

TOWARDS AGEING WELL: PLANNING A FUTURE-READY SINGAPORE

Singapore's seniors are living longer and have the highest life expectancy in the world. The country also has one of the fastest ageing societies and will likely have a shrinking workforce. These trends mean Singapore's material and social landscapes need to be better organised and suited to the changing demographics and aspirations of its people. How then is Singapore going about fostering a country that is liveable and meaningful for seniors?

This Urban Systems Study traces Singapore's journey in planning for an ageing population, highlighting the initiatives undertaken since the 1980s and how considerations have evolved. Through archival research and interviews with politicians, senior civil servants and stakeholders, this narrative of planning towards ageing well underlines the importance of visionary leadership and urban governance across silos of agencies and administration.

"A perceptive account of the initiatives Singapore has taken to plan for a city for all ages. Ageing well in any city is a collective community responsibility—this is a must-read book."

Professor Kua Ee Heok,
Tan Geok Yin Professor in Psychiatry and Neuroscience and
Senior Consultant Psychiatrist, Department of Psychological Medicine,
Yong Loo Lin School of Medicine, NUS

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CENTRE for
LiveableCities
SINGAPORE

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Set up in 2008 by the Ministry of National Development and the then-Ministry of the Environment and Water Resources, the Centre for Liveable Cities (CLC) has as its mission to distil, create and share knowledge on liveable and sustainable cities. CLC's work spans four main areas—Research, Capability Development, Knowledge Platforms, and Advisory. Through these activities, CLC hopes to provide urban leaders and practitioners with the knowledge and support needed to make our cities better. For more information, please visit www.clc.gov.sg.

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FOREWORD

Population ageing has become a major public policy concern globally, and Singapore is no exception. By 2030, one in four Singaporeans will be aged 65 and above. This demographic shift compels us to face the new realities of a shrinking workforce, increased healthcare burden as well as changing family structures that leads to more seniors living alone. Yet, if Singapore plans well for the changes ahead, we can position ourselves to reap the silver dividends which come with increased longevity by enabling our seniors to lead more productive, happier and healthier lives.

Planning for ageing is an ongoing journey, and we continuously adapt our plans to ensure that they remain relevant to successive generations who will have different needs, interests and aspirations. To ensure that planning remains centred around seniors' needs and interests, in 2014, the government embarked on a year-long consultation process involving some 4,000 Singaporeans across all walks of life, to better understand their aspirations for ageing. This eventually culminated in the Action Plan for Successful Ageing, a national blueprint that cuts across 12 areas—including health and wellness, employment, public spaces and transport—to make Singapore a better place to age, and a City for All Ages.

Many of our seniors wish to age-in-place in familiar surroundings, and the extent to which they can do so is driven by our ability to reinvent urban planning and the built environment to create an accessible city that is truly inclusive for all ages. In earlier years of planning for an ageing population, Singapore promoted age-friendly homes and established housing policies to encourage seniors and their families to live closer for mutual care and support. Efforts to improve barrier-free access in public spaces, buildings and transport had also enabled seniors to integrate with the wider community and lead active lives. Creating an inclusive environment for seniors to move around safely and confidently within their own homes and in the community enables social participation, which is a key cornerstone in supporting seniors to age well.

In creating an inclusive society, the “heartware” is as important as the hardware. Strengthening the nexus between physical infrastructure and social and health care services is essential. For example, we will be launching assisted living models that combine housing with basic support and care services, to better facilitate ageing-in-place. This new housing model will also come with shared living spaces to encourage social interactions. We will also be enhancing the scope of eldercare centres, so that all seniors can access healthcare and social services in a seamless and integrated

manner. Through these and other efforts, we hope to support seniors to age independently within their communities for as long as possible.

Technology is both an enabler and disruptor for ageing-in-place. The COVID-19 pandemic has accelerated digital transformation globally, and also brought to the forefront the wide digital divide in our society. The need to shelter-in-place during the pandemic also underscored the importance of digital skills for seniors to stay connected to the community and their loved ones, as well as access key services and resources online. Hence, we launched the “Seniors Go Digital” programme, which aims to accelerate digital adoption among seniors through equipping them with the skills and resources to communicate, work and transact digitally. In the new normal and post-COVID-19, communication technology and social media platforms will continue to play an integral role in our efforts to combat social isolation and strengthen social resilience.

Towards Ageing Well: Planning a Future-Ready Singapore chronicles Singapore’s ageing policy infrastructure since the 1980s. It details the key paradigm shifts and evolution of Singapore’s ageing policies and underscores the importance of ensuring that our ageing policies remain relevant to evolving needs and social demographic trends. More significantly, it is a reminder that all of us have an active role to play in shaping the society that we want. I hope that readers will find this publication as enjoyable as it is informative.

Dr Amy Khor

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Singapore

PREFACE

The Centre for Liveable Cities’ research in urban systems unpacks the systemic components that make up the city of Singapore, capturing knowledge not only within each of these systems, but also the threads that link these systems and how they make sense as a whole. The studies are scoped to venture deep into the key domain areas the Centre has identified under the Singapore Liveability Framework, attempting to answer two key questions: how Singapore has transformed itself into a highly liveable city over the last five decades, and how Singapore can build on its urban development experience to create knowledge and urban solutions for current and future challenges relevant to Singapore and other cities through applied research. *Towards Ageing Well: Planning a Future-Ready Singapore* is the latest publication in the Urban Systems Studies (USS) series.

The research process involves rigorous engagement with our stakeholder agencies, and numerous oral history interviews with Singapore’s urban pioneers and leaders to gain insights into development processes. The tacit knowledge drawn out through this process allows us to glean useful insights into Singapore’s governance and development planning and implementation efforts. As a body of knowledge, the Urban Systems Studies, which cover aspects such as water, transport, housing, industrial infrastructure and sustainable environment, reveal not only the visible outcomes of Singapore’s development, but the complex support structures of our urban achievements.

The Centre would like to thank the Agency for Integrated Care (AIC), Housing and Development Board (HDB), Ministry of Health’s (MOH) Ageing Planning Office, National Parks Board (NParks), Urban Redevelopment Authority (URA), and all those who have contributed their knowledge, expertise and time to make this publication possible. I wish you an enjoyable read.

Khoo Teng Chye

Executive Director
Centre for Liveable Cities

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My thanks to Charlotte Beck, Angelique Chan, Chionh Chye Khye, Choy Chan Pong, Han Yong Hoe, Kua Ee Hock, Benny Lim, Lim Boon Heng, Liu Thai Ker, Mah Bow Tan, Kalyani Mehta, Peh Kim Choo, Tan Chew Ling, Tan Kwang Cheak, Teoh Zsin Woon, and Laurence Wee for generously sharing their insights with us. Benny Lim pushed me to think about how planning for the elderly has to be done humanistically, and that I engage with practitioners working in service provision and in the field of gerontology and geriatrics. Kua Ee Hock, whose contributions to geriatric psychiatry especially in the understanding and therapeutic treatment of dementia are mammoth, suggested that I refrain from using the term "successful ageing", which has connotations of failure if one was deemed to not have aged successfully, towards the more inclusive term "ageing well", which meets everyone where they are, regardless of their status and circumstance. Thus, the publication's title is his. I have benefitted from the comments of Susan Fainstein, Habib Chaudhury and Michael Koh, who helped to sharpen this work significantly.

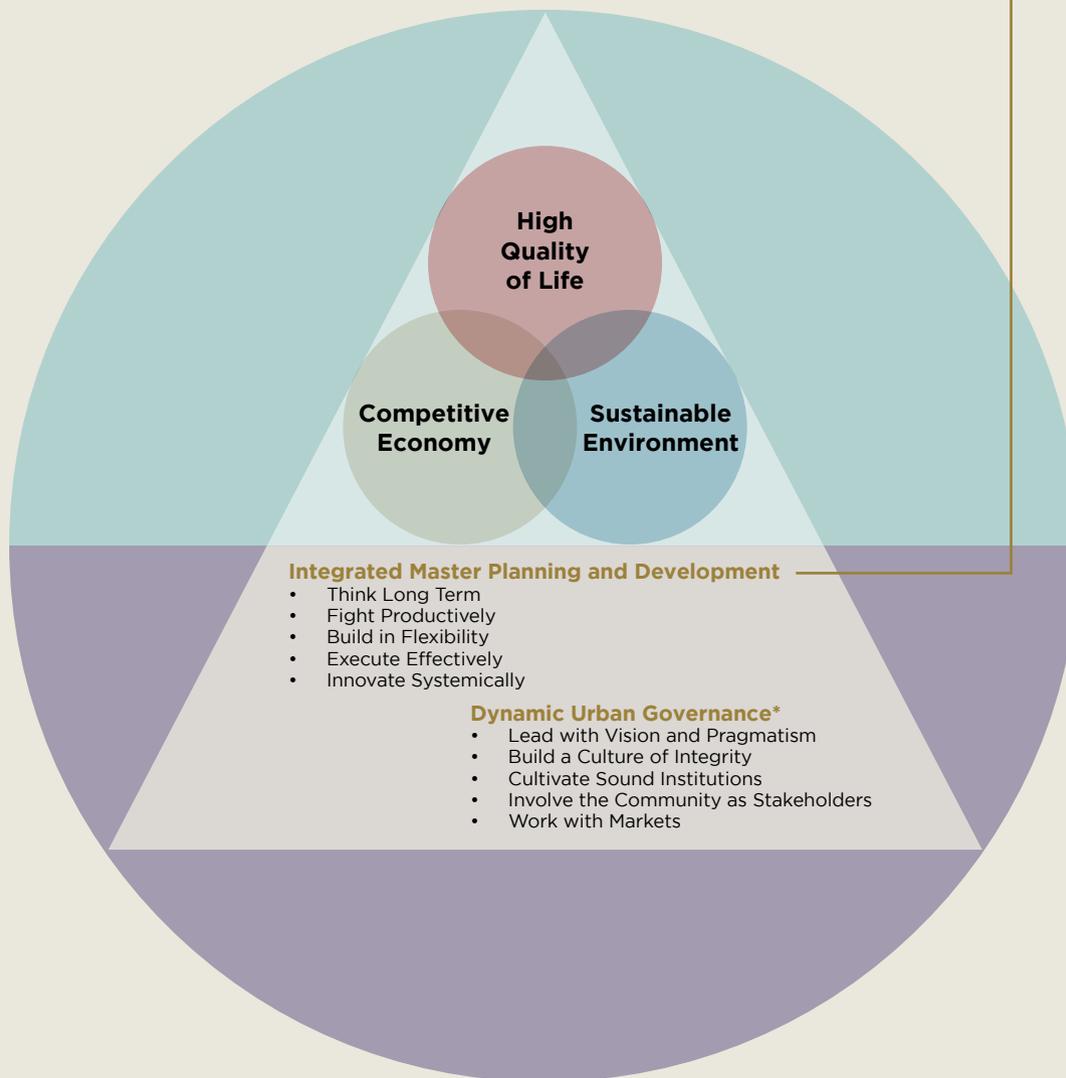
This publication includes an agenda as the concluding chapter to help frame the challenges that remain pertinent, and guide stakeholders to continue to innovate through their work. The efforts to better the quality-of-life outcomes of seniors in Singapore have been immense. This publication is dedicated to all residents of Singapore since everyone has a part to play to make Singapore gracious, ageless and future-ready.

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THE SINGAPORE LIVEABILITY FRAMEWORK

The Singapore Liveability Framework is derived from Singapore's urban development experience and is a useful guide for developing sustainable and liveable cities. The general principles under the two domains of Integrated Master Planning and Dynamic Urban Governance are reflected in the themes explored in this publication.



Integrated Master Planning and Development

Think Long Term

With the foresight to anticipate a future where the average Singaporean would need savings to see them through retirement for a much longer time due to increasing life expectancy, the Committee on the Problems of the Aged was formed in 1982, headed by then Minister for Health Howe Yoon Chong. The Report on the Problems of the Aged set the national overarching frame for how elderly policies were to be conceptualised, strategised, and operationalised thereon. The resultant policies have since been accepted by the majority of Singaporeans as well-founded, pragmatic and sound policy moves, despite initial public resistance. See page 6.

Build in Flexibility

The constant evolution of the Housing and Development Board's (HDB) policies and housing regulations has translated into building the physical hardware—flats offering different layouts and flat type options, and incentivising closer family bonds through innovative housing regulations, such as grants for proximity living or living together under one roof. To execute this approach effectively, the HDB has constantly sought to understand the changing profiles and wants of their customers through surveys, consultations and solicitation of feedback, which has made the difference in tapping onto the pulse of the elderly. See page 35.

Innovate Systemically

The Lease Buyback Scheme was introduced in 2009 to allow the elderly to monetise their existing flats, while continuing to reside in them. This scheme allows elderly households to use the tail-end of their flat leases (the HDB sells its flats based on a 99-year lease) to fund their retirement years without leaving their flats. This requires that flat owners sell part of their flat's lease to the HDB, while retaining a length of lease based on the age of the youngest owner for a duration they can choose. The proceeds will be used to top up one's CPF Retirement Account, which can then be used to purchase the CPF LIFE plan that provides the elderly with a monthly income for life. This scheme allows people to continue living in a familiar environment without uprooting, and is especially beneficial for low-income families. See page 25.

*Dynamic Urban Governance

Lead with Vision and Pragmatism

Singapore has a distinctly alternative model of welfare where it adopts a national philosophy of active government support to encourage and enable self-reliance. This approach is closely tied to Singapore's unique geographical constraints and historical legacies. As a country with few natural resources, the welfare state system is less tenable. Coupled with Singapore's reliance on human capital as its only resource, the state is wont to raise taxes without implicating the attractiveness of foreign investments that can impact the global competitiveness of Singapore. See page 16.

Cultivate Sound Institutions

In 2009, the government set up the Agency for Integrated Care (AIC), whose main focus at its inception was to assist in the transition of patients from hospitals back to their communities and homes. Over the years, its role has grown to include outreach and engagement, with a particular focus initially on explaining the benefits of the Pioneer Generation Package, but which has since led to a better understanding of needs on the ground and connecting those needs to appropriate service providers through the AIC's networks to ensure those needs are met. See page 68.

Involve the Community as Stakeholders

The City for All Ages project, launched in 2011, brought together grassroots leaders, residents and researchers to assess the needs of the seniors through social surveys, health screenings and hardware audits of the flats and towns to make these areas more liveable for the elderly. The S\$3-billion Action Plan for Successful Ageing, launched in 2015, was seen as an outcome of the City for All Ages project. This plan, at its initiation, covered 60 initiatives over 10 areas, but more importantly was the result of a year-long consultation process that involved some 4,000 Singaporeans across all walks of life and ages. See page 32.

