharing or to seek support when problem arises.

- Children were regarded as respondents' main pillar support.

  The quality and size of these networks were largely pre-determined during young and mid-adulthood. In addition, a large portion of frequent SAC users were never married and had retired.

- Older persons who lived in an area for a longer time had less issues with their social networks among neighbours as they had developed their friendship over the years. Those who had recently moved into the area struggled to rebuild their social ties. The majority of such newcomers perceived their SAC connections as "acquaintances".

Figure 10: Weighted percentage of loneliness by type of users



Source: Weighted proportion from authors' tabulation of the Social Isolation health and Lifestyle Survey 2009 (SIHLS)

Figure 11: Weighted social network outside of household score by type of SAC users

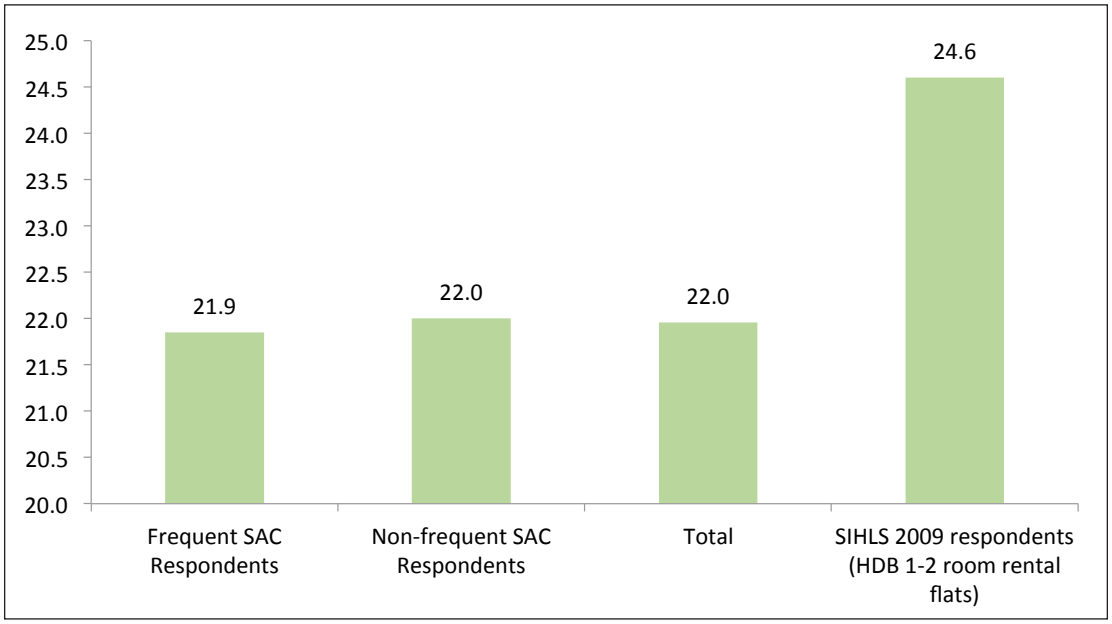
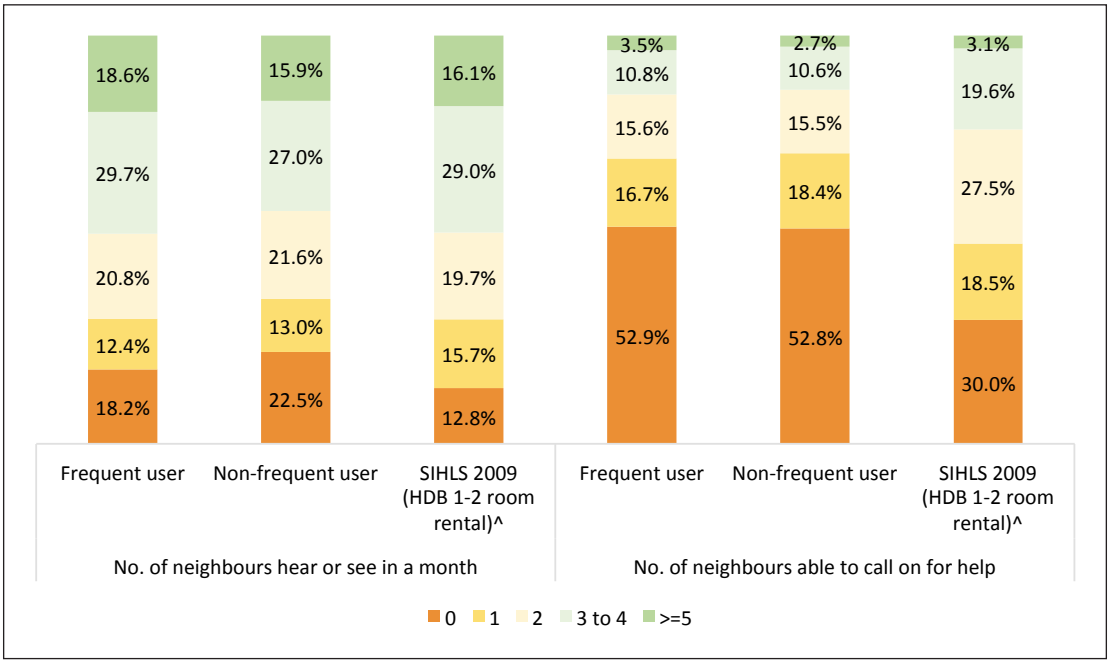


Figure 12: Weighted percentage of number of neighbours see or hear from at least once a month and number of neighbours able to call on for help by type of users



^Source: Weighted proportion from authors' tabulation of the Social Isolation health and Lifestyle Survey 2009 (SIHLS). Percentages do not add on to 100% due to missing data

Box 11: Quotes on neighbours among SAC users

"Because staying upstairs is very boring…so they [SAC] ask us to come down [and] participate, so we very happy. So I continue to participate this way…Yeah, very happy. A lot of people to talk with."

– Female, Frequent user

"Yes, I have [new friends], but they are not close friends. We seldom meet so we don't have rapport. We just exchange greetings and say a few words at each chance encounter."

– Female, Frequent user

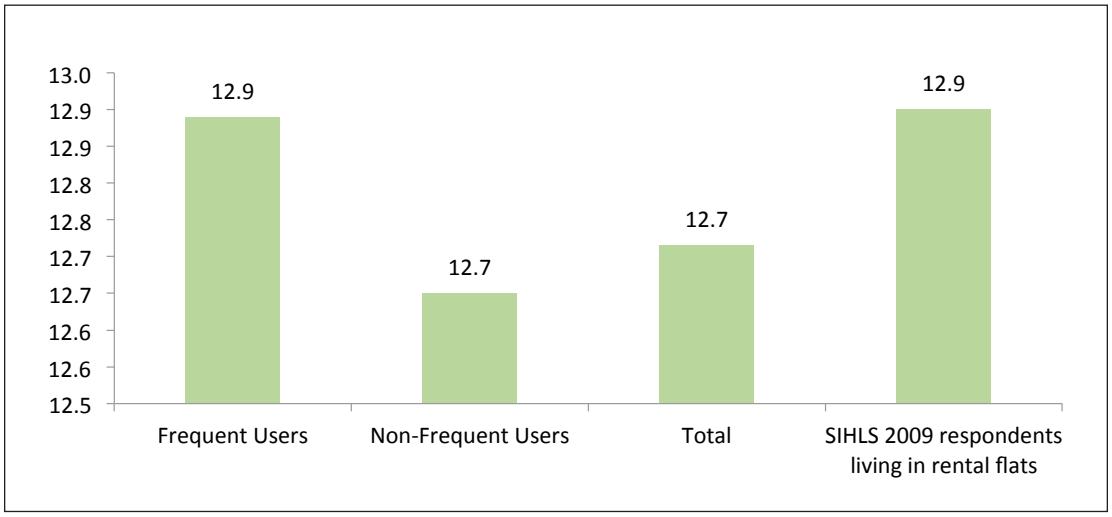
"I [am] more with my neighbors than my family. Even my neighbors also have lunch at my place. Then after that, sometimes they go back after tea break. My neighbors always. Most of the time they are with me…."

– Female, Non-frequent user

Personal Mastery

Personal mastery is the extent to which individuals perceive that they are in control of factors influencing their lives. A higher score suggests better personal mastery. Non-frequent SAC users had lower personal mastery score compared to frequent SAC users (Figure 13). This could be due to the higher family commitments faced by non-frequent SAC users highlighted earlier.

Figure 13: Weighted personal mastery score by type of SAC users



Participation and Satisfaction with SAC Programmes and Services

About 1 in 2 SAC users were extremely satisfied with the SAC and found their SAC participation meaningful (Figure 1). Exercise was the least popular activity among non-frequent users (Figure 2).

Figure 1: Percentages of level of satisfaction with SAC and whether participation in SAC was meaningful by type of users (among respondents who reported participating in SAC activities)