OVERVIEW

This Urban Systems Study traces Singapore's journey in planning for an ageing population. It highlights the policies undertaken over the years, piecing together the policy landscape across the different domains of the public sector since the 1980s. In doing so, it examines the multi-faceted challenges in pursuing the goal of a happy and engaged senior populace who continue to contribute in many ways to the wider Singapore community and beyond. Tracing this trajectory enables insights into the considerations that guided policymaking and the evolving discourses around an ageing society. The chapters dive into the foundations in Singapore's toolkit towards ageing well, focusing on the three main pillars through which ageing initiatives had been considered and implemented in Singapore. These include economic tools to help seniors achieve financial security through employability and retirement financing, reformatting the city's physical infrastructure across residential and accessibility domains, and seeking to integrate seniors into cohesive, resilient communities.¹

Within these chapters, policies are recounted with an evaluation of their achievements and failures, as well as lessons learned. It spotlights how the threads of economic, physical and social infrastructures are interwoven through specific models and initiatives that Singapore is currently developing, the ongoing challenges, and the gaps in practice and research that need to be plugged. The concluding chapter reviews Singapore's ageing research landscape and assesses the scorecard in its planning for an ageing population thus far, setting an agenda for areas that can be improved upon. It is a reminder that the work towards planning to age well is not yet complete and requires continued fortitude and partnership across the public, private, and community spheres, as well as collaboration with caregivers and the elderly themselves who bring intimate knowledge of how they want to lead their lives. More importantly, in drawing from archival material and interviews with politicians, senior civil servants and stakeholders working in the ageing realm, this narrative of planning towards ageing well underlines the importance of visionary leadership and urban governance across silos of agencies and administration. A focus on an empathetic human-centric approach must be embedded in the way the public service conceives, plans and delivers equitable outcomes, to achieve the goal of making Singapore future-ready and liveable for all ages.



CHAPTER 1

SINGAPORE'S CHANGING DEMOGRAPHY: FROM FAMILY PLANNING TO AGEING WELL

“

If we do not take steps now to tackle this (ageing) problem courageously and realistically, Singapore society itself could, as it were, enter an age of irreversible senility.²

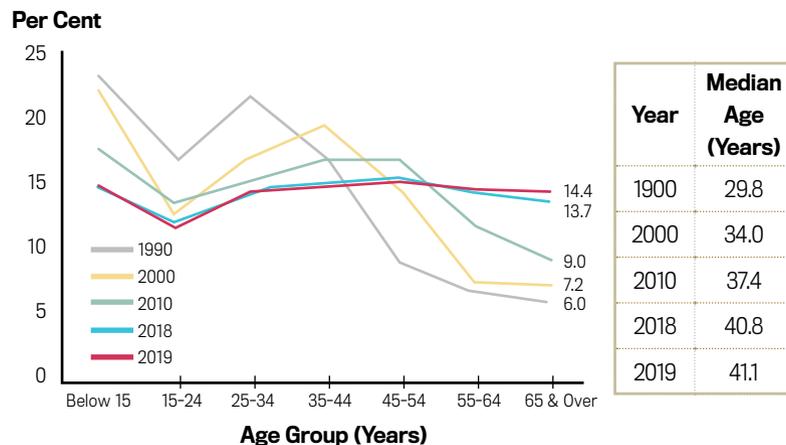
”

S. RAJARATNAM
Second Deputy Prime Minister
(Foreign Affairs) (1980-85)

Demographic and Social Trends

Singapore is one of the most rapidly ageing societies in the world. Singapore's seniors account for 14.4% of the population, and the median age of Singapore's resident population is 41.1 years, up from 29.8 years in 1990 (see Exhibit 1).³ Whilst it took France over 100 years to shift from an ageing society (defined by some demographers as 7% of the population who are aged 65 years and older), to an aged society (14% of the population), it has taken Singapore only 19 years to do so.⁴ In addition, Singapore now has the highest life expectancy in the world at 85 years.⁵ The number of Singaporean seniors will triple to more than 900,000 by 2030 and the number of working-age citizens for each senior citizen will fall from 5.9 in 2013 to 2.7 by 2030.⁶ Singapore is, therefore, not just experiencing a rapidly ageing society, but also a shrinking workforce.

EXHIBIT 1
AGE DISTRIBUTION OF RESIDENT POPULATION.



Source: Department of Statistics, Singapore, 2019.

Beyond these broad trends lie several others worth highlighting. Going forward, the elderly will have different needs and aspirations. They will be more well-educated and independent. The nuclearisation of families will continue to rise and the proportion of single elderly and empty nesters (elderly couples whose children no longer live with them) will hit 288,000 by 2030, of which 83,000 will be living alone.⁷ In addition, an estimated 1 in 10 people aged 60 and above suffer from dementia,⁸ and the number of persons with dementia is expected to grow.⁹

These changes will have significant impacts on Singapore society, not just in terms of supporting the elderly in leading meaningful and happy lives, but also in the demand and provision of healthcare services. There is a need to rethink how Singapore's physical and social spaces can be better organised and embedded with care and medical facilities, and what this means for the larger community in terms of everyday living amidst a more mature demography. How then does Singapore go about fostering a city that is liveable and meaningful for all ages?

Tackling Ageing As a “Problem” in the Pre-2000s

Upon Singapore's independence in 1965, attention towards supporting the aged was limited. The limited resources Singapore had as a fledgling nation was prioritised towards basic needs such as housing, healthcare, education, defence and economic development. Although the Social Welfare Council was formed in 1946 during the British colonial period, issues related to ageing were limited to financial relief for the needy and residential care for the destitute and mentally unwell.¹⁰ Singapore, after all, was then a young and growing society. To manage the post-war baby boom, the Singapore Family Planning and Population Board (SFPPB) was set up in 1966 to promote family planning, in a bid to balance the overall population needs with scarce resources. The SFPPB was so successful in its mission that Singapore saw a steady decrease in birth rates from 1982, with the total fertility rate (TFR) dropping to below replacement levels at 1.1 in 2019.¹¹ Anti-natalist campaigns such as “Plan Wisely for a Small, Healthy and Happy Family”, “Stop at Two”, and “Girl or Boy, Two is Enough” were familiar slogans throughout the 1970s. Widely publicised and backed by policies such as reduced income tax relief, reduced paid maternity leave and a lower priority for larger families on the waitlist for public housing flats, the twin effects of improved life expectancy and aggressive family planning policies have shaped the population structure of Singapore irreversibly.

The aged were not quite seen as a problem before the 1980s because as then Second Deputy Prime Minister S. Rajaratnam put it:

The problem of the aged was treated simply as another aspect of the problem of destitution. If you go through the election manifestoes of political parties since the end of the war you will find the problem of the aged hardly mentioned. The reason for this is obvious. The aged carried no great weight as voters. In 1947, Singaporeans of over 60 constituted possibly less than 3% of the total population. So electorally they were unimportant.¹²



1. The Singapore Family Planning and Population Board's float at the 1975 National Day Parade.

More pertinently, life expectancy was low and care of the aged was accepted as social insurance by neighbours and relatives simply because it was understood the community would return the favour when any of its members, in turn, became old and helpless. But what had changed by the 1980s was that instead of the ageing process being “mercifully brief”, an average life expectancy of 80 years was on the cards for Singaporeans under 40. In the immediate post-war years, the life expectancy of the average Singaporean was about 50 and as such, pegging the retirement age at 55 was not an issue as “many Singaporeans must have died soon after they drew their first pension or even before—a situation which must have been a source of utmost gratification to government”.¹³ However, in the future, Singaporeans would need a greater amount of savings to live comfortably for a much longer period, given the higher average life expectancy.

Committee on the Problems of the Aged

This was the crux that saw the formation of a 12-member team—the Committee on the Problems of the Aged—in 1982, comprising the ministries of Health, Social Affairs, Trade and Industry, Labour, and agencies like the National Trades Unions Congress (NTUC) and Singapore National Employers Foundation (SNEF), headed by then Minister for Health Howe Yoon Chong. At a pre-retirement seminar in 1983, Howe outlined his reasons and impetus for retirement planning. Howe lamented that while many seniors wanted to

enjoy and relish their autumn years, many were unable to as they had not been able to save enough, living from hand to mouth to plan for retirement:

Whatever my generation's dreams or expectations about retirement, I am afraid many of us were in for a disappointment. Very few of us were fortunate enough to enjoy the kind of retirement that we had been looking forward to. The experience of people of my generation underline the importance of planning for retirement for the younger people.¹⁴

He foresaw a harder life post-retirement for many than before due to inflation that diminished the value of retirement income, rising costs of healthcare, and the dullness of leisure and boredom afflicting the elderly. Consequently, Howe felt that there was a need to alter attitudes towards old age, change entrenched practices of retirement at 55 years, enable more job opportunities for seniors, provide regular healthcare and organise recreational activities so seniors could lead healthy, happy lives. These became the cornerstones of the Howe Yoon Chong Report that culminated in six recommendations: (a) a national policy for the elderly be adopted; (b) the retirement age should be deferred for as long as possible; (c) allow for the progressive withdrawal of Central Provident Fund (CPF) savings and explore options to monetise Housing and Development Board (HDB) flats to supplement retirement income; (d) develop a comprehensive health maintenance programme; (e) emphasise family relations, which should remain the pillar of elderly care; and (f) the government should only be responsible for the provision of homes for the aged sick and homes for the destitute, to cater to seniors who may be childless and those who require long-term care.¹⁵



2. Minister for Health Howe Yoon Chong holds a press conference on senior citizens in 1983.

This report set the national overarching frame for how elderly policies were to be conceptualised, strategised, and operationalised thereon. It laid the foundation for prominent policies that were implemented in subsequent years, such as the People's Association's (PA) Wellness Programme, the HDB's Lease Buyback Scheme, the Maintenance of Parents' Act and a host of other financial tools related to CPF and healthcare financing.

Public Response to the Howe Yoon Chong Report

However, when the report was first released, there were public concerns over the perception that the government was trying to withhold the public's CPF savings and make one work longer years. In his usual straightforward manner, Second DPM Rajaratnam criticised the public's short-sighted misreading of the intent of the report:

The CPF issue caused excitement and strong emotions verging on panic simply because money is about the only thing that rouses powerful emotions in the average Singaporean...The argument about whether you should draw your CPF at 55 or later is trivial compared to the crippling burden that must fall on a shrinking working population to look after a growing number of aged. If we do not take steps now to tackle this problem courageously and realistically, Singapore society itself could, as it were, enter an age of irreversible senility.¹⁶

Weighing in on how individuals themselves and their loved ones must take ownership and accountability for one's senior years, Rajaratnam noted that these steps to be taken would prevent the aged becoming "outcastes and so much garbage to be dumped at the door of government or charitable institutions". He lauded the Howe Yoon Chong Report as a far-sighted, hard-nosed document that would pave the way for sound ageing policies in Singapore:

This is what the Howe Yoon Chong Report is really doing for you in advance. In 30 or 40 years from now you may have reason to offer prayers of thanks to Mr Howe—wherever he may be then—for having looked after your welfare long before you set your mind to the problem.¹⁷

Former NTUC Secretary General Lim Boon Heng shared that after the Howe Yoon Chong Report was released, he went to different unions to talk to people about the need to work longer but received hostile reactions:

I remember to this day, one union leader, normally very quiet and hardly says anything at our meetings or conferences, was so incensed that she stood up and said, "You know how hard it is to work? What we have to go through? And when we reach 55, we are looking forward to retiring and enjoying the fruits of our labour, and you're telling us to work!"¹⁸

However, by the late 1980s and 1990s, Lim noted that the mood had changed in the narrative on ageing and he was receiving a different reaction from people. Instead of going out to explain the need to work longer, unionists and union members were coming to him to express their concerns about their impending retirement and were worried about how they would continue to support themselves and their families. He received many pleas from workers for a change in employment regulations, such that employers were incentivised to allow those aged 55 and above to continue working.

Changing Attitudes Towards the Aged

The Advisory Council of the Aged, which was formed in 1989 and chaired by Prof S. Jayakumar, built upon Howe's report with a focus on changing attitudes towards the aged. This was seen as key to delivering the outcomes envisioned. By this time, the public had started to recognise that for many, staying employed beyond 55 years was a reality, given longer life expectancy. The need to persuade employers to hire older persons became more urgent. Seniors had to be regarded not as laggards and burdens but productive people who could continue to contribute immensely to economy, community and society, given their accumulated wisdom and expertise.

At its heart, however, Jayakumar believed that filial piety and the preservation of the family unit were keys to a successful ageing policy framework:

Respect for the elderly, respect for our parents is a time-honoured tradition of three Asian cultures which make up Singapore society...It is absolutely imperative that we preserve and practise this value and

have it embedded as a permanent feature of our way of life. If we let it be eroded, we do so at our own peril. It will undermine one of the foundations of our nation. Parents will be ignored by their children and over the years our fast-growing, ageing population will be a discarded group. This will have far reaching social and cultural effects.¹⁹



3. Then President Wee Kim Wee addressing guests at the 7th Senior Citizens Week, 1985.

As part of this narrative, the policy discourse highlighted the need to re-emphasise traditional regard for the elderly at the individual, family and community levels. This tied in with the larger debate on Asian values that pervaded conversations on societal life in Singapore. Schools had begun to re-introduce religious and moral education to anchor students towards Asian cultural values, as a buffer to what was thought to be undesirable mass media influences from the “West” concerning marriage, divorce, sex and family life. Other factors such as family nuclearisation and Singapore’s successful public housing programme have seen more young couples apply for their own HDB flats, resulting in more seniors living alone. With English adopted as the first language in Singapore, it was perceived to be harder to pass on key Asian values transmitted through literature, fables and folk tales in the mother tongue. The availability of domestic helpers and a policy encouraging females to be in the workforce were also seen as contributing to the erosion of family values.²⁰ This phase of conscious policy formulation regarding seniors sought to emphasise self-reliance and financial independence in one’s old age. The report by the Advisory Council of the Aged led to the formalised increase of the retirement age from 55 to 60 and an expansion of public education programmes targeted at changing attitudes towards seniors. The tenor of discourse in ageing policymaking would later adopt an all-embracing and broader reach.

The “Many Helping Hands” Approach

The Inter-Ministerial Committee (IMC) on the Ageing Population, formed in 1998, comprised 21 members that included representatives from ministries and statutory boards, as well as civic organisations and representatives from the public, private and people sectors. This “Many Helping Hands” approach involved family, community and the elderly themselves in the goal of sustaining and improving the well-being of seniors in Singapore. Chaired by then Minister for National Development Mah Bow Tan, more than 80 members from a wide range of backgrounds were involved in six workgroups: Financial Security, Employment and Employability, Healthcare, Housing, Social Integration of the Elderly and Cohesion and Conflict in an Ageing Society. They consulted many more people via numerous focus group discussions and dialogues, with many proposals discussed and evaluated.

The IMC envisaged ageing well to be achieved through a “many helping hands” approach across four levels of desired outcomes. At the individual level, there would be healthy, active and secure senior citizens—one where older Singaporeans can age with respect and dignity as integrated and contributing members of society, and who see it as their responsibility to plan for old age. At the family level, the IMC hoped for strong, extended and caring families that would continue to be the first line of care, and a primary avenue for inter-generational interaction and the transmission of values. At the community level, the IMC sought to develop a strong network of community services to enable the elderly to continue to live with their families and in the community for as long as possible. This meant adopting an ageing-in-place approach that would see the coalescence of housing, social, medical and recreational facilities within the neighbourhood. Finally, at the national level, the government would provide the leadership and the framework to enable the individual, family and community to play their part. Doing so meant that national policies on the elderly would not just cater to the frail and ill (about 7% of the elderly population), but also take into account the elderly who are well and healthy (the other 93%).²¹ Cross-cutting issues were then sought to be tackled holistically to allow for better coordination among the various agencies and sectors.

This vision was later developed further by the Ministerial Committee on Ageing Issues (CAI), under the Ministry of Community Development, Youth and Sports, as the Successful Ageing framework in 2006 (see Exhibit 2). It is built upon three pillars: participation, health and security, and delivered across four strategic thrusts: (i) employability and financial security, for greater independence into older years; (ii) ageing in place, with barrier-free environments and transportation systems; (iii) holistic and affordable

healthcare and eldercare with a continuum of services catering to different needs and means; and (iv) active ageing for seniors to maintain their physical and mental well-being.²² The framework underlines the core tenets of a national policy towards the aged and ensures the elderly in Singapore are an integral part of society.