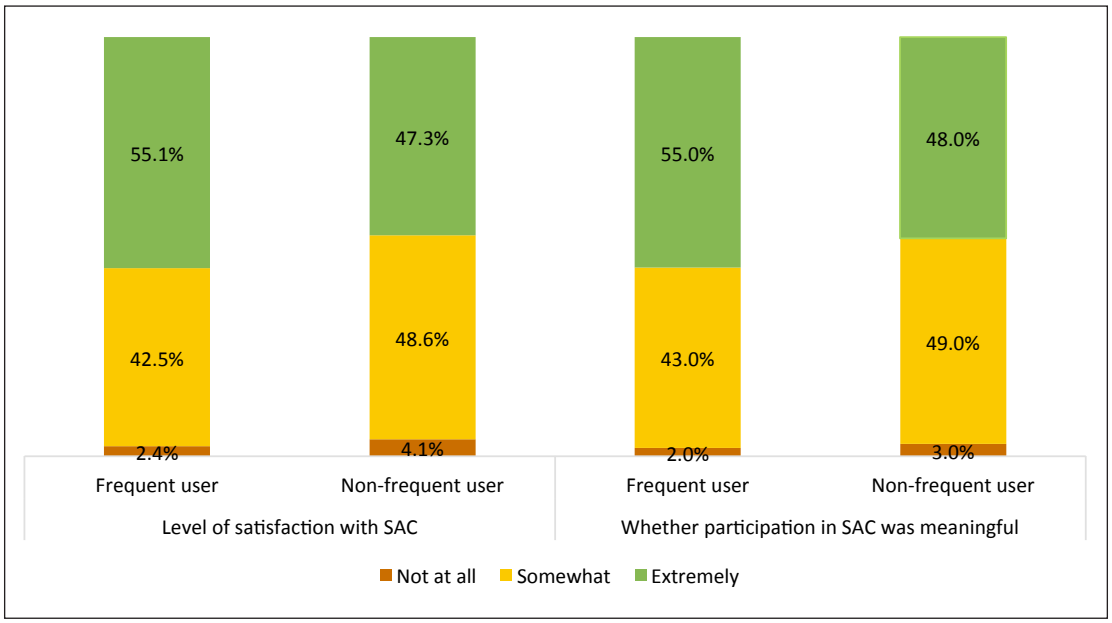
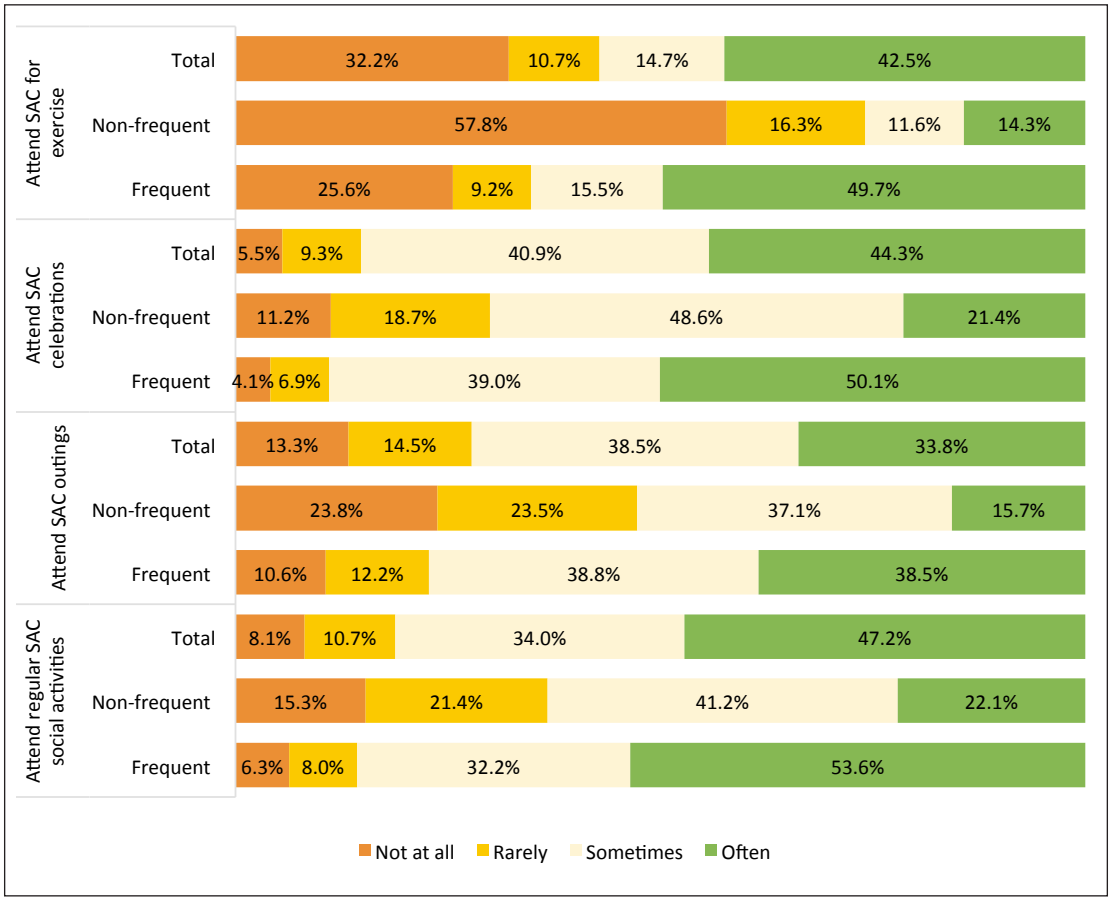


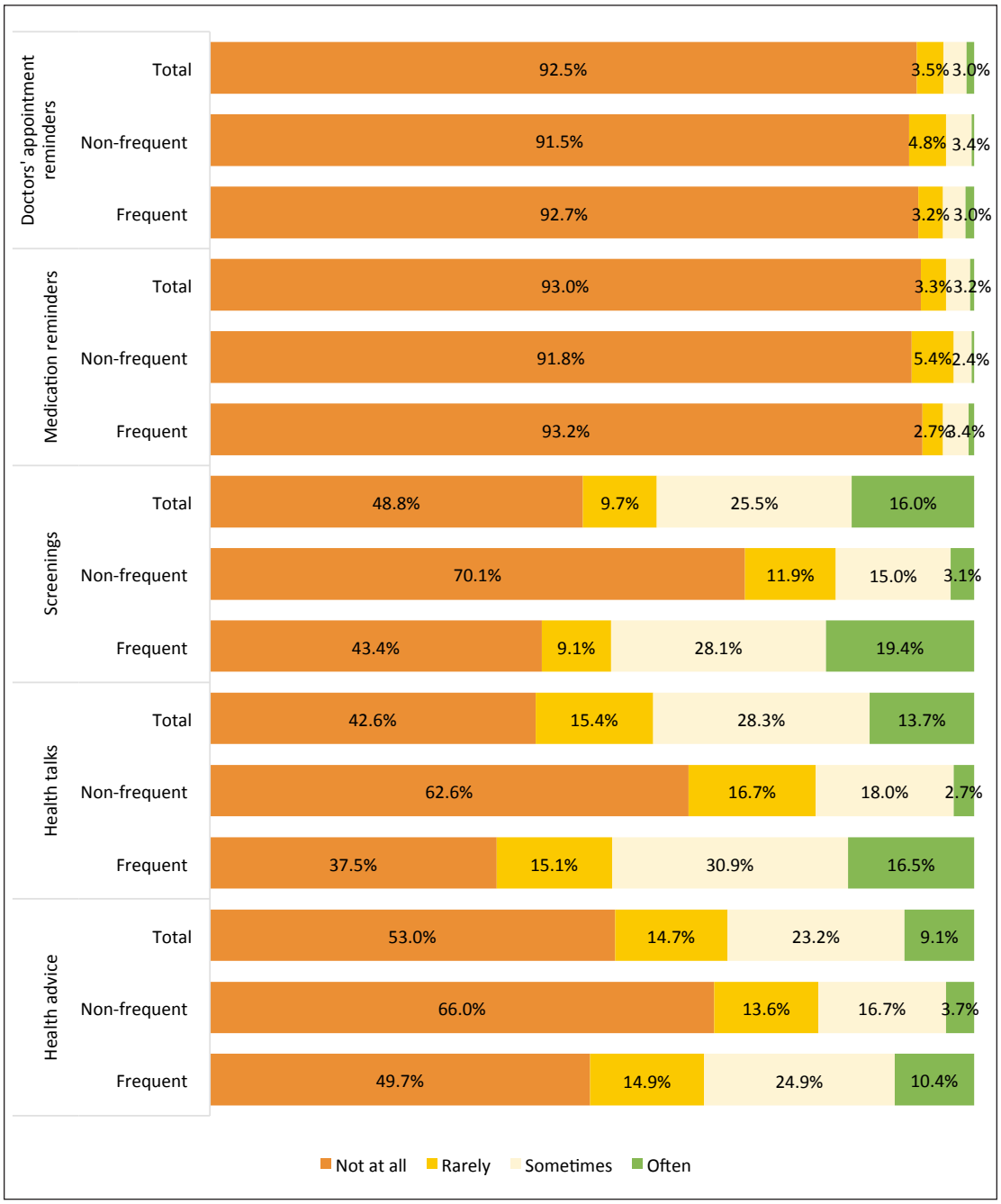
Figure 2: Percentages of respondents' participation in SAC social and fitness activities (among respondents who reported participating in SAC activities)