EXHIBIT 2 SUCCESSFUL AGEING FRAMEWORK.



Source: Adapted from Committee on Ageing Issues, *Report on the Ageing Population* (Singapore: Ministry of Social and Family Development, 2006).

Developing a City for All Ages

By the mid-2000s, cities began to see ageing more as a social issue rather than a medical one. Urban environments, when designed with mobility, accessibility and the safety of older residents in mind, would become more liveable spaces for the rest of the populace as well. The term “City for All

Ages” encapsulates going beyond programmes and standalone facilities for the elderly to improve the overall liveability of the built environment, complemented by community support and eldercare services.

A key pillar in this framing of ageing issues was “ageing-in-place”, which envisages seniors growing old in the home, community and environment that one is familiar with, with minimal change or disruption to one’s lives and activities, even as physical and cognitive abilities decline over time. This means that the living environment would have to be accessible to the needs of people as one ages, hinged on a belief that these needs are better met within the community that they have been familiar with rather than growing old in a distinct and separate enclave, with a populace comprising primarily seniors like themselves.²³ Building a City for All Ages involved re-envisioning how the elderly could lead more meaningful and engaged lives achieved through lifelong learning options, increased employability and the implementation of age-friendly environments, with particular attention paid towards enabling ageing-in-place regardless of one’s income or health status.

Envisioning a Toolkit for Ageing Well

Throughout the evolution of planning for an ageing population over the last 40 years, a key concern has been the attitudes held by policymakers, medical professionals, employers, families, larger society and the elderly themselves towards ageing. “Ageism”, a term coined in 1971 by gerontologist Dr Robert Butler, the first director of the National Institute of Ageing in the United States, exists alongside more familiar discriminatory lenses such as “racism” and “sexism” in all societies to different degrees. Ageism has three elements: prejudicial attitudes towards older people and the ageing process, discriminatory practices against older people, and the institutional practices and policies that perpetuate stereotypes about seniors.²⁴ How has Singapore grappled with ageism and sought to overcome it? What are the attitudes and aspirations that the elderly themselves hold towards ageing? To what extent has Singapore been successful and in which dimensions have outcomes been better than others? Where are the pain points and areas that continue to challenge policymakers? Most importantly, what has Singapore learnt thus far in its journey of seeking to build a future-ready, age-friendly city? These questions permeate the following chapters that seek to address how Singapore has sought to put together a policy toolkit to enable its citizens to age well.

Singapore's Approach to Ageing

Singapore has adopted a non-welfare state approach towards planning for seniors, or more accurately, a distinctly alternative model of welfare where it adopts a national philosophy of active government support to encourage and enable self-reliance. In response to BBC reporter Stephen Sackur's question if Singapore believes in a safety net for those who fall between the cracks of a successful economy, then Deputy Prime Minister Tharman Shanmugaratnam said the preferred approach is a "trampoline"—a safety net that also helps citizens bounce back up. It is about keeping alive a culture that enables the state to intervene to support social mobility, without undermining personal and family responsibility, he explained. Extending the trampoline metaphor, this could take the shape of an intermediate platform for the jumper to leap onto, or a rope to cling without falling to the bottom, both of which entail an inadvertent link to personal effort and willingness to try.²⁶

This approach is very much tied to Singapore's unique geographical constraints and historical legacies. The belief is that being a country without natural resources, the welfare state system is less tenable. Coupled with Singapore's reliance on human capital as its only resource, the State is reluctant to raise taxes as it might reduce the attractiveness of foreign investments, which can affect the global competitiveness of Singapore.²⁷ Ironically, the British colonial government's laissez-faire support led immigrants, historically, to depend on informal help from relatives and others from the same province of origin. Among the Chinese, clan associations were formed based on commonalities such as surname or village, while ethnic associations such as the Indian Association established in 1923, sought to help the destitute and sick. These associations became an important source of social security although their reach was limited given their lack of funds. One of the more successful examples is the Kwong Wai Shiu Hospital, set up in 1910 by the Cantonese Association, which has acted as a step-down facility for the care of frail old people.²⁸

Enacting Legislative Tools to Protect the Elderly

An emphasis on individual responsibility, failing which the family and then the community are the next lines of defence, have been the cornerstones through which the crystallisation of a national policy on ageing in Singapore has evolved; so much so that in Singapore, there exists the Maintenance of Parents Act, passed in 1995. The Act states that any Singapore resident aged 60 years old and above who is unable to maintain himself adequately, is entitled to claim maintenance from their children, either in a lump-sum payment, or by way of monthly allowances. Relatives or caregivers may apply for court action on a parent's behalf with the parent's consent.²⁹ This Act cements Singapore's underlying governing philosophy that the family is the first line of support and with institutional care as the "last resort" through legislature.³⁰ It is complemented by the Mental Capacity Act, which enables individuals to make a Lasting Power of Attorney (LPA) to appoint someone they trust to make decisions on their behalf in case they lose their mental capacity. In addition, the Singapore Parliament recently passed the Vulnerable Adults Act (2018) to protect vulnerable seniors and persons with disabilities who are suffering, or at risk of harm due to abuse, neglect or self-neglect (see Box Story).³¹ As Chionh Chye Khye, former executive director of the Council of Estate Agencies (CEA) related, the CEA was enacted to regulate the real estate industry, and in particular to protect seniors from unscrupulous agents. In the past, many seniors had fallen prey to swindling rackets, which worked in cahoots with moneylender rings to trick them into selling off their flats to help pay off their debts, which came with exorbitant interest rates.³²

THE YANG YIN CASE: PROTECTING VULNERABLE ADULTS

In 2016, tour guide Yang Yin from China was arrested for two counts of Criminal Breach of Trust. He was convicted of misappropriating a total of S\$1.1 million from wealthy Singaporean widow Madam Chung Khin Chun, who had no children. Madam Chung was diagnosed with dementia in April 2014, and hence was medically assessed to lack the mental capacity to understand and make any decisions concerning her property and personal affairs.

The two parties first met in 2006 at a travel fair in Singapore, before meeting again in 2008 when Yang acted as her tour guide in Beijing. A year later, he moved into Madam Chung's home on Gerald Crescent. Yang proceeded to obtain Permanent Residency by falsifying the profitability of a bogus company he set up, before bringing his wife and two children to Singapore to live as dependents. Yang was to inherit Madam Chung's assets in a 2010 will and was given a Lasting Power of Attorney (LPA) by Madam Chung in 2012 to manage her affairs. In the four years that Yang and his family lived with Madam Chung, her savings fell from S\$2.7 million to just S\$10,000.

Throughout his time with Madam Chung, Yang portrayed himself as the grandson she never had and claimed that Madam Chung had wanted him to move in and take care of her. Yang produced several photos showing him spending time with Madam Chung as part of his plea for innocence. However, there was sufficient evidence to prove the contrary: Immigrations and Checkpoints Authority (ICA) records showed that Yang left the country 43 times for a total of 307 days between September 2009 and September 2014, which was congruous to the period of Yang living with Madam Chung. Yang also never brought her to see a doctor or psychiatrist and hired helpers to do all household chores. The pictures he produced were also all taken on the same date: August 20, 2014.

Madam Chung's niece, Madam Hedy Mok, commenced a series of legal actions against Yang in 2014, which saw his LPA revoked and his name removed from Madam Chung's new will, which left most of her assets to charity instead. A total of 347 charges involving falsifying receipts, cheating, immigration crimes, and breaking Companies Act laws were levelled against Yang.

Yang was eventually sentenced to six years in jail in September 2016. His sentence was further extended to nine years in March 2017.

The Yang Yin case serves to highlight the importance of planning ahead for future contingencies. The State adopts a “family first” approach by encouraging all individuals age 21 years and above (“donors”) to make their LPA to appoint persons they trust (e.g. spouses, adult children and/or other close family members or friends) as donees to act on their behalf in the event of loss of mental capacity. For individuals who do not have any or any appropriate persons to appoint, they can consider engaging the services of a professional donee. The Mental Capacity Act also allows for licensed trust companies to be appointed as donees in respect of a donor's property and affairs matters.

For individuals who did not make an LPA before losing mental capacity, someone else (e.g. next of kin or professional deputy) may apply to the Court under the Mental Capacity Act to be appointed as a deputy for the individual.

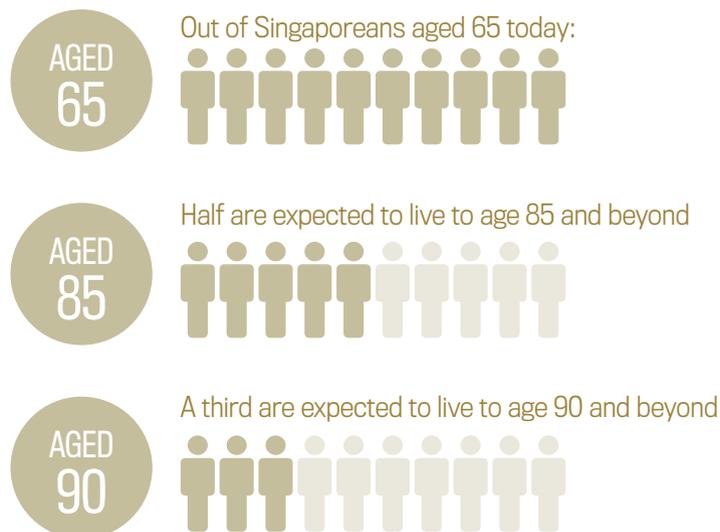
However, beyond legislative tools, in placing responsibility on self-help, family and community reliance, the state nonetheless remains accountable for putting in place the financial, physical and social framework to buttress the efforts of individuals, families and communities. How has Singapore achieved this?

Taking Personal Ownership of Retirement Planning

Singapore is a country that now boasts the highest life expectancy in the world, overtaking Japan. With an average life span of nearly 85 years, Singaporeans are healthy for longer and living longer. In fact, of the total number of elderly persons (65 years and above), half will live till 85 years and a third up to 90 years (see Exhibit 3). The National Survey on Senior Citizens (1995) revealed that 87% of Singapore citizens aged 55 and above did not make any financial provisions or plans for old age. Most expected their children to provide support and many others believed that their Central Provident Fund (CPF) would be sufficient. This appeared to be based more on faith, rather than on fact or planning.

Given Singaporeans' longevity, it is highly likely that people would outlive their retirement savings. As such, the government has rolled out public education campaigns to raise awareness of individual financial planning, and instituted more tools within Singapore's social security structures to do so, while encouraging people to stay employed for longer.³³

EXHIBIT 3 LIFE EXPECTANCY OF SINGAPOREANS OVER 65 YEARS OLD.



Source: Adapted from CPF website (<https://www.cpf.gov.sg/Employers/AboutUs/about-us-info/cpf-overview>, accessed 10 January 2020).

Central Provident Fund: Singapore's Social Security System

The CPF was introduced in 1955 as a mandatory comprehensive social security system for Singapore Citizens and Permanent Residents to set aside funds for retirement. The CPF was introduced at the time when employers, apart from the civil service and several large companies, did not provide their workers any retirement benefits. As a result, people had to depend on their savings or on their children after retirement, which reduced their post-retirement financial security. Over the years, the CPF's role has widened to help individuals meet other social needs such as housing, healthcare, family protection and asset enhancement (see Box Story).

FINANCING OLD-AGE SUPPORT: MORE ABOUT THE CENTRAL PROVIDENT FUND (CPF)

A CPF member has four savings accounts into which their contributions, which are a proportion of their salary, are transferred automatically:

Uses of CPF Savings

Ordinary Account (OA)	Housing, insurance, investment and education.
Special Account (SA)	Old age and investment in retirement-related financial products.
MediSave Account (MA)	Hospitalisation expenses, selected outpatient treatments and approved medical insurance.
Retirement Account (RA)	Retirement expenses (account automatically created on the member's 55th birthday).

Interest Rates

Ordinary Account (OA)	Up to 3.5% p.a.
Special Account (SA)	Up to 5% p.a.
MediSave Account (MA)	Up to 6% p.a.
Retirement Account (RA)	Up to 6% p.a.

Upon turning 55, members can withdraw up to S\$5,000 of their CPF savings after setting aside their Full Retirement Sum or Basic Retirement Sum (if they own a property with sufficient lease) in their Retirement Account (RA). The RA monies provide monthly payouts to the member from the payout eligibility age, currently at 65 years old.

CPF Lifelong Income For the Elderly (CPF LIFE) is an annuity scheme that provides Singapore Citizens and Permanent Residents with a monthly payout for as long as they live. There are three CPF LIFE plans with different monthly payouts for members to choose from—the LIFE Standard Plan, the LIFE Escalating Plan and the LIFE Basic Plan. Members may choose their CPF LIFE plan at the time when they wish to start receiving their monthly payout, which is anytime between age 65 and 70.

In 1968, the government introduced the Public Housing Scheme, allowing Singaporeans to pay for the down payment and mortgages of their Housing and Development Board (HDB) flats using their CPF savings. This increased the affordability of housing and allowed many Singaporeans to own their homes, a key pillar of retirement security. By the 1970s, as wages and living standards rose, CPF contribution rates were increased to help people save more for retirement. Over time, schemes were introduced (e.g. CPF Investment Scheme) to enable part of the savings to be used for investments with potentially higher returns, and with a cap set on the amount of investible funds and the type of financial instruments to prevent members from taking excessive investment risks.³⁴ The Retirement Sum Scheme (then known as the Minimum Sum Scheme) was also introduced in 1987 to help individuals spread out their savings after retirement, by streaming out CPF savings monthly instead of having it withdrawn in a lump sum upon retirement. In 2009, CPF LIFE was introduced to provide members with a monthly payout for as long as they live.

Financing Healthcare Costs

Singapore's healthcare financing approach is multi-tiered to keep healthcare expenses affordable and sustainable with significant government subsidies across all healthcare settings, which can be as high as 80% for inpatient care at acute hospitals. In many settings, government subsidies are means-tested, targeting more assistance at those who need them more. Working Singaporeans and their employers contribute a part of their wages to MediSave, which is used to help CPF members save for medical expenses, especially after retirement. Members can also use MediSave to pay for their health insurance premiums as well as for approved dependents.³⁵

In 1990, MediShield was introduced as a medical insurance scheme to help members pay for expenses incurred by long-term and serious illnesses. MediShield Life replaced it in 2015 to offer higher payouts and better protection for all Singapore Citizens and Permanent Residents, including the very old, those who have pre-existing conditions, and for life. MediShield Life helps to pay for large hospital bills and selected costly outpatient treatments, such as dialysis and chemotherapy for cancer. It is a basic health insurance plan administered by the CPF Board, and its coverage is sized for subsidised treatment in public hospitals. Those who choose to stay in private hospitals or in non-subsidised hospital ward types at public hospitals are also covered by MediShield Life but need to co-pay more of their bills using MediSave and/or cash, or purchase additional private insurance coverage. Premiums for MediShield Life are paid out from

one's MediSave account, and premium subsidies are available for lower and middle-income households. Additional premium support is also available for the financially needy. This ensures that no one will lose MediShield Life coverage due to financial difficulties. The MediFund endowment fund is also available to needy Singaporeans who are not able to afford their bills after subsidies, MediShield Life and MediSave.

Singapore's long-term care financing framework is also similarly tiered. Other than means-tested government subsidies in various long-term care settings, a key component of this framework involves insurance, which provides Singaporeans with affordable protection and assurance for their basic long-term care costs. In 2002, ElderShield, a long-term care insurance scheme was introduced to provide Singaporeans with basic financial protection against the long-term care costs in the event of severe disability. Singaporeans with a MediSave account are automatically enrolled in ElderShield at the age of 40, unless they opt out of the scheme. Initially, the scheme provided monthly cash payouts of S\$300 for up to five years in the event of severe disability, but in 2007, the scheme was enhanced to provide monthly cash payouts of S\$400 for up to six years.

In addition, a new long-term care insurance scheme called CareShield Life—an enhancement to the existing ElderShield scheme—launched in 2020 will provide higher and lifetime payouts as long as one remains severely disabled. CareShield Life will be compulsory and universal for future (those born in 1980 or later), including those who are already severely disabled. Those aged 30 to 40 in 2020 will be the first to join the scheme. Subsequent cohorts will join the scheme when they reach the age of 30. For those born in 1970 or earlier, CareShield Life will remain optional.



4. Silver Generation ambassadors conducting home visits to introduce the Merdeka Generation Package to seniors.

Two other new initiatives that were introduced in 2020 as part of a national effort to strengthen social safety nets, in preparation for an increase in Singapore's population's future long-term care needs: MediSave Care, which allows MediSave withdrawals in cash for severely disabled Singaporeans; and ElderFund, a new discretionary assistance scheme targeted at assisting severely disabled, lower-income Singapore Citizens. Specifically for the elderly, the government rolled out the Pioneer Generation Package (2014) and the Merdeka Generation Package (2019) to provide these seniors greater assurance over their future healthcare expenses. Benefits of the packages include additional subsidies for outpatient treatment, annual MediSave top-ups, additional subsidies for MediShield Life premiums, and additional participation incentives for CareShield Life.

Targeted Assistance for the Needy

Targeted assistance is also given to the needy through subsidies and top-ups, including the needy elderly, through the CPF system. For low-wage workers, the Workfare Income Supplement (WIS) scheme was introduced in 2007 to supplement the wages and retirement savings for older low-wage workers to encourage them to stay employed. The WIS was enhanced in 2020 to enable eligible employees, depending on age and income, to receive up to S\$4,000 per year in WIS payouts, compared to S\$3,600 previously, with older workers receiving higher payouts than younger workers. The enhanced WIS benefits close to 440,000 Singaporeans.³⁶

The Silver Support Scheme was also introduced in 2016 to supplement the retirement incomes of seniors who had low incomes during their working years, and now have less in retirement. Since its introduction, more than S\$1.6 billion has been paid out to over 180,000 recipients. The scheme will be further enhanced in 2021, increasing payouts by 20% and benefitting an additional 100,000 seniors. Eligible seniors will receive a cash supplement of up to S\$900 per quarter, with seniors with less household support or living in smaller HDB flats receiving higher payouts. In total, the expanded Silver Support scheme will cover about one in three seniors aged 65 and above in 2021. Also starting in 2021, the Matched Retirement Savings Scheme will be implemented to help older Singaporeans who have yet to meet the Basic Retirement Sum in their CPF accounts boost savings for retirement. The scheme will see the government matching every dollar of cash top-up made to eligible members under the CPF Retirement Sum Topping-Up scheme up to a cap of S\$600 each year. These schemes provide a range of support for needy citizens, and can result in substantial assistance when put together.

Monetising the Home

Since the 1980s, public officials have been considering ways through which seniors could monetise their home as a means to supplement their retirement income. In 1984, the Howe Yoon Chong Report had called for either an annuity, being the reversionary interest in the flat, or by exchanging their flats for smaller ones as they aged.³⁷ Seniors who sell their existing property and buy a 3-room or smaller HDB flat can also qualify for the Silver Housing Bonus (SHB) if they top up their CPF Retirement Account using the proceeds from the sale and purchase, and join the CPF LIFE plan.^{38,39} The SHB is a cash bonus given to seniors based on the amount they top up to their Retirement Account. Besides enabling the renting out of the entire flat or the extra rooms supplement the funds required for one's retirement needs, the HDB has since implemented two other schemes that allow seniors to monetise their flats.

The HDB's Lease Buyback Scheme

The Lease Buyback Scheme was introduced in 2009 to allow the elderly to monetise their existing flats while continuing to reside in them. Under the scheme, flat owners sell part of their flat's lease to the HDB, while retaining a lease (of 15, 20, 25, 30 or 35 years, depending on the age of the youngest owner). The proceeds from selling part of the flat's lease will be used to top up one's CPF Retirement Account, which can then be used to purchase the CPF LIFE plan that would provide the seniors with a monthly income for life. This scheme allows people to continue living in a familiar environment without uprooting, which is especially beneficial for seniors who have grown accustomed to a particular living environment.

The HDB's 2-Room Flexi Scheme

Seniors who wish to purchase a smaller new flat can do so under the HDB's 2-room Flexi Scheme. Introduced in 2015, 2-room Flexi flats merged and replaced the HDB's Studio Apartments and 2-room flats. This new housing option aimed to cater to the diverse housing needs of families, singles and seniors. Under the scheme, eligible families and singles will continue to be offered 99-year lease 2-room Flexi flats. Senior citizens aged 55 and above, regardless of whether they have previously enjoyed housing subsidies or own private residential property, have an option to buy a short lease 2-room Flexi flat. Based on their age, needs and preference, seniors can take up a lease of between 15 and 45 years in five-year increments, as long as it covers them and their spouse up to the age of at least 95 years old.⁴⁰ The choice of a shorter lease provides seniors with a new home for life while monetising their existing, often larger, property.

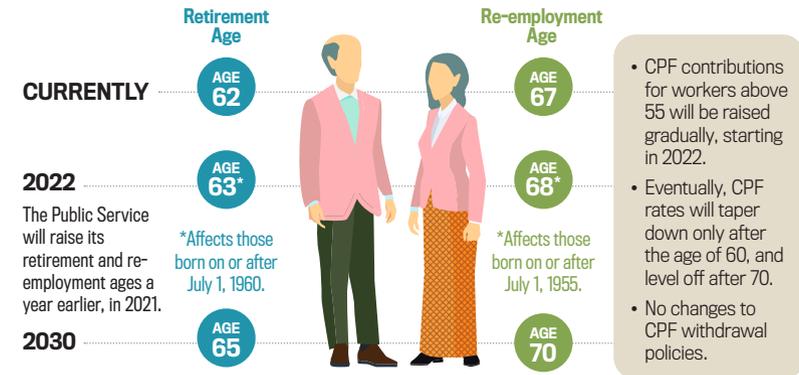
Combating Ageism: Continued Employability of Older Persons

Aside from legal and financial instruments and tools, ageism has been a challenge particularly manifested in the job market. A key strategy that Singapore has adopted since the 1980s has been engaging the elderly in productive employment for longer. The biggest impediment to elderly employment however, is the mind-set of both the employer and older worker. On one hand, workers see the need to continue working and lower their expectations with regard to pay and position, while being open to retraining. Unfortunately, many are resistant to re-training at such a late stage in one's working life and are reluctant to work due to concerns of inflexible work arrangements. It is also hard to find employers willing to redesign jobs to accommodate part-time work or working from home. On the other hand, employers have realised that employing older Singaporeans would become the norm. Employers were hesitant to employ older workers, as they were perceived to have lower productivity levels relative to the cost of employment, especially when compared with young foreign workers. Medical costs and illness-related absenteeism were other factors for employers' reluctance. Nonetheless, they recognised that elderly workers exhibit a greater sense of commitment to the company and might be a better option than employing younger, low-skilled foreign labour, which had considerations such as foreign worker housing and the cost of social integration.⁴¹

Ageist notions are difficult to deconstruct and they co-exist with narratives of superlative productivity to maintain Singapore's global city status, which implicitly privileges the young and nimble whose education and training place them in relevant jobs. A survey of a nationally representative sample of 2,000 Singapore citizens and Permanent Residents, conducted by the Institute of Policy Studies (IPS), showed that two-thirds of the survey respondents (66%) disagreed with the statement that older workers aged 55 and above do not face age discrimination. Moreover, those aged 55–64 years were more likely to disagree with the statement (73% on average), and almost two-thirds of respondents aged 25–54 years, also disagreed with the statement. The findings suggest that it was therefore not just older workers who faced discrimination that disagreed with the statement, but that younger workers were also aware of ageism at the workplace, have sympathy for older workers, and are voicing their fears as they confront age discrimination themselves as they age.⁴²

Keeping the growing proportion of workers above 60 years productively engaged is pivotal to Singapore's economic, social and political survival and sustainability as a nation. In 2019, Prime Minister Lee Hsien Loong

EXHIBIT 4 RETIREMENT AGE AND CPF CONTRIBUTIONS OF SENIORS.



Source: Adapted from CNA, Kenneth Choy.

announced that the retirement age would move from 62 years to 65 years, and the re-employment age from 67 to 70 years by 2030 (see Exhibit 4).

In the past, a progressive reduction of CPF contributions by employers after workers aged beyond 55 years encouraged the hiring of older workers. This has now changed, with an explicit signal for workers to be hired for longer, with full CPF contributions up to 60 years old, before it tapers downwards. Yet, enabling seniors to continue working productively is a joint effort. Employers must redesign their training, jobs, and careers around the abilities and strengths of the older workers. Older workers may not be as strong or quick as their younger colleagues, but this is actually not a problem in many jobs, where technology can be better harnessed.

More importantly, it is about recognising crystallised intelligence that the elderly may bring, and in the redesign of jobs that can enable senior workers to more constructively contribute to companies and wider society. Crystallised intelligence involves knowledge that comes from prior learning, past experiences and accumulated knowledge and understanding. Advocated by psychologist Raymond Cattell, crystallised intelligence is said to peak later in life.⁴³ This stands in contrast to fluid intelligence, which involves being able to think, reason and solve problems that can be independent of previously existing knowledge and more dependent on working memory capacity, which declines as one ages. Both components of intelligence enable people to deal with complex information around them, but these relative components morph throughout one's life-course with certain mental abilities peaking at different times. What Cattell believed too was that seeking new knowledge helps build crystallised intelligence over time.⁴⁴ This suggests that for seniors to stay employable, they too must be willing to shift personal mindsets towards lifelong learning, adaptability

and be willing to learn new skills and take on different responsibilities. Doing previous and continuing jobs well would unlikely be sufficient, given the quick obsolescence of many jobs in the rapidly evolving economic structures of the international marketplace.

Strategies to Increase the Employability of Older Persons

Recommendations put forth by the Inter Ministerial Committee for Ageing in 1999 suggested the setting up of Silver Manpower Centres (SMCs). These aim to facilitate older workers' participation in formal employment or casual work in the community. As a one-stop training, counselling and job placement centre, SMCs solicit job opportunities for the elderly and work with employers to redesign jobs or workplaces to suit the employment of older workers. In addition, SMCs conduct or facilitate appropriate training to ready workers for employment. With a community-focus, SMCs are located in housing estates, with both employees and potential jobs coming from the local community or nearby areas. For those who do not wish to work, SMCs also help people get more involved in community activities and volunteer work, if they desire.



5. Participants attending a course by digital skills training provider Lithan Academy.

By the mid-2000s, more dedicated attention was placed on the employability of the elderly. The Tripartite Committee on Employability of Older Workers was set up in 2005 to recommend measures to enhance the employability of older workers and comprised representatives from employer organisations, unions and the government. The five strategic thrusts for the committee are (a) improving workplace practices and support; (b) raising productivity and skills of older workers; (c) shaping positive perceptions of older workers; (d) enhancing employment facilitation; and (e) improving retirement planning.

Over time, however, there has been increasing recognition that enhancing employability is not just about finding jobs for older people, but a more

holistic redesign of work models and job allocations that befit the changing demographics of Singapore's workforce. Singapore has embarked on a herculean task of transforming the economy through upskilling, reskilling and lifelong learning in tandem with SkillsFuture Singapore.⁴⁵ The intent is to bring about sustained gainful employment of the ageing population to increase the productive contributions of the elderly worker that is commensurate with their cognitive, sensory and motor abilities as they age. Thus, beyond equipping individuals with skills, redesigned workplaces need to foster a multi-generational work environment to accommodate changing workforce profiles as more seniors work for longer. Strategising and harnessing crystallised intelligence through retraining, age-inclusive work practices and vigilance against ageism, have become essential to business survival. Employers need to believe that they can get strong business results from the heightened work performance of elderly workers, and invest in continual coaching, mentoring and training. Employees need to learn to work around potential inter-generational workplace conflict and believe that different generations not only have to tolerate each other, but should enjoy and be motivated working alongside one another.⁴⁶

Debunking Myths and Misconceptions

As much as keeping seniors productive in the workforce accrue benefits to the economy from the state's perspective, continued employment enables financial independence and allows seniors to be healthier, maintain friendships, and foster meaning and purpose in their lives—essential ingredients for dignity, sociability and happiness. There are therefore cross-sector multiplier effects between employability, health, financial security, and social well-being. Combating ageism—debunking the negative stereotypes and misperceptions regarding abilities, motivations and cognitive states of older persons—thus has to be front and centre in all policy formulations and reviews and not just around employability, but also in the media, and in conversations within the civil sphere. For instance, terms like “old-age dependency ratio” need to be reframed, if not dismissed altogether, as they reinforce myths of the inadequacy of more mature Singaporeans. It is as if people are assumed to be productive from the ages of 20 to 64 years, and suddenly require support from their 65th birthday onwards by the younger economically productive populace.⁴⁷ This is untrue, especially in Singapore, given that the CPF system encourages financial self-reliance on multiple fronts, and which has since been enhanced considerably to take into account longevity and healthcare needs. On the contrary, many Singaporeans continue to work beyond 65 years, engage in recreational

pursuits and holidays, and in fact contribute immensely to give the younger generation a foothold in life by helping to defray costs of owning a first property and through unpaid domestic labour as they devote their time and energy in care for their grandchildren.

It is also interesting to note that by 2019, attitudes towards self-financing for retirement seemed to have shifted. Contrary to the earlier 1995 attitudinal survey on the elderly, recent findings by IPS showed that 41% of respondents agreed with the statement: “Each generation should take care of itself, without the need to be supported by other generations”. However, 38% still disagreed, and this was more likely from those aged below 40 years and above 60 years.⁴⁸ This seems to suggest that ideas around filial piety are still strong. More significantly, the findings point to the success of the government narrative of self-reliance and the need to plan for one’s retirement on one hand, but also the continuing discourse that families should continue to be the first line of defence for the care of the elderly, on the other, indicating the relevance of Foucauldian notions around governmentality and the technologies of self.⁴⁹

For many older people, battling ageism continues to be a bigger problem than the process of ageing itself. Despite the slew of financial tools and efforts towards employability of seniors, the looming issue of poverty among the aged is salient. With longevity, the sizable proportion of seniors who struggle to make ends meet will continue to grow, and CPF payouts that are pegged to lower-middle household retiree expenditure levels may not be sufficient especially with increasing costs of living and medical expenses. More needs to be done to ensure that seniors can be retained in their jobs and be gainfully re-employed in positions where their experiences and expertise can be harnessed through innovative job redesign and job creation for the elderly in areas like the eldercare sector. Often the ability to continue to work is closely linked to one’s sense of identity and wellness. Losing one’s productive capacity can therefore be disillusioning and could have negative physical repercussions. Studies are increasingly showing that social and mental well-being have implications and manifestations in physical health conditions. Being gainfully employed as one ages is thus not simply about its financial benefits, but also its corollary effects on one’s overall wellness.