Health Programmes

Generally, SAC is not seen as the place for health-related matters. Overall, more than half never or rarely go to SAC for health advice, attend a health talk or screening (Figure 3). Most older persons have not used services such as medication reminders and doctors' appointment reminders, even when these are available. Older persons with chronic conditions feedback that the services provided and the amount of medications that were dispensed at SAC were insufficient to meet their needs (Box 1).

Figure 3: Percentages of respondents' participation in SAC health-related activities (among respondents who reported participating in SAC activities)



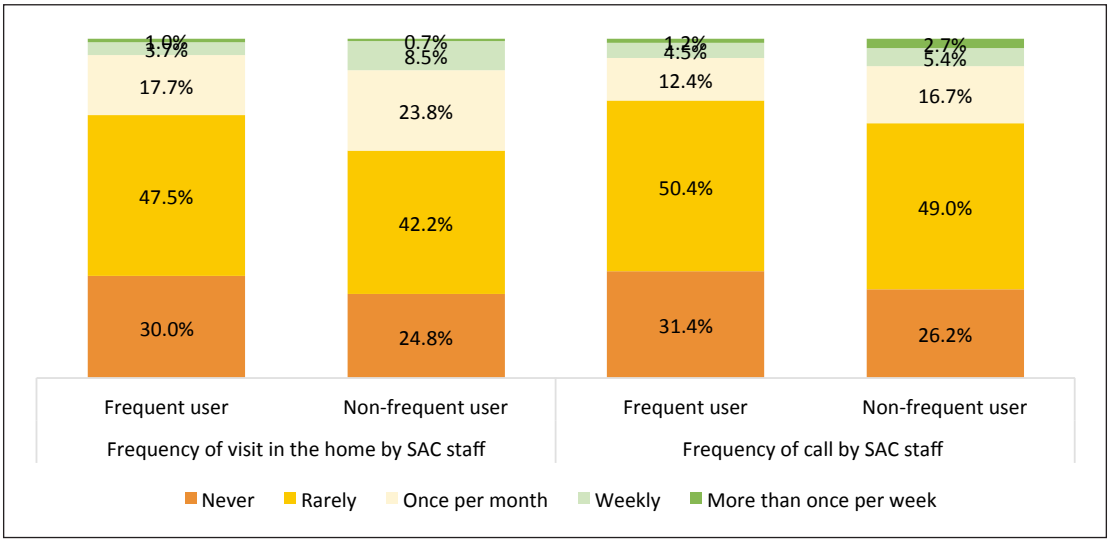
Box 1: Quotes on the use of health programmes

> *"I get a bit only [medicine], a bit! But if I go polyclinic, they give me three months! Yeah, that time I went down [to the SAC], they cannot give me like this, so much. You see? My medicine like this is for three months. But here only can get this [limited supply]. But they don't have the … test. The heartbeat, all these. They don't have a lot."*
>
> *– Male, Non- frequent user*

Home Visits and Phonecalls

The rate of visits and phonecalls by SAC staff to non-frequent SAC users was low. About one quarter of non-frequent SAC users reported that SAC staff never visited or called them on the phone. (Figure 4). Nevertheless, respondents who had received calls and visits from SAC staff expressed that they were greatly appreciative of the SAC staff's concerns. (Box 2).

Figure 4: Percentages of frequency of SAC staff member visits and calls by type of users