In addition, combating ageism requires rethinking the prism through which we build our city and foster togetherness. Singapore’s physical landscape has to enable seniors to go about their everyday lives as independently as possible, however they choose, even as cognitive and mobility decline start to set in as one ages. This means transforming the environment into one that is age inclusive, barrier-free, and inviting for all to get around and enjoy the city’s offerings, regardless of race, class, age and ability.

CHAPTER 3

CHANGING SINGAPORE’S PHYSICAL INFRASTRUCTURE

“

Every time we get feedback, we sit down together as a committee to amend and improve. It is this system of collective wisdom that is crucial to the making of Singapore as an urban laboratory.⁵⁰

”

LIU THAI KER
CEO, Housing and Development Board
(1979–89)

Operationalising the “Trampoline” Concept: The Shifting Discourse

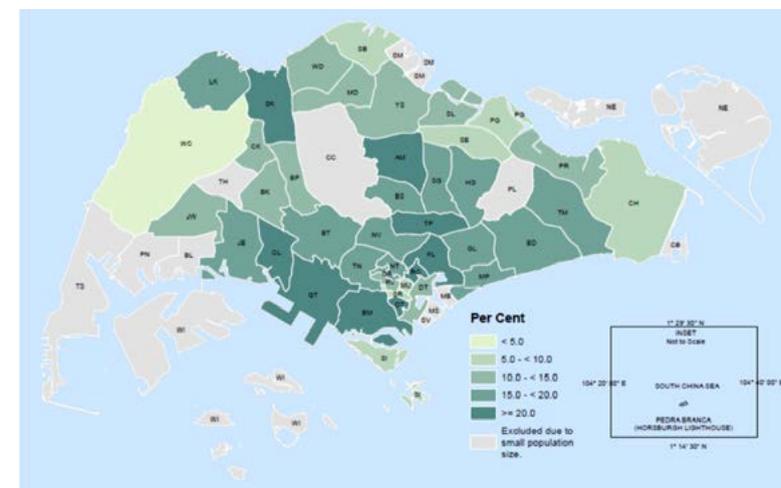
In many Chinese homes in Singapore, it is not uncommon to find the deities Fu, Lu and Shou, who respectively personify happiness, wealth and longevity. They reflect the collective aspirations of many: live to a ripe old age, have sufficient finances and be joyful.⁵¹ Translating this into state policies, “successful ageing” and “ageing-in-place” have become the mantras that have guided Singapore’s approach towards planning for the aged.

The 1999 Inter-Ministerial Committee introduced the principle of ageing-in-place to develop strategies such as elder-friendly homes and environments, which have since been operationalised successfully to different degrees, across the domains of housing, accessibility, healthcare and eldercare, and opportunities for active lifestyles and well-being for seniors. This was evident in the Eldercare Masterplan put forth by the then Ministry of Community Development and Sports (MCDS) in 2001 to conceive, plan and build community-based facilities for elders as part of the national infrastructure. However, as a plan internal to MCDS, the initiative did not gain the necessary traction it had hoped.⁵² As the first decade of the 21st century lapsed, it became clear that a concerted inter-agency, government-wide strategic focus was essential.

Riding on the 2006 Committee on Ageing Issues (CAI) report, the Ministerial Committee on Ageing (MCA), established under the Ministry of Health (MOH) in 2007, sought to crystallise the framework of successful ageing into concrete measures for implementation. The City for All Ages (CFAA) project, launched in 2011, brought together grassroots leaders, residents and researchers to assess the needs of the seniors living in the area through social surveys, health screenings and hardware audits of the flats and towns to make these areas more liveable for the elderly. Specific precincts were identified as “living laboratories”. To date, this initiative has been implemented in several neighbourhoods, which unsurprisingly coincide with the spatial distribution of the elderly across Singapore (see Exhibit 5).⁵³ Neighbourhoods with the highest proportions of residents aged 65 years and over are mostly in the city centre and fringes of the central area (Outram, Rochor, Bukit Merah, Ang Mo Kio, Queenstown, Sungei Kadut, Toa Payoh and Kallang), where the first wave of public housing estates was built. In each of these areas, approximately one in five residents are aged 65 years and above. By contrast, relatively newer estates located in the outer areas of the island (e.g. Punggol) have a higher proportion of children below 5 years old. Such a spatial distribution suggests that in planning for elderly services, a targeted approach towards an in-depth localised understanding of seniors’ everyday lives would be

useful, even as a comprehensive age-friendly framework of planning is undertaken across Singapore.

EXHIBIT 5 PROPORTION OF RESIDENT POPULATION AGED 65 YEARS AND OVER BY PLANNING AREA.



Source: Singstat, *Population Trends 2019*.

In 2015, the MCA launched the S\$3-billion Action Plan for Successful Ageing—a blueprint for Singapore’s ageing population that was the result of a year-long consultation process that involved some 4,000 Singaporeans.⁵⁴ At its initiation, the plan covered more than 70 initiatives across 12 focus areas.

As Singapore entered the new millennium, there was greater acknowledgement that the formulation of ageing policies was not just about the segment of the populace called “seniors”. The discourse had shifted: ageing was no longer a “social” issue, but an “existential” one.⁵⁵ Planning for ageing took a holistic socio-political dimension and was intrinsically tied to the mission of creating a future-ready Singapore. As much as the ingrained narrative is still touted—that individuals, families and communities are the bulwarks of support for the elderly—the Singapore government in reality has been doing and spending more to develop the policy framework and infrastructure to support an ageing population. Government spending more than doubled in the last decade from S\$33 billion (2007) to S\$71 billion (2016) with the Education and Health ministries accounting for much of the pie, as well as increasing expenditures in the Ministry of Transport, Ministry of Social and Family Development (MSF), and Ministry of Culture, Community and Youth.⁵⁶

Housing Senior Citizens

Since ageing issues were first discussed nationally, housing options for seniors have been singled out as a key area of concern. The Housing and Development Board (HDB), being the public housing authority of Singapore, was tasked with addressing this challenge. As master-planner and master-developer for public housing estates in Singapore, for which around 80% of Singaporeans live, the HDB plays a crucial role in providing residential pathways for Singaporeans throughout their life course.



6. A family viewing their new HDB flat in the 1960s.

In the 1960s, moving and resettling people from the sprawling *kampongs* (“villages” in Malay) to high-rise, high-density public housing, there was concern that social ties that had been interwoven and built over generations in the supportive organic environment of local villages would be forever lost. The HDB has sought to assuage the “root shock”⁵⁷ experienced by people who moved from their beloved *kampongs* due to redevelopment schemes in modernising Singapore, by relocating villages en-masse into their new homes in HDB estates.⁵⁸ The deployment of urban design techniques to recreate the “*kampung* spirit” amidst high-rise housing has also been implemented. For instance, courtyards that people were accustomed to in village lifestyles were encompassed through “void decks” designed on the ground floors of each block and enlarged corridors on multiple levels—what has been described as “courtyards in the sky” to encourage mingling.⁵⁹

There was also a fear that family bonds would break down as ironically, due to the efficiency of the HDB’s home-ownership scheme, more and more young couples were applying and purchasing their own flats, thus moving away from their parents. Yet, the HDB’s mission, for the most part, has not simply been about providing shelter, but building homes. This includes township planning as well as building and development, to keep family ties strong and communities together, which are the touted primary lines of defence in supporting seniors as they age.



7. New high-rise HDB flats built along the Kallang River, 1975–85.

Public Housing Initiatives

Underlying the constant evolution of the HDB’s housing policies is the desire to better meet the diverse aspirations and needs of Singaporeans at different life stages. It has tried to offer multiple options to seniors, whose individual circumstances may differ vastly. This entails physical hardware (flats with different layouts and typology, upgrading to make flats and estates barrier-free), software (as well as monetisation and mutual care through innovative housing policies, and providing grants for proximity living or living together with family) and “heartware” (the integration of care and services).

Multi-Generational and Proximal Living

The HDB began introducing schemes encouraging multi-generational living in the 1970s. The Joint Balloting Scheme (1978) allowed married children and their parents who may have applied for flats separately, to be allocated flats close to each other when the earlier application was due. The Multi-Tier Family Housing Scheme (1982) went a step further to offer priority in housing allocation and incentives such as longer loan periods and lower down payments.⁶⁰ It also piloted “granny flats” in the 1980s, which were flats with an adjoining 40 m² studio apartment to encourage inter-generational living with seniors.⁶¹

These schemes have been tweaked over the years to current policies like the Multi-Generation Priority Scheme, which helps married children and their parents obtain new flats in the same new housing precinct; the Married Child Priority Scheme, which helps married children and their parents live close to each other or together; the Senior Priority Scheme, which helps senior residents who wish to age-in-place in a familiar environment or live near their married child (e.g. in a 2-room Flexi flat with varying lease options); and the Three-Generation (3Gen) purpose-built flat, which provides two bedrooms with attached bathrooms, and two other bedrooms (i.e., four bedrooms instead of the usual three bedrooms in a 5-room HDB flat) to support the needs of a multi-generation household. The Proximity Housing Grant (PHG), introduced in 2015 and enhanced in 2018, provides housing grants for those who buy resale flats on the HDB open market to live with or near their extended family, complementing schemes that encourage multi-generational and proximal living. It benefits a wide spectrum of Singaporeans looking to live with or near their parents or married child. These include (a) young couples who wish to live with or near their parents; (b) married couples who bought their first flat far from their parents but now wish to move closer, especially after they have children and/or their parents are not well; and (c) parents who wish to monetise their home and buy a resale flat with or near their child, including those who have enjoyed housing subsidies before and/or are private property owners.⁶²

More importantly, the HDB has constantly sought to understand the changing profiles and demands of its customers through surveys, consultations and solicitation of feedback. Policymaking is less a magic wand than a tenacious strive to test, innovate and evolve policies so that residents’ wants can be met and their lived outcomes improved.⁶³ Over the years, the HDB recognised that not all multi-generation families wanted to live together in the same flat, but preferred “intimacy at a distance”, for which senior families and their adult children families lived in close proximity, but not together. Sociologists employed by the HDB at that time observed that multi-generational living was, in fact, not ideal and

exacerbated inter-generational conflicts, especially around economic concerns (for instance, who should pay for which household items).⁶⁴ This was later evidenced in balloting patterns—people were noted to opt for units on separate floors within the same block, or for different blocks within the same precinct, rather than for units on the same floor or next to each other.⁶⁵ This preserved the independence and privacy of younger families, whilst staying close to their parents.

From Studio Apartments to 2-Room Flexi Flats

The adjustments to the Studio Apartment (SA) Scheme are another example of the constant evolution and learning that comes with seeking to improve the housing options available for Singaporeans. While facilitating multi-generation living remains the mainstay of housing policy for seniors, the HDB introduced the SA Scheme in the 1990s to cater to an anticipated demand from seniors for more independent living. Smaller than 3-room flats, these apartments are sold on 30-year leases in a ready-to-move-in condition with elder-friendly fittings and fixtures such as non-slip tiles, support hand bars and emergency pull-cords that activate alarms, to on-site senior facilities that provide support services.

These SAs are spread across mature and non-mature estates, in locations with established amenities and transportation networks. Built as dedicated blocks to cater specifically to seniors, the initial demand was slow as people were not used to smaller flats and short leases.⁶⁶ Seniors also frowned upon the frequency of funeral wakes held at their void decks or nearby pavilions. With its monotonic social group, SA blocks, commonly identified by the prefix of “Golden”, such as Golden Jasmine in Bishan and Golden Tulip in Bukit Merah, were viewed by some with a sense of morbidity and rejection.⁶⁷ In a survey of seniors’ preferences that compared dedicated SA blocks to co-mingling with other flat types, the findings were split, suggesting that provision of a suite of choices was a better approach.⁶⁸ The HDB went on to build SAs together with other flat types in the same block to achieve a better resident mix and encourage social interactions across all age groups. Gradually, the SA scheme steadily gained acceptance. In terms of software provision for SAs, the HDB worked in partnership with the MSF (and its predecessors) and MOH to provide on-site senior facilities like Senior Activity Centres and Active Ageing Hubs in SA projects. The HDB continued to roll out more SA projects (totalling 72) until the scheme was replaced by the 2-room Flexi scheme in 2015, which provides the seniors with a more affordable option of a flat with a shorter lease of between 15 and 45 years to enable them to live in the flat until the age of 95 and above, while still being integrated within an inter-generational living environment. Where possible, some of the projects with 2-room Flexi flats are also co-located with senior facilities such as Active

Ageing Hubs to enable seniors living within and near these developments to enjoy convenient access to senior-centric support services.

Estate Renewal, Upgrading and EASE

The HDB began rolling out a series of upgrading programmes in the 1990s, targeted to enhance the overall living environment of the older public housing estates that were built shortly after Singapore's Independence. As these older public housing estates mostly housed Singaporeans who were ageing over time, the upgrading schemes retrofitted the physical environment to make it more age-friendly. The Main Upgrading Programme, introduced in 1992, included in-flat improvement works such as the addition of spaces, re-tiling of toilets and new sanitary fittings, as well as improvements at the precinct level—provision of covered linkways, ramps, railings and drop-off porches. It was subsequently split up into the Home Improvement Programme and Neighbourhood Renewal Programme in 2007, so as to enable more precincts to be upgraded based on their needs. The Lift Upgrading Programme was also introduced in 2001 to provide direct lift access to all floors of eligible HDB blocks. This proved to be transformative for many elderly who were less mobile. They could now move independently or with some help in their wheelchairs and walking sticks and get around their neighbourhood to engage in social activities and everyday errands. Within the flat unit itself, the Enhancement for Active Seniors (EASE) scheme provided enhancements to the homes such as slip-resistant treatment to toilet floor tiles, grab bars and ramps,

to enable elderly residents to move independently within their homes.

Besides these in-situ improvements, the Selective En bloc Redevelopment Scheme (SERS) helped rejuvenate older estates and their demographics, and in the process improved the living conditions of seniors. Under SERS, selected precincts are announced for redevelopment, and residents are rehoused in new flats with the latest designs, at designated replacement sites. Surplus replacement flats not taken up by SERS residents are sold to the public, in particular young families. Even as SERS is a redevelopment programme, it centres on the notion of preserving community



8. Grab bars installed under the Enhancement for Active Seniors (EASE) scheme.

ties, as residents of blocks of flats selected for redevelopment were often offered replacement flats nearby. In this way, communities were kept intact as far as possible, even as new family units moved into the estate to rejuvenate the demographic profile and spirit of the place.⁶⁹ Akin to resettlement efforts of the past, this allowed social bonds that have been acquired and forged over the years between neighbours to be kept. As SERS projects often involved a high proportion of senior residents, the opportunities to relocate within a familiar environment, to right-size or to move in with their now adult children and to live in a new flat with age-friendly fittings were comforting and desirable for many seniors.



9. Residents involved in the Selective En bloc Redevelopment Scheme (SERS) at East Coast Road were assured allocation of new flats at Chai Chee Road at subsidised prices.