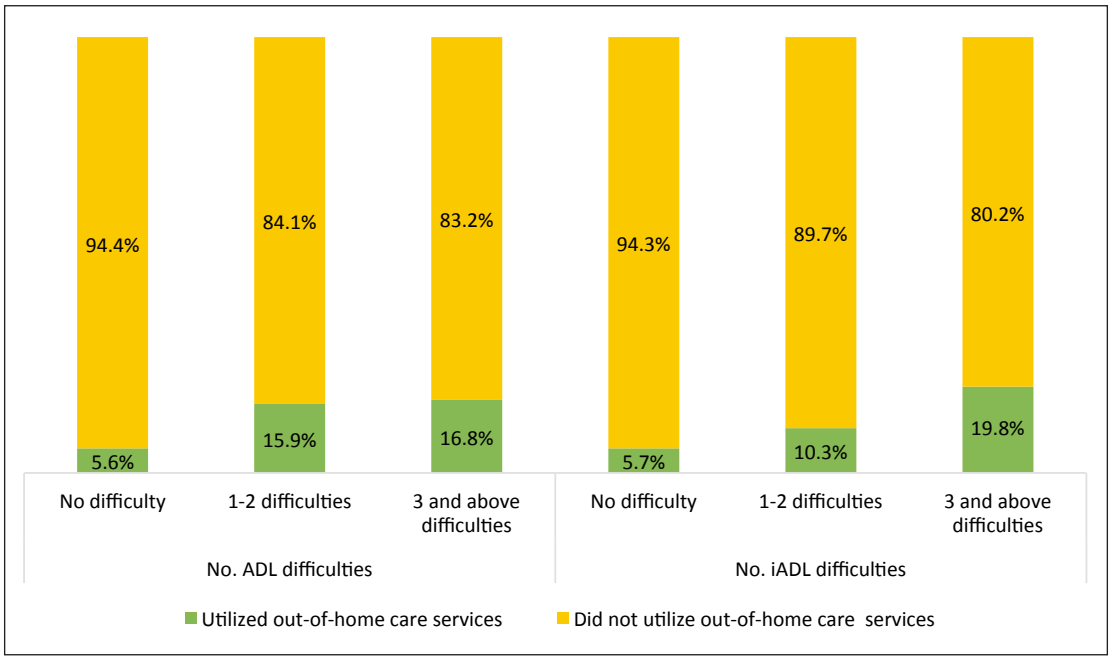
Box 2: Quotes on visits and calls by SAC staff

> *"I feel their kindness, [they] to go to my house, then ask me, I am 68+, they are worried, if something happens to me, I tell them, don't worry, my wife is at home."*
>
> *– Male, Non- frequent user*
>
> *"They will call me and inform me of any activities. If I am sick they will call to find out about my wellbeing. Yes, I can share my problems with them. When my son passed away due to cancer they came to console me after I did not attend the SAC for a few days."*
>
> *– Female, Frequent user*

Out-of-Home and Homecare Services

Despite the significant health and functional issues that they faced, respondents' utility of homecare and out-of-home care services (eg daycare centres, neighbourhood links) were low, even among those with 3 or more activities of daily living (ADL) or instrumental activities of daily living (IADL) difficulties (Figure 5 & 6).

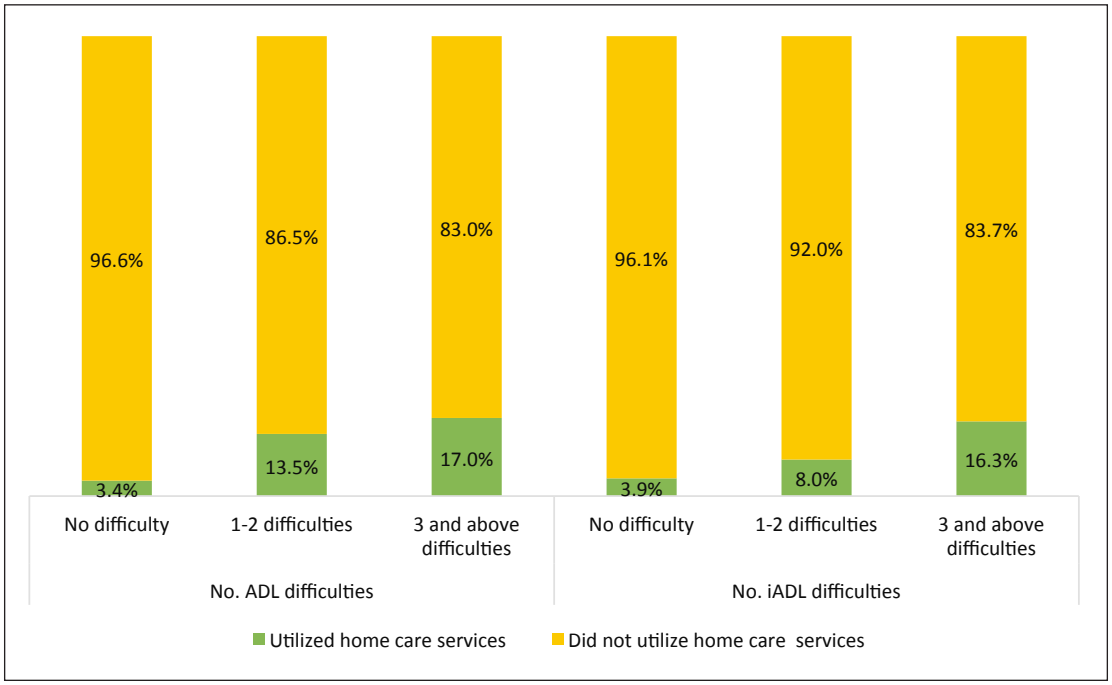
Figure 5: Weighted percentages of utility of out-of-home care services by ADLsa and IADLsb difficulties



[a] Activities of Daily Living include taking a bath/shower, dressing up, eating, standing up from a bed/sitting down on a chair, walking around the house, going outside the house, using the sitting toilet

[b] Instrumental Activities of Daily living include prepare own meals, leave the home to purchase necessary items or medications, take care of financial matters such as paying utilities (electricity, water), use the phone, dust/clean-up and other light housework, take public transport to leave home, take medications as prescribed

Figure 6: Weighted percentages of utility of home care services by number of ADLsa and iADLsb difficulties



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Volunteer Services and Volunteering

About a quarter of the respondents reported that a volunteer visited them regularly. Frequent users were more likely to be visited regularly by a volunteer (Figure 7). The volunteers were predominantly from the SAC (33%), followed by schools/students (12%) and Lions Club (11%). About 1 in 2 respondents reported that they had no reservation having a volunteer to clean the house, manage their medication or cook their meals. However, 4 in 10 respondents had strong reservations towards help by volunteers.

When asked about the receptiveness to be a volunteer, a majority of the respondents indicated that they would not consider being a volunteer. Frequent SAC users were twice more likely than non-frequent SAC users to consider volunteering (Figure 8). Barriers to volunteering identified included health, perceived ability, perceived institutional barriers and perceived challenges.

Figure 7: Weighted percentages of visitation by volunteers by types of user

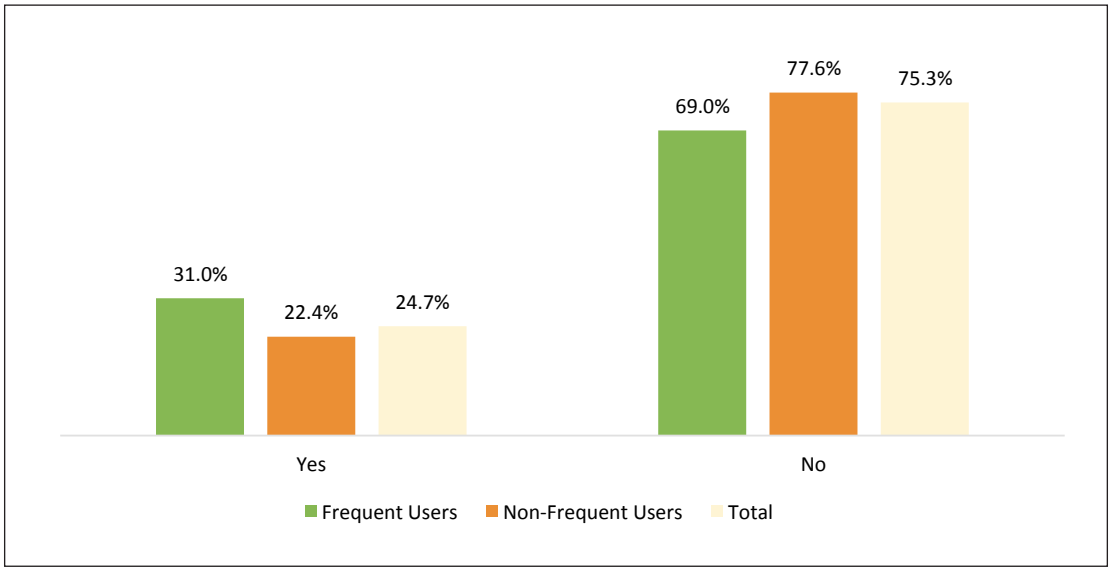
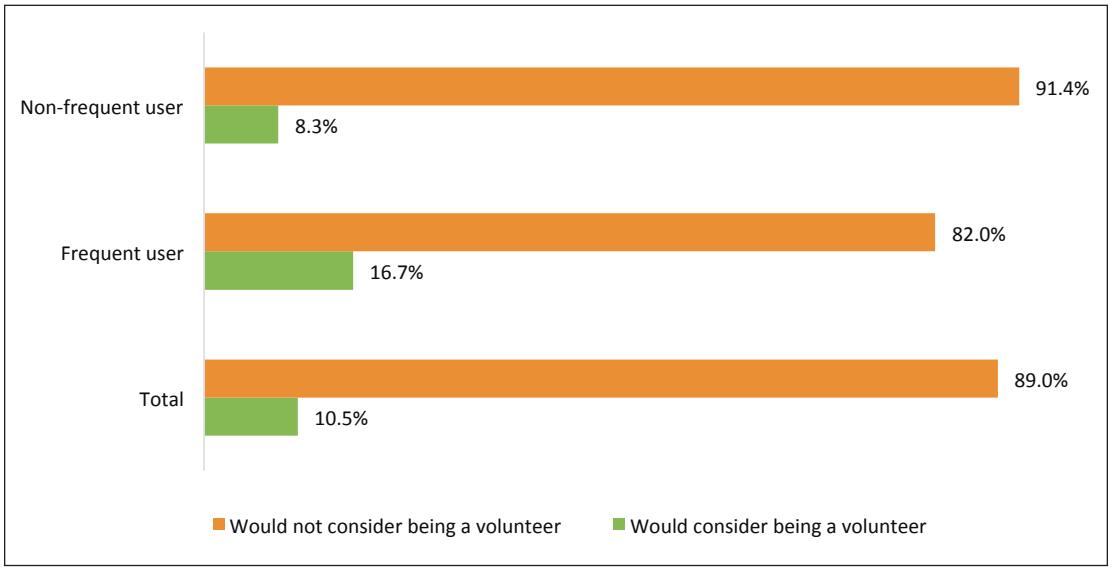


Figure 8: Weighted percentages of respondents' receptiveness to volunteering



Facilitators and Barriers to SAC Participation

Facilitators

Respondents reported various reasons for participating in SAC activities (Box 4). These included social needs (i.e. feeling lonely and meeting friends), health reasons (i.e. keeping the mind active, staying healthy), provisions (i.e. rations, excursion, food) and others (i.e. passing or having nothing to do).