Private Housing Initiatives

While much has been done in the public housing sphere, a good proportion of the seniors live in private housing. Having ridden the wave of Singapore's economic development and benefitted from it, many post-war baby boomers upgraded their homes over the years and are spending their retirement years living in private condominiums and landed housing estates. But unlike public housing estates, there is no single agency such as the HDB to drive the concerted planning and facilitation to meet seniors' needs in private housing areas. The early planning approach, as outlined in the Howe Yoon Chong Report, made it clear that those who could afford to live in private estates were deemed well-off enough to take care of themselves or afford caregivers to help them in their daily living.⁷⁰

Retirement Villages

From time to time, the government would receive requests from private investors for land to be released for sale through its regular land sales programme specifically for the building of retirement homes and villages. What these investors want is for the government to stipulate as part of the sales conditions that the housing developed must only be used for retirement homes or villages. The government did not agree to such a narrow use restriction as it believed that the type of housing developed on residential land sold by the government should be dictated by market demand. Hence, if there was a demand for retirement homes, there was nothing to stop developers building and marketing their housing projects on the residential land acquired by them as retirement homes.⁷¹

The idea of a ranch-type retirement village, common in places like Florida, was also unrealistic in land-scarce Singapore. Lim Boon Heng, the former minister in charge of ageing issues, noted that retirement villages in fact served a very small proportion of seniors and only those who could afford it. Lim recounted an encounter with an American gerontology expert at a conference: “She said, ‘You are so densely housed in Singapore. You are a natural retirement village already!’ And she’s right!”⁷² Besides, the government did not think that land value should be suppressed by selling a site specifically for retirement housing. Doing so would be tantamount to subsidising housing options for reasonably well-off retirees.⁷³



10. Each room at St. Bernadette Lifestyle Village is equipped with a virtual digital assistant to facilitate various actions for residents.

As such, there are currently few premises serving as homes dedicated to elderly needs in the private housing landscape in Singapore. One example is the St. Bernadette Lifestyle Village, a group living residential concept housed in a single-storey bungalow. In 2012, the government decided

to test market demand in a tender for a residential site at Jalan Jurong Kechil, providing the successful tenderer the option to choose to build retirement housing. Special conditions of tender were incorporated, such as a lease period of 60 years (shorter than the usual 99 years for residential developments) and a bonus 10% gross floor area (GFA) for medical facilities, provision of wider corridors, clinics, and commercial uses that would cater to the needs of the elderly. The successful tenderer exploited different interpretations of “to be catered-for-the-elderly” rules to develop it for the masses. The resultant development is no different from any other residential development and the units were sold mainly to younger buyers, even though a post-implementation survey found that 36% of the residents fit an elderly profile.⁷⁴

There were several reasons why the development failed to meet the intentions of a retirement village for the site. While the developer had marketed the development as one that would provide “services, facilities and on-site care management”, there was little evidence that these had been provided. Unfortunately, there was little to hold the developer to the provision of such services. In many similar projects in other countries, developers are usually legally bound to continue providing the core benefits and services promised to the elderly resident in his occupation agreement. Hence, if a developer promises 24-hour concierge service, this cannot be done away simply because a majority of the younger residents do not want to pay for it.

Another reason for the failure of this pilot retirement development was also because there was no framework or legislative requirement for the occupants to be of a certain minimum age. As there was no means of enforcement, the development did not result in a living environment particularly conducive for the elderly. In addition, retirement developments are obliged to not just cater to older residents who are independent, but also when they become frail and infirmed, to enable them to continue living in the same unit. The design of the show-flat unfortunately did not take into account the safety needs of the elderly. The marble living room floor, for instance, was a slipping hazard and there were obstacles for wheelchair users, such as the small step to enter the bathroom, the lack of a shower bench and a shower area with a glass panel that impedes wheelchair access.⁷⁵ Finding a suitable model that would meet the needs of the larger segment of the elderly population, besides the HDB initiatives presently on offer, and which works within the Singapore context, continues to be a challenge.

Barrier-Free Accessibility

Cognitive and mobility impairments are inadvertently consequences of ageing. It is nonetheless imperative that seniors should be enabled to access amenities and transportation services and be independent for as long as possible. Engaging in civic and recreational activities is crucial in preventing isolation and loneliness, often said to be the prevalent cause of decline for most seniors. The Code on Barrier-Free Accessibility (BFA) in buildings was implemented in 1990. Since then, universal design guidelines have been incorporated to ensure that public spaces can cater to as many people as possible. The DesignSingapore Council has also championed moves towards “empathetic technology”, aimed to improve the everyday lives of the seniors through publications and forums, and working with healthcare professionals, as well as the social and private sectors to develop solutions that meet the wellness needs of seniors.⁷⁶

The CAI has encouraged stronger coordination between agencies such as the Building and Construction Authority (BCA), Land Transport Authority (LTA) and the various town councils to achieve seamless connectivity as one navigates the home, amenities in the neighbourhood and transit services. The LTA launched its Transport Masterplan in 2008, aiming to deliver a people-centred land transport system for an inclusive city, and built upon this framework in its 2013 Masterplan. Measures and improvements included more wheelchair accessible buses, barrier-free access pathways, handrails, lifts and walkways at Mass Rapid Transit (MRT) stations, bus stops and interchanges. The Green Man Plus scheme was implemented to allow more walking time for the seniors and the disabled at traffic light crossings by tapping their senior concession cards.⁷⁷ A 10-year Barrier-Free Access (BFA) programme from 2007 to 2016 was also implemented with a S\$40-million accessibility fund to incentivise the private sector to upgrade their buildings built before 1990 that were not BFA compliant.

In the pilot of the Cities for All Ages Project at Marine Parade, 2,600 residents were polled on what they needed in their homes and



11. Green Man Plus scheme for longer crossing times.

neighbourhoods to make life easier and safer for them. Volunteers of various ages walked different routes in the neighbourhood, zeroing in on potential hazards for the seniors. As a result, the Marine Parade Town Council and LTA made improvements, including more elderly-friendly fitness corners, larger block numbering, levelled void decks, and longer “green man time” at traffic light crossings.⁷⁸ By 2023, 50 Silver Zones will be implemented island-wide to create a safer road environment for the elderly.⁷⁹

The surveys also identified seniors living alone, who have a higher risk of depression. GoodLife!, an activity centre for seniors run by the Marine Parade Family Service Centre, was brought in to help, and now has a befriending network of 40 volunteers, who are mostly seniors themselves—the youngest being 53 years old and the oldest being 84 years old. Together with the Agency for Integrated Care (AIC), a community outreach team has also been initiated to help support those with dementia and depression.⁸⁰ These efforts represent a ground-up, human-centric approach to address the needs of seniors by working across government and community settings, across public and people sectors, and across agency lines of responsibility.

The Transport Masterplan 2040, released in 2019, emphasises “Transport for All” and advocates an inclusiveness that frames such barrier-free and special needs in design and changes in operations. For instance, all buses will be wheelchair accessible by 2020, and priority queues will be implemented to cater for people with different needs, including seniors, mothers with strollers and the disabled.



12. A bus captain assists a commuter up a wheelchair-accessible bus.

Admittedly, while the hardware can be put in place, the Masterplan also reflects on intangible aspects such as training bus drivers to be sensitive and to know how to handle those with needs, as well as developing a more caring, gracious commuting culture. This is what will enable seniors to gain the confidence to navigate their external environment independently. Studies show that 90% of the elderly stay within the confines of their precinct in Singapore.⁸¹ In cities like Vancouver, it is commonplace to see wheelchair-bound seniors and the disabled on buses and trains. All buses and trains are outfitted with ramps and foldable seats to enable users of wheelchairs and motorised devices to navigate the transit system, with people automatically giving up their seats for the needy. Such civic-mindedness has to be part of everyday living so seniors will have the assurance they will be safe when they travel independently.

Towards Building a City for All Ages: Shifting Paradigms

To build an age-inclusive city, retrofitting the physical environment is important but insufficient. A “City for All Ages” does not come about just through hardware, but also the programming and service integration. The role of the government has evolved beyond establishing the regulatory, financial and policy frameworks as well as aged care infrastructure, to partnering and supporting families and the community sector to operationalise and deliver the provision of services for the elderly. This paradigm shift was necessary because changes in family structures over time have influenced caregiving arrangements. As the female labour force participation increases, women who routinely take on caregiving roles can only afford a fraction of the time they previously spent caregiving. Moreover, when a husband suffers a major illness, household income and labour force participation also shifts to the wife.⁸² The shrinking size of nuclear families also means there are fewer adult children caring for seniors, some of whom live and work overseas. As such, there is an increasing need for seniors to rely on kith than kin for social support. In time, the kith profile would also morph as more of one’s peers pass on, and one’s kith becomes increasingly inter-generational.⁸³ Given that social bonds are not forged overnight but more likely over time, how then do we enable social systems to bolster inter-generational ties whether at work, in neighbourhoods, or within recreational outfits?

The Government has taken steps to encourage private-sector participation in the provision of senior housing, with the belief that demand-led, market-oriented products to meet the needs of the senior

clientele would somehow materialise. However, in land-scarce Singapore where property prices are high, can property developers actually be incentivised to provide housing for the elderly as a social good, rather than bow to the temptations of profit? The experience with the Jalan Jurong Kechil site in 2012, where a conventional housing product resulted instead of a retirement village, suggests that at that point in time, there was limited understanding and desire among property developers to provide alternative elderly housing models.

A post-mortem is necessary to uncover why private market driven projects have not been as successful as intended. Was the government ahead of its time? Perhaps just like the studio apartments developed by the HDB in the 1990s and the private retirement village envisioned at Jalan Jurong Kechil, consumer demand and market reading of consumers’ tastes are still lagging and not sufficiently developed. More pertinently, could it be that the presumptions underlying how processes should be operationalised are wrong?⁸⁴ Would a government-led initiative—an aged care agency or a social welfare organisation, for instance—have been a better choice in developing and operating elderly facilities, rather than a property developer? Should an open tender where the tender bid price is the basis for elderly living options be the approach, or might a land allocation alternative be better?⁸⁵ As Singapore faces the undeniable prospect of a quarter of Singaporeans being 65 years and above within a decade, there is an urgency to ask if certain adages still hold. While the discourse is shifting, is it moving fast enough? Does the state need to take the lead in developing and operationalising services in more interventionistic ways, so that models for the masses, cognisant of ageing needs, can happen soon?

Singapore’s governance approach to ageing has been built around three core principles: self-reliance, the family as the first line of help and the concept of “Many Helping Hands” within the community to provide support. Even as the state is adept at delivering the infrastructure and putting in place the policy framework for ageing, and has been taking steps to partner and support social services and volunteer welfare organisations to deliver on the ground, individuals from the non-governmental organisations continue to push the boundaries to advocate for the government to do more.

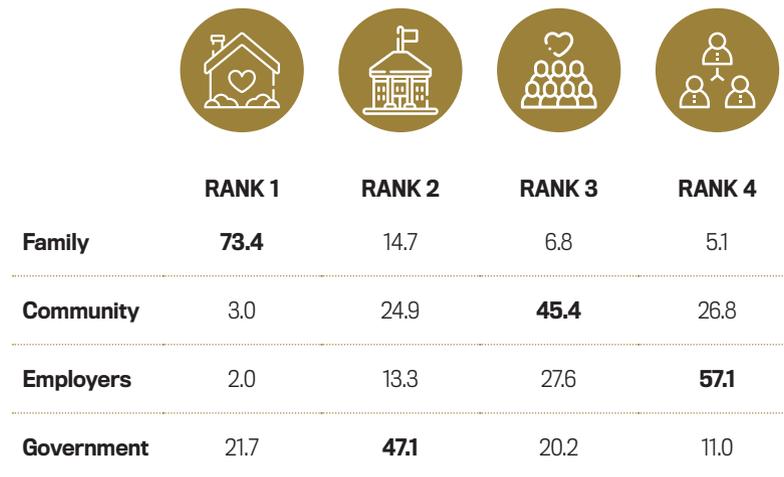
Singapore residents were asked in a recent survey to rank four sectors (family, community, employers and government) in order of importance towards bearing the responsibility of eldercare. Not surprisingly, given strong family ties, family was ranked first by 73% of respondents. But contrary to Singapore’s governance approach, which places community next after family, 69% of respondents ranked the government as first or second in importance in shouldering the responsibility of care (see Exhibit 6). The experience of eldercare service provider Tsao Foundation affirms that there is a general expectation for the government to provide care.⁸⁶

This points to a disconnection in expectations between policymakers and citizens about who should be next in line to care for seniors. Ranking the government higher than the community in its role in eldercare also indicates a plausible mistrust in the capacity of the community to deliver competent and adequate support and services for seniors.⁸⁷

EXHIBIT 6

IPS SURVEY RESPONSES TO:

“THE RESPONSIBILITY FOR TAKING CARE OF OLDER PEOPLE IN SOCIETY SHOULD BE MAINLY BORNE BY (RANK ALL OPTIONS IN ORDER OF IMPORTANCE)”.



Source: IPS Survey, *Singapore Perspectives*, 2018.

How then do we proceed from here, and what do these findings mean for how the Singapore government approaches the provision of care for the seniors henceforth? The following chapters outline efforts to integrate services with physical structures thus far, in the hope of a closer and more attentive delivery of eldercare provision, some new ideas for the way forward and the challenges and gaps that persist in practice and research on the seniors.

CHAPTER 4

EMBEDDING SOCIAL CORNERSTONES IN THE URBAN LANDSCAPE

“

We need to catch up on heartware. It is what makes the hardware real.⁸⁸

”

BENNY LIM
Chairman, NParks

The Importance of Social Infrastructure

There is a correlation between social connections, health and longevity. Studies have also documented the physical and mental benefits of social ties.⁸⁹ But how do the places that we live in make it more likely for people to develop strong and supportive relationships? Conversely, are there specific environmental reasons that cause people, especially the elderly, to grow increasingly isolated and alone?

Singapore's socio-demographic trends among seniors point toward social isolation and living alone. By 2030, the number of seniors living alone will hit 10% of the senior population. Health conditions compound the problem. About 9 out of 10 elderly have at least one chronic health condition, and 1 in 10 seniors (aged 65 years and above) are estimated to have dementia.⁹⁰ Given these trends, how then do we ensure that even whilst seniors live alone, they are not isolated; and that those who live among family and caregivers are not lonely?

During the heatwave of July 1995 that killed 739 people in excess of the norm in Chicago, Eric Klinenberg, a sociologist specialising in disaster resilience, found that social isolation increased the risk of death. This was because people failed to recognise the symptoms of heat-related illnesses, and a close connection to another person made them far more likely to survive. In an examination of two adjacent neighbourhoods in Chicago, Auburn Gresham and Englewood, which had similar socio-economic conditions (both were 99% African American, had a similar proportion of seniors, poverty, unemployment and violent crime), Klinenberg found that Englewood's death rate was one of the most perilous of the disaster—33 deaths per 100,000 residents, whereas Auburn Gresham's death rate was only 3 deaths per 100,000 residents.⁹¹ What accounted for this difference?

Klinenberg said it was the result of social infrastructure—the physical places and organisations that shaped the way people interact. Englewood was vulnerable not because the people were black and poor, but because the neighbourhood had been abandoned. The residential blocks were dilapidated, public spaces were not maintained and collective life had deteriorated, with Englewood losing half of its residents and commercial outlets over the years. Together with physical degradation, social cohesion also disintegrated. By contrast, robust social infrastructure fosters contact, mutual support and collaboration among friends and neighbours. Local, face-to-face interactions can flourish at schools, playgrounds and the corner coffeeshop, to become the building blocks of public life.⁹²

Heartware, thus, enables hardware to reach its fullest potential.⁹³ Singapore has done well in this respect, or at least, the intent to ensure

social infrastructure is in place has always been part and parcel of physical planning. At the neighbourhood level, the Housing and Development Board (HDB) takes pains to ensure that libraries, markets, *kopitiams* (coffee shops), grocery shops, barbers and hairdressing salons, hawker centres, schools, childcare centres, bird-singing spaces, inter-generational playgrounds and exercise areas are well integrated amongst residential blocks to be the “third-places” where people can forge social bonds outside the home and workplace. Within the blocks, void decks and lift lobbies provide people with the chance to mingle and exchange niceties as they await children at vehicular drop-offs and when they return from work and errands. Chance encounters at the local “mom-and-pop” stalls, where local gossip is exchanged, used to be a staple at every fourth HDB block, but are now a rare sight as many of these stall-holders have retired or passed on. At the micro-level, seating at void decks and around the neighbourhood is arranged in a circular fashion to promote interaction, rather than linear benches.⁹⁴ These spaces are what facilitate, in Jane Jacobs' famous dictum, the “eyes” and “ears” of the neighbourhood.⁹⁵



13. Residents relaxing at a void deck.

Such was the lengths the HDB went to in order to foster camaraderie among neighbours. Indeed, attention to this level of vigilance needs to be reinforced as the population ages. It is a reminder that in land-scarce Singapore, where even void deck spaces are competitively fought over to deliver various social services for residents, spaces left “empty” or perceivably under-utilised do serve a purpose for people to circulate, and in the process, promote interaction. It is where the seeds of heartware can be nourished in the everydayness of life, especially among the elderly. Like more purpose-built facilities, such as Senior Activity Centres (SACs), which play a role in fostering engagement and support, such spaces for lingering and mingling are also important. They support looser connections, which sometimes grow to become more frequent, as parties establish deeper bonds as their daily rhythms intersect. Particularly for the older-old, who may be less mobile and who tend to dislike programmed activities, such near-home spaces like corridors, open areas at the void decks and lift lobbies provide shelter and refuge with similar others. These spaces become crucial in enticing them to come out of their homes.

Since 2015, HDB has also worked with the Ministry of Health (MOH) to plan and design for horizontal co-location of nursing homes with public housing, such as Tampines Greenweave, completed in 2019, which integrates the two sites with a fenceless design. The clustering of facilities are proposed at the periphery between the two sites to encourage sharing of facilities and facilitate enhanced interactions between residents and seniors from the nursing home to build a sense of community. At Tampines Greenweave, shared facilities include elderly fitness equipment, community garden plots, exercise plazas, precinct pavilions, shelters and community living rooms. There is also a Senior Care Centre (SCC) located at the ground level of the nursing home, which serves the community, including senior residents living nearby.

Within private residential areas, more can be done to promote mingling and interaction, especially as privacy is prized and people can escape through their private lift lobbies directly into their homes, without meeting anyone along the way. The presumption that elderly folk living in private condominiums and landed housing estates have caregivers to attend to them implies a disregard for the independence and the communal life that a senior might desire, even as they may be mobility-hampered. Audits like the ones conducted in public housing estates to understand an elderly’s navigation patterns and life spaces should also be conducted in private housing estates to ensure that the elderly have barrier-free access to transit nodes and everyday amenities. Near-home social infrastructure should also be taken into account, with communal spaces designed to provide the elderly with places to socialise with others who live near them.

Centres for the Elderly

Senior Activity Centres (SACs) are drop-in centres which organise social and recreational activities, provide information and referral services, and monitor the Alert Alarm Systems (AAS) for seniors in HDB rental blocks and studio apartments. These centres can be found across Singapore, typically on the ground floor of HDB blocks to provide a space for social and community support. SACs also conduct weekly home visits to frail and home-bound seniors living in HDB rental flats.

A typical programme at an SAC covers activities such as active ageing programmes, as well as group or individual socio-recreational activities, such as arts and craft, games and karaoke. Community groups, students and corporations also often visit these SACs as part of their Community Involvement Programmes and corporate social responsibility outreach programmes, creating opportunities for seniors and volunteers to interact meaningfully and learn from each other.

To encourage ageing in place in the community, Senior Care Centres (SCCs) and Active Ageing Hubs (AAHs) are also distributed across the island. SCCs provide care for frail seniors who require custodial care and assistance with their Activities of Daily Living (ADLs)⁹⁶ such as ambulation, feeding and toileting. Day-care activities include exercises, recreational activities like art and music, cognitive stimulation activities and social activities, and aim to slow down deterioration of physical and mental functions. These centres also provide rehabilitation (e.g. physiotherapy, occupational therapy, speech therapy) to enable seniors to regain or maintain their ability to perform ADLs. The centres arrange transport for the seniors between their home and the centre. Eligible seniors receive subsidies of up to 80% for day-care, rehabilitation and transport services. In 2015, the Ministerial Committee on Ageing (MCA) announced plans for at least 10 AAHs to be located in HDB housing developments. AAHs are one-stop hubs which integrate the provision of active ageing programmes (e.g. health talks, social and physical activities, basic health check assisted living services) and care services of SCCs. AAHs aim to enable seniors to stay active, mentally and socially engaged.

While SACs were originally intended to serve communities in rental and studio apartment housing, in the coming years, the MOH plans to expand the reach of SACs to also support all seniors living in the vicinity, regardless of their background or living arrangements. SACs will provide an enhanced baseline suite of services comprising Active Ageing, Befriending and Care and Support, and will serve as a key point-of-contact for seniors and their caregivers on social and health matters. Other eldercare facilities such as

SCCs and AAHs will also be engaged where feasible to provide this suite of services.

Along with centre-based services, a range of formal care services are also available to serve different needs depending on the senior's frailty and available family support. These include home care services, integrated home and day care services, Medical Escort and Transport, Meal-on-Wheels and befriending.



14. A Senior Activity Centre in Choa Chu Kang.

Heartware: Forging Fields of Care

Social infrastructure is essential, and it is important for spaces to be allocated, planned and designed for socialising. But it is often the software and heartware that are the crucial links that forge “fields of care” that enable optimal service delivery and end-user satisfaction.⁹⁷ Programming and activity planning—the software—are primarily the domains of voluntary welfare organisations (VWOs). While these services keep seniors occupied and alleviate isolation, there is nonetheless a need to entice the elderly out of their homes. Government agencies also encourage the elderly to partake in communal activities. The National

Library has programmes to engage the elderly in literary arts, teach them to use electronic newspapers, and be volunteer guides at arts and heritage museums. SportSG also promotes sports and recreational programmes for seniors. Nonetheless, there is a trend for participation frequency in activities to decline with age, especially those that relate to shopping, dining out and socialising, while activities relating to health (e.g. medical appointments) increase as one ages. Almost half of the oldest old cohort (85 years and older) in a recent study indicated that they do not meet friends at the hawkker centre or coffee shops at all (45.6%) and no longer participate in outdoor activities. For them, chatting with neighbours at their door or along the corridors is as far as they would venture from their homes.⁹⁸

There is likely no shortage of programmes available for the elderly. The issue is being able to encourage more of them, particularly those who are in the middle-old to oldest old cohorts, to engage in the programmes available and to socialise with others. The concept of ageing actively and keeping well, and what this may entail, has not percolated into the psyches of many elderly, who seem to prefer sedentary hermit-like lifestyles, believing perhaps that this is how ageing is supposed to be. Such mind-sets of ageism that the elderly themselves hold, and a lack of awareness in the efficacy of self-care, need to be better understood and tackled.⁹⁹

To strengthen links between social care and healthcare, Singapore started the Community Networks for Seniors (CNS) in 2016 to develop community-based support. The CNS acts as a one-stop centre by consolidating the services of government agencies, VWOs and grassroots organisations to bring senior-centric programmes and services to one's doorstep. Volunteers encourage seniors to attend health screenings, exercise and participate in social interest groups. Seniors living alone are also matched with befrienders and neighbours, with the goal of building a close-knit community in the neighbourhoods so as to minimise the sense of isolation they might experience as they age. Senior Cluster Networks have also been set up within HDB estates to reach out and support vulnerable seniors. In other estates, community befrienders visit seniors at least twice a month and are trained to spot changes in their mood, physical condition and living environment, and can involve social care providers and health professionals if necessary.

A question remains over whether these efforts are sufficient, given that almost a quarter of Singaporeans will be seniors in the near future. The gap is not in physical infrastructure but the social.¹⁰⁰ How can heartware pervade society in a more intrinsic way rather than be limited to the senior's immediate circle of caregivers, community volunteers and healthcare providers?

Dementia and the “Kampong Spirit”

Grassroots activists at the neighbourhood level have started building awareness in the community about what dementia does and how it causes one to react. For instance, when an aged person starts to wander, or becomes easily agitated, it can be a sign of dementia; and such behaviour can be upsetting to neighbours. The Agency for Integrated Care (AIC) is also working towards a Dementia-Friendly Singapore with the establishment of Dementia-Friendly Communities (DFCs) and a Dementia Friends network. DFCs are communities where residents, businesses and services have a greater awareness of dementia and are able to provide better support to persons with dementia and their caregivers. Within each DFC, the community is educated on the signs and symptoms of dementia and preventive care. Persons with dementia and caregivers are supported with resources and support services such as Go-To Points that also function as “safe return” points to reunite persons with dementia with their caregivers when they are lost. Neighbours and the community thus play a significant role that can enable seniors to age-in-place. Lim Boon Heng, a former minister in charge of ageing issues, related:

I was at a seminar recently and one of the participants shared a story: there is this man living with his son. This man goes to the neighbourhood shop to buy beer and then drinks beer with the son—it is an everyday father-and-son bonding activity. After the father had dementia, he stopped drinking beer but still goes to the shop every day to buy beer. So he went to the shopkeeper, and said: “Look my father has got this problem. When he comes and buys the beer from you, he actually does not drink it. Is it possible, when he buys, I bring the beer back to you to refund the money?” The shopkeeper was very understanding, and agreed. Then one day, the father did not come and buy beer. The shopkeeper calls the son, so the son checked and discovered the father was not well.¹⁰¹

Such community relationships go beyond the physical environment and programmed activities. They develop organically in multitudinous ways to provide the unconditional support an elderly population needs. In Japan for instance, it is a practice for restaurants and bars that open late to take in the elderly who may be lost or who wander from their homes, at night. A neighbourhood alert system is then activated so their caregivers, whose emergency contacts are in the local system, can be contacted. Bakeries, which open in the wee hours of the morning, do likewise so that the elderly can be in a safe environment until they are picked up.¹⁰²

To minimise these risks, attention has been given to urban design strategies so that environmental cues can be put in place in public spaces to increase the legibility of the landscape, and aid wayfinding for elderly residents. This can take the form of distinguishable street furniture, protective barriers such as handrails and access control. In Seoul, design features have been implemented at a high-rise public rental housing project in the Shingil neighbourhood of Yeongdeungpo, to include “memory signs” with contrasting visible colours to aid memory retention and a “memory gallery” in common areas filled with memorabilia dating from the 1960s and 1970s to serve as memory triggers to improve cognitive health.¹⁰³

In Singapore, the Building and Construction Authority will introduce a more specific universal design guide to improve age-friendly design in urban infrastructure.¹⁰⁴ In addition, outdoor design guidelines for persons with dementia have been developed with key design elements around elements such as safety, ambience, finishes and technology to improve the urban experience for the elderly, so that design responses to match disabilities arising from declining cognitive skills or motor cortex damage, can be better understood.¹⁰⁵ Such ideas have galvanised towards initiatives that look to best practices in design more comprehensively, especially in nursing homes (see Box Story). More importantly, developing dementia-friendly public places is not just about labelling them as dementia-friendly, but recognising the effort needed to urge those with dementia to get out of their homes, with or without the necessary caregiver support.



15. As part of the Dementia-Friendly Communities (DFCs) initiative, volunteers raise awareness amongst shop owners on the signs of dementia and how to assist persons with dementia in their community.

DESIGNING FOR PERSONS WITH DEMENTIA

Navigating the built environment can be particularly challenging for persons with dementia (PWDs). As the condition progresses, PWDs may exhibit behaviours such as wandering, hallucinations and agitation, and suffer from a poorer quality of life and stress when their living environments are disorienting. Although PWDs in Singapore typically rely on their families at home to care for them, these families are increasingly turning to nursing homes to help with caregiving because of shrinking family sizes. Nursing homes, which have historically catered to the physically ill and disabled, are now faced with a new challenge of supporting the cognitively impaired.

Recognising the need for targeted designs to improve the quality of life and care for PWDs in nursing homes, the Agency for Integrated Care (AIC) drew reference from countries that were more established in dementia design. AIC partnered Australia-based Wicking Dementia Research and Education Centre to understand key principles and design considerations that could be adapted to the local context. The Dementia Nursing Home Design and Resource Panel was convened in 2015 and comprised a multidisciplinary team to provide varied perspectives and considerations towards holistic design suggestions. Policymakers mooted strategic change, clinicians ensured evidence-based practice, facility operators and staff gave insights on implementation, and built environment representatives advised on the feasibility of ideas.

A dementia-friendly design guidebook, *Looking to the Future*, was produced to suggest improvements on living environments within nursing homes. The guidebook outlined six principles to adopt when designing dementia-friendly facilities, covering safety, empowerment and autonomy, home-like environment, personal space and privacy, meaningful participation and appropriate environmental stimulation.¹⁰⁶ The diversity of the panel ensured that recommendations were not only evidence-based but also meaningful to the Singapore culture and context. Guidelines on designing dining areas, for instance, highlight the unique social and cultural connections Singaporeans attach to meal times and recommended dining arrangements of four to six people, which encourage social interaction without overwhelming PWDs.



16. Dining table arrangements at the Salvation Army Peacehaven Nursing Home.

Beyond design guidelines, the panel proposed that good design of the built environment should be complemented with person-centred care—a caregiving approach that values residents as unique individuals by adopting the perspective of the person.

Since its production, the guidebook has benefitted more than 2,000 stakeholders, including staff from eldercare facilities, policymakers and architects. The AIC is developing a second edition of the guidebook to feature eldercare facilities that have adopted the dementia-friendly design principles. Today, stakeholders in Singapore's urban, healthcare and social sectors continue to work together, and are expanding such inclusive design to larger community spaces such as parks and high-rise HDB neighbourhoods.

Focus on Living

Increasingly conversations around the ageing population have shifted from problems to be managed towards opportunities to harness; from viewing ageing as a care-giving issue, to one that enhances living as one ages-in-place. What do these shifts in the ageing discourse mean for the way we provide services and the way we continue to plan for seniors?

People's Association's (PA) Wellness Program

During the riotous era of Singapore's pre and post-Independence decades, a key pillar of the country's nation-building efforts was community building and fostering multiculturalism. The People's Association (PA), set up in 1960, was tasked to perform these functions. As Singapore society morphed, the import of these functions evolved towards an inter-generational focus and a senior-oriented lens. The PA's Wellness Programme brought together seniors with common interests, such as qigong and singing, to foster groups of neighbours who regularly interacted with one another.¹⁰⁷ However, this idea of active ageing was not an immediate success, nor did it resonate with particular groups. The programme benefitted those who were already willing to come out and participate, but did not make any impact on those who were less social and preferred to stay at home.

Such selective participation had gender as well as cultural biases. Many of the older women, in particular those over 75, tended to have fewer friends of their own. They were often socialised in their roles as a daughter, sister, wife, and then mother and grandmother, which were domestically centred. This varied across the different ethnic groups. For Malay women, even while they were home-centred, they prided themselves in having communal activities and get-togethers. For instance, social events such as weddings would see many Malay women folk of the extended family gather to prepare a feast for the wedding guests in what is known in local parlance as "*gotong royong*" (reciprocity or mutual aid). Thus, when the PA started the Wellness Programme, it was easier to attract Malay women, who would attend activities as a group, than women in the Chinese or Indian ethnic communities.¹⁰⁸ In addition to a continued emphasis on community-based activities, a focus on lifelong living also entails a re-orientation of elderly living options to build an inclusive age-friendly city.