Box 4: Quotes on motivation to attend SAC

Social Needs
"I'm staying alone so I feel that it's lonely … [I] interact with people down here." *– Female, Frequent user*
"Oh, it is a lot better than staying at home. Last time at home, I only have one exercise and no other activities." *– Female, Frequent user*
Health Reasons
"Sometimes I even spend the whole day here, if there are activities like mahjong. Keeps my mind active." *– Male, Frequent user*
"I am old and there is nothing for me to do at home. If I stay at home for long, I might get stroke. Like my husband, he did nothing and got bored and thus he got a stroke. I am very afraid after seeing his situation. Then they informed me that there will be activities here at SAC, thus I decided to join." *– Female, Frequent user*
Provisions
"I get my benefit immediate, I get my food stuff." *– Male, Non-frequent user*
"I participate here also because I hope you will bring me out to eat … I have no sons, no daughters to bring me out. I also hope that you all can bring me out to eat." *– Female, Non-frequent user*
Others
"Yeah … better than not having anywhere to go." *– Female, Frequent user*
"We come here to pass days. We have friends to talk to here, have meals together and go back home together. Then we do some household chores and our own things. It helps to pass time and ease our lives." *– Female, Frequent user*

Barriers

The respondents were articulate about their reasons for not participating in SACs. They cited several key reasons which impact on their participation. These included work commitments, family and caregiving needs, health problems, suitability of the programmes as well as SAC's operational issues.

Work commitments

About a quarter (22%) of non-frequent SAC users were employed on a full-time or part-time basis as compared to one-tenth (11%) among frequent SAC users. Consequently tiredness, needing to rest and SACs' opening hours were among the reasons cited by respondents for their lack of participation in SAC activities. (Box 5).

Box 5: Quotes on employment among SAC users

"So far no because I drive taxi, I drive 6 [pm] to 6 [am]. When I go back, I just want to rest … Last time (3 months ago) I used to come here, every day."

– Male, Non-frequent user, 60-64 years old
(This senior dropped in at the SAC for three months to exercise while recuperating from a stroke).

"I told you already, I [am] going to night shift working."

– Male, Non-frequent user

Family and caregiving needs

Non-frequent SAC users were more likely to live with their children. Family and caregiving needs were their primary concern. Looking after grandchildren, supporting spouse and/or other family members at home with their various medical and caregiving needs had been listed as reasons for less frequent usage of SAC (Box 6).

Box 6: Quotes on family needs and caregiving responsibilities among SAC users

"After attending to my husband's needs in the morning I come down [to SAC]. Could be 11am or 12noon … Sometimes till 3pm, sometimes 4pm. No fixed time. In the mornings, I brew coffee, sweep the floor, tidy the house. When he [husband] wakes up I help to change his diapers, prepare his meal ... He is wheelchair bound. He got the wheelchair free of charge from the hospital. It was very sudden. He drank too much and fell on his head. It was a bad fall. He split his nose and caused a blood clot in his brain. The doctors wanted to operate but he refused. His condition is bad."

– Female, Non-frequent user

"I also look after my grandchildren, in the morning. Free in the evenings. Many old people are like that, only free at night. Even the aunty with grey hair attend the session. My grandchild at Yishun, I look after, on the morning, return in the afternoon, the child's mother is working, part-time, if she works, I go Yishun …. We all come irregularly. We also have to look after our house, cook, and look after our grandchildren. There is this senior, the child went away for work, she went to look after her child's house for a week, then came back."

– Female, Non-frequent user

Health limitations

Information from the qualitative interviews suggested that health issues (i.e. high blood pressure, diabetes, stroke) and limited mobility (i.e. pain in the leg and inability to walk) hindered older persons' participation in SAC (Box 7). They were also concerned that their lack of mobility would inconvenienced other participants.

Box 7: Quotes on health issues among SAC users

"Sometimes, it is not that I do not want to participate. I have problems walking … I have difficulty standing and walking straight. My legs are unsteady … It is hard to find activities I would like … even if I have an interest towards these things, I am getting on in years, walking is inconvenient and I cannot keep up with others. So, I want to go out but I would trouble others."

– Male, Non-frequent user

"Not interested in SAC activities. Don't mind watching others dance or play games but won't participate. Had a stroke a few years ago. Half body paralysed. Slowly recovering but even now my right arm trembles beyond control. Have to take things easy."

– Male, Frequent user

Suitability of the programme

As highlighted, frequent SAC users were more likely to be females (60%) and Chinese (82%) which might have influenced the types of programmes and activities conducted, inadvertently leaving others out. Other factors which affected the perceived suitability of programmes were the appropriateness and relevance of the programmes to the older persons (Box 8)

Box 8: Quotes on barriers to participate in SAC programmes and activities

Gender
"Majority of the activities here cater to the females such as knitting. These kinds of activities I am not interested at all … Yes, there are many females, and only a handful of males. So you know, there are only such activities available here as well and I find it troublesome to participate. I do communicate with them but I find myself very different from them." *– Male, Non-frequent user*
Culture and Language
"I come one two times before, but nothing to do … just sit down, sometimes they play mahjong, play game ah, also don't know what they play. They speak Cantonese you know, and Mandarin, that's why I don't know. Then I just quiet like that, boring lah." *– Male, Non-frequent user*
"If Chinese, they have karaoke." *– Female, Frequent user* *(A Malay senior who stereotyped karaoke as an activity for the Chinese)*
"I look at the places, if Chinese, sometimes I don't go. There was once, during Chinese New Year, they took us to the airport." *– Female, Non-frequent user*
"If got halal food, I attend. If no halal food I never attend … Let's say lunch time they got halal, they call me. If got no halal, they say, sorry Uncle, today the event, the food not halal." *– Male, Non-frequent user*
Appropriateness and Relevance
"Nowadays there are some young volunteers who come occasionally to teach dancing, but the dance is not suitable for the elderly. We cannot afford to fall at our age." *– Male, Frequent user*
"Now that I am old, I don't have sufficient breath to keep me going … Old already, sometimes when you speak also will be out of breath, lest to say sing." *– Female, Non-frequent user*
"It makes me feel like a child." *– Male Non-frequent user* *(A senior who dislike being asked to play games)*

SAC's operational issues

(i) High staff turnover

SAC users feedbacked on the high staff turnover and the resultant breakdown in the continuity of programmes and services during the focus group discussions and interviews. The high staff turnover also disrupted the relationship and trust built between SAC staff and users. Respondents also expressed frustrations about being repeatedly asked for information due to staff turnover (Box 9).

Box 9: Quotes on high staff turnover and discontinuity of programmes

"At that time, there was several rounds of changing the manager already, change for a few times already. That lady, she knows I am a recipient of this. The manager before her did not know. But, she should be aware, if she is aware then she should have informed me right?"

– Female, Non- frequent user

"I do appreciate the care and concern. The only drawback is the high turnover of staff. All of them are young. Nobody has been here more than five years, so they are all inexperienced."

– Male, Frequent user

"Chen Du Sheng every Monday and Wednesday came over to teach us exercise for about two years, then he stopped coming. He stopped coming, because I think his contract expired, so the people here learn it themselves and come to teach us. But they keep switching, so I exercise lesser now,"

– Female, Frequent user

(i) *Membership criteria*

SAC's membership system was another impediment to participation. As SACs were set up to serve older persons within a particular catchment area, the membership system provides an administrative means by which staff could easily identify those who were under their purviews. In practise however, it had impacted on the participation in SAC activities since many of the older persons' social connections were not members of the SAC (Box 10).

Box 10: Quotes on membership criteria

"Each year I pay SGD30 membership. All residents of Block 123 and 125 are entitled to join [SAC] by paying SGD30/- each per annum, except this year when the fee was waived because of SG50. The SAC is basically to cater for the residents of these two blocks. Residents of other blocks like 126 can join for free, but they must serve as volunteers to help out."

– Male, Frequent user

"My friends from Bedok are not eligible to participate in the activities because they have a family and they do not have housing issues. I did try to invite a couple of my friends to come here to participate but the staff said I am not allowed to because they are different from me."

– Male , Non Frequent user

Policy and Practice Recommendations

Addressing Manpower and Related Issues

Staff stability and competency are key building blocks for an effective SAC as these underpin its ability to develop a trusting relationship with the older persons as well as quality programmes. Ways must be found to address the staff turnover issues highlighted by the respondents. Staff stability not only enable relationship building but also facilitate more consistent and targetted programming based on sound knowledge of the community which in turn facilitate engagement and impact.

In terms of competency, key areas to strengthen can include staff's skills in community development work. The capability to outreach and engage older persons in inclusive and empowered ways is also the only way to ensure sustainability of SAC's initiatives (4). For further capacity building and support, a network or community of practitioners among SACs can be established for further capacity building and support. Such platforms which facilitate knowledge sharing and exchanges have proven to be powerful levers for community engagement and participation (5).

Understanding and Approaching Older Persons

Older persons are the most varied compared to the other age cohorts given the differences in their life trajectories. Gender, ethnicity/culture and education are some basic considerations but creativity and inclusiveness in programming has to go beyond these basic dimensions. Older persons should be engaged directly through consultations and involvement in the planning of SAC programmes and services to ensure that these are appropriate and relevant. mosque, churches and temples, as well as private corporations especially those that are within the same precincts as the SAC.

The level of social engagement among seniors should also not be limited to frequent attendance at SACs. Study participants expressed their desire to contribute. Literature on generativity cited older persons as a key group in terms of their interest and willingness to give (6). SACs could tap on such interests to involve older persons directly in all aspects of the centre's work such as outreach, planning and organisation.

Leveraging on the Wider Community

Partnerships and collaborations with other agencies in the community can be expanded to tap on mutual resources within the wider community to engage not only the older but also the younger, fostering intergenerational ties. Beyond educational institutions, collaborations can include the whole spectrum of grassroots agencies (eg RCs, CC, Town Councils, CDC), other social service organisations such as the family service centres, religious organisations including mosque, churches and temples, as well as private corporations especially those that are within the same precincts as the SAC.

National Framework for SAC

Finally, it might be timely to consider streamlining some of the key objectives, approaches and outcomes across the SACs to ensure a consolidated approach to supporting and engaging older persons. (i.e. beyond the current guidelines). Such a framework can assist to strengthen the SAC sector as a whole to enable to achieve its important mandate of being the eyes and ears on the ground especially for the vulnerable elders amidst us.

For more information about this research brief, please contact:

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Appendix 1: Study Methodology

Quantitative

A face to face interview survey was administered to 1,770 respondents 60 years old and above between 12 March 2015 to 25 August 2015. Stratified random sampling was used in the selection of the respondents. The sample frame was obtained from the registry of each individual SAC and each list was divided into two groups: frequent user and non-frequent user. Frequent users were defined as users who had attended an activity or event at the SAC at least once a week and non-frequent users were defined as users who did not attend SAC events and/or activities once a week. 28 seniors were randomly selected from the list of frequent users and 8 seniors were randomly selected from the list of non-frequent users for each SAC to enable an 80% ability to detect a true difference. There was a total of 52 SACs and the response rate was about 95%.

Qualitative

The qualitative methodology comprised of both in-depth interviews and focus group discussions were conducted in March 2016. Forty-eight respondents who took part in the in-depth interviews were recruited from the pool of quantitative survey respondents. Another 2 respondents were recruited by SACs to achieve the proposed sample size of 50. Twenty interviews were conducted with frequent SAC users and 30 were conducted with non-frequent SAC users. Questions asked included participants' backgrounds, social networks, health status and suggestions for improvement to services and activities. In addition, frequent users were asked to share their SAC experiences and non-frequent users were asked about the barriers to participation in SAC. Forty-five frequent SAC users took part in the focus group discussions.

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- Inform policy and practice agenda on ageing

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