The Council for the Third Age (C3A), an agency that promotes active ageing in Singapore through public education, outreach and partnerships, was set up in 2007. Moving forward, the MOH intends to bring community-based geriatric services into neighbourhoods so seniors can be cared for within the community, rather than at hospitals. More importantly, these

services aim to empower the elderly to live their lives as independently as possible even as they encounter impairment in ADL.

Although the word "home" is embedded within the term "nursing home", these facilities need to be redesigned with living rather than care in mind.¹⁰⁹ In the Singapore context to date, many senior care centres and nursing homes tend to be utilised by those from lower-income backgrounds. Due to the high demand, these centres are often cramped and resource stretched. As such, families that can afford to do so hire foreign domestic helpers to care for the elderly in their own homes. With a growing elderly population, this might not be the best solution as it results in more of them being isolated at home in the care of foreign domestic helpers who may not be adequately trained in eldercare and might not be able to communicate in the same language as the elderly individual.¹¹⁰ Consequently, anxiety-related and depressive tendencies can set in, which can have physical effects on the well-being of the elderly. Out of the 10% of the elderly above 60 years old who suffer from dementia in Singapore, three-quarters of them feel lonely and rejected. By 2030, about 130,000 people are likely to have dementia, a marked increase from the 82,000 cases recorded in 2018.¹¹¹ In the face of such statistics, a re-orientation of elderly living options is needed to build an inclusive, age-friendly city.

Piloting Assisted Living

Assisted living is seen as a way to organise housing and care for seniors who are still fairly independent but require assistance as they age. A study conducted by the Centre for Liveable Cities (CLC) sought to better understand the profile of those who may require assisted living. CLC found that the majority of our seniors would be considered middle-income, and do not qualify for subsidised housing and care services such as Senior Group Homes or HDB rental housing twinned with Senior Activity Centres that the lower-income seniors qualify for. On the other hand, commercial options operated by private operators such as St. Bernadette's Home are often too expensive. As a result, many middle-income seniors may hire foreign domestic workers or admit themselves prematurely into a nursing home when they need assistance. Such arrangements are not optimal for those who wish to age-in-place, and care may also be over-medicalised in an institutional setting.¹¹²

Different models of assisted living currently exist in many countries to provide housing and care for seniors who are still fairly independent but require assistance as they age. The challenge for Singapore is to tailor it to our high-density environment, where most seniors live in public housing. The CLC study found that seniors preferred to live within their neighbourhoods and desired greater vibrancy in their community, even as

they embraced the option of assisted services, so that they can go about living their lives independently. Instead of joining planned activities, many prefer to go about their daily activities such as marketing and waiting at the void decks for their grandchildren to return from school, which allows them to engage and socialise with their neighbours.¹¹³

Following positive feedback from a series of focus group discussions on assisted living conducted in 2019, MOH, MND and HDB have been exploring a public housing assisted living concept, as an affordable option for integrated housing and care for our seniors while keeping them engaged with their community. The first pilot site will be launched in Bukit Batok in early 2021. In this pilot, the housing units will be designed with senior-friendly fittings, larger bathrooms, and other features to accommodate those with mobility needs. There will also be large communal spaces on every floor, so that residents and their neighbours can mingle at their doorsteps, and age in a community of care and mutual support. The housing units will also come with a basic service package, which includes a community manager to monitor the health status of residents and link them up with relevant care services according to their needs, 24/7 emergency response, and planned social activities at the communal spaces. Residents could also choose to add on other optional services including household services such as meals, laundry and housekeeping.

Through this pilot, the agencies hope to fine-tune and scale up the public housing assisted living concept in future. This will provide an additional eldercare option for our seniors to reduce premature institutionalisation in nursing facilities, and support them to age independently with dignity, respect and self-worth. Plans for a similar pilot in the private market is also in the pipeline.

Towards a Biophilic Society

Clinicians, psychiatrists and increasingly social scientists study the connections between the brain, the body, an individual's social milieu and the living environment in relation to a senior's well-being, with the objectives towards enhanced understanding and mitigation of cognitive and physical decline. The Dementia Prevention Programme (DPP), ongoing since 2004 when it was first seeded in Singapore, found that the quality of life and life expectancy of dementia patients could be improved if chronic illnesses such as diabetes and hypertension were stabilised, together with lifestyle changes including diet, exercise and other non-medical therapeutic interventions such as music-remembrance, art and gardening.¹¹⁴ The DPP,

a tripartite partnership of the National University of Singapore (NUS), PA and the National Parks Board (NParks), has trained elderly volunteers to organise and teach programmes meaningful for elderly participants and increase their confidence in making social connections.



17. Seniors engaged in gardening at a Therapeutic Garden located within HortPark. Reproduced with permission from the Thong Teck Home for Senior Citizens.

In doing so, the DPP seeks to materialise “preventive medicine in the community, by the community, for the community”, with special attention towards targeting depression prevention.¹¹⁵ The term “biophilia”, which has been mobilised for therapeutic purposes, suggests that humans possess an innate tendency and affiliation with nature and other forms of life.¹¹⁶ Gardening, in particular, has contributed fruitful dividends as a means to promote the mental health of the elderly. Community gardens (Community-in-Bloom projects) are now commonplace in HDB neighbourhoods and have proven to be successful in luring the elderly out of their homes. Building on the concept of community gardens, a therapeutic garden at HortPark was developed as a joint effort between the National University Hospital's Department of Psychological Medicine and NParks. They feature design elements based on horticulture therapy to support the care of seniors with dementia, post-stroke patients and the provision of contemplative spaces and activity zones for facilitated planning programmes.¹¹⁷ More of such therapeutic spaces are planned for existing parks and health-related facilities.

To investigate the efficacy of horticultural therapy in improving mental health and cognitive functions of the elderly, a study involving 70 elderly was conducted. The programme for participants in the treatment group, which received horticultural therapy, was weekly therapy for three months, followed by monthly sessions for the next three months. During

the sessions, participants planted vegetables such as lady's fingers and learned gardening techniques like composting and transplanting. When the crops were ready for harvest, participants prepared a soup dish together. Findings from the study showed that those in the treatment group did better than the control group in the scores for life satisfaction, memory and psychological well-being, especially in terms of building social connectedness and trusting relationships. In assessing biomarkers, it was also found that the horticultural therapy group showed a significant reduction in cytokine interleukin-6 (IL-6), a pro-inflammatory protein. This means that the elderly in the treatment group had better immune response than those in the control group.¹¹⁸

Such efficacy of horticultural therapy points to implications of furthering the biophilic city concept within Singapore's urban landscape, with positive effects especially for the elderly. More significantly, NParks chairman Benny Lim cited the value of the social outcomes of nature-based activities, which cuts across generations, class and race. Pursuing biophilia brings society together and counters the effects of a hyper-individualistic and meritocratic system that many global cities like Singapore have become.¹¹⁹ In a way, this is reflected in the DPP, which has shown cogent evidence that psychosocial intervention can benefit elderly people in their mental health, with an improvement in the social connectedness and behavioural change among its participants. Many have made new friends in the neighbourhood. An unanticipated finding was that the young-old (65–74 years) who are assisting the old-old (75 years and above), who are frailer, were found to have more compassion.¹²⁰ This is the kind of value change Lim hopes can be embedded more widely through a biophilic society. Writ large, there is a need to pull together the capacities in the community so that initiatives at the individual and small-unit levels can be given the resources to foster multiplier impacts at a broader level. Planning for successful ageing has broadened to become a societal endeavour for which ageing is the catalyst, so Singaporeans can build a country that is not just prosperous and liveable, but also kind, generous and gracious.

CHAPTER 5

ONWARDS: AN AGENDA FOR LEARNING, REFRAMING, EXPERIMENTING AND MATERIALISING

“

Ageing is really going to be one of our key issues facing Singapore. Not just physical, not just economic, but political as well.¹²¹

”

MAH BOW TAN

Minister for National Development (1999–2011) and
Chair of the Inter-Ministerial Committee for Ageing

The Ageing Research Landscape

A society seeking to age well through paradigm shifts and value changes cannot be accomplished overnight. It has taken Singapore over four decades of concerted efforts of learning, policy evolution and conversations with different segments of the populace to better understand how successful ageing can be done in a way that is consistent with its social milieu and high-density environment. Still, there is more to uncover, learn, experiment and materialise.

Outside geriatrics, there was little interest in academia in the study of the social and psychological aspects of ageing, but this had changed by the turn of the 21st century. Recognising the difficulties of attracting people to work in social services, the government sought to raise the status and salaries of social workers. Adult education became a focus and the Singapore Institute of Management (SIM), now known as the Singapore University of Social Science, started to offer postgraduate studies in gerontology to meet the aspirations of working social workers, which coincided with the broader economic strategy of continual upgrading and retraining of the workforce.

The Government has invested in research on ageing, such as through the National Innovation Challenge on Active and Confident Ageing. To date, several research centres have been developed with a specific focus on ageing research, along with government agencies dedicated to ageing care and support (see Exhibit 7).

EXHIBIT 7 KEY GOVERNMENT AGENCIES AND RESEARCH CENTRES SUPPORTING AGEING AND HEALTHCARE SERVICES FOR OLDER SINGAPOREANS.

GOVERNMENT AGENCIES

APO

AGEING PLANNING OFFICE

An outfit under the Ministry of Health that oversees the planning and implementation of strategies for addressing the needs of older Singaporeans, including the delivery of social and health services, and supporting the Ministerial Committee on Ageing, which drives the Action Plan for Successful Ageing.

AIC

AGENCY FOR INTEGRATED CARE

Oversees the integration of community and long-term care services (i.e., health and social services) for older persons.

RESEARCH CENTRES

ARISE

AGEING RESEARCH INSTITUTE FOR SOCIETY AND EDUCATION

Operates as a coordinating body that brings together strong multidisciplinary research and development capabilities across the colleges at the Nanyang Technological University.

CARE

CENTRE FOR AGEING RESEARCH AND EDUCATION UNDER DUKE-NUS MEDICAL SCHOOL

An academic research centre at the Duke-NUS Medical School that aims to maximise interdisciplinary expertise on population ageing in Singapore.

IGA

INSTITUTE OF GERIATRICS AND ACTIVE AGEING

Harnesses the inter-professional capabilities across the clinical departments of the Division of Integrative and Community Care, Tan Tock Seng Hospital.

CREA

CENTRE FOR RESEARCH ON THE ECONOMICS OF AGEING

An academic research centre at the Singapore Management University focusing on the economics of ageing.

GERI

GERIATRIC EDUCATION AND RESEARCH INSTITUTE

A national institute under the Ministry of Health to lead and coordinate research agendas related to geriatric education, research, and service planning in the health services and clinical aspects of ageing.

LCPC

LIEN CENTRE FOR PALLIATIVE CARE

An academic research and education centre at the Duke-NUS Medical School focused on palliative care.

LILY

JOINT NANYANG TECHNOLOGICAL UNIVERSITY-THE UNIVERSITY OF BRITISH COLUMBIA RESEARCH CENTRE OF EXCELLENCE IN ACTIVE LIVING FOR THE ELDERLY

A research centre focused on the use of artificial intelligence technologies to help seniors enjoy an active, independent, and dignified lifestyle. It is one of the world's first incubators of interdisciplinary research ideas to promote successful ageing and establish Singapore as a hub for developing technology enabled age-friendly communities.

Source: *Gerontologist*, 2018.¹²²

Plugging Gaps

Notwithstanding the attention that has been directed at ageing and ageing related issues, ageing research in Singapore has tended to centre on dimensions of inquiry relating to older adult employment and the redesign of workplaces, ageing related health issues and illnesses, and more recently, support for caregivers. Analysis of the elderly's experience of urban living, which relates to their expectations and lived experiences, remain inadequately investigated.¹²³ How these aspects are shaped by acceptance and accessibility to technology, the difference between age cohort, educational level, ethnic group and family archetype, as well as cultural and religious beliefs, could be better understood. Given that the life expectancy of women is longer than for man, a stronger focus on women, who are likely to be widowed in their later years, is needed. There is an urgent need to identify and understand the attitudes and values that underpin the diverse and changing ways in which current and future seniors perceive, experience and desire to live and navigate Singapore's urban landscape.¹²⁴

Additionally, there are still gaps in the understanding of the operational and logistical intricacies in managing illnesses within a supportive care environment, self-care and empowerment of seniors, mobility issues within the home, caregiver burdens and the causes of loneliness and isolation among the elderly.¹²⁵ Anecdotal evidence from healthcare professionals suggests that there is a group of elderly who are usually re-admitted into the hospital, often at the 14-day mark, because of insufficient support in the home-care environment.¹²⁶ There is therefore a need to better understand why this is so, and to better integrate Senior Activity Centres (SACs) with eldercare support close to home. Although families are regarded as the first line of defence, there is a need to review if the family is indeed in the best position to provide adequate care and support the elderly's overall well-being, as well as whether the elderly themselves want to be dependent on their immediate family members.

There is also a need to ask if families are prepared and have been adequately supported to give care when their loved ones age and become frail. Even as the government discourse stresses the family as the key caregiver and provider, often the family is not centred in policy and governance support as the unit of intervention. Families often are not equipped to cope and make decisions, and that helplessness leads many to become stressed when they see their loved ones decline physically and mentally with age. What can they do? How do they need to intervene? At which point does nursing care become necessary? And if the community is the next line of defence, how should they coordinate care between the service

provider and family members? Equipping the family with the necessary information to be able to envision confidently how ageing can happen within the community is essential. This means providing a suite of options that cater to different care profiles and backgrounds of elderly households, so families can decide how family-community care partnership can best work in the interest of the elderly.¹²⁷ Even as the options are considered and widened, and more eldercare services have become available, they are still insufficient in meeting the needs of a rapidly ageing population.

In Singapore, there are circumstances where the elderly can be lonelier and more depressed living with families than alone. Almost half of the 180 respondents interviewed in a Centre for Liveable Cities study described spending most of their day alone, although only 30% of them live alone and most live with their children or spouse.¹²⁸ Often the elderly are left with a domestic helper and remain at home all day. Many have a negative outlook and little resources to bounce back from adversity.¹²⁹ They are often plagued with anxiety and stress over their health and the financial resources they have to enable them to live out their post-retirement years. This can lead to tensions within the household when the elderly feel like they are a burden to their children. Such research dimensions on the social and mental well-being of the elderly are of urgent importance. Creativity is necessary to engage and draw elderly inputs into research. Frequently, adult children view research endeavours suspiciously and block access to their parents' participation.¹³⁰ Many elderly and their families decline services, believing they do not need them, even as eldercare providers have made care assessments and reached out to them.¹³¹ More research is needed to understand the psychological causes for such rejection, which could stem from embarrassment and Asian cultural values of "face-saving" and stigma, especially if mental health issues are involved.

Beyond the medicalised perspectives of ageing research, interactions between the social and the biological factors also have to be better understood—what neuro-endocrinologist Bruce McEwen referred to as "how the social environment gets under the skin". McEwen argued that while these interactions normally produce adaptive change, when the stressors are chronic and excessive—what he called "toxic" as they cause damage and disease.¹³² Hence, rather than a mechanical organ, the brain is an open system, shaped by constant interactions between nervous systems, bodily functions, and social and cultural processes.¹³³ How the built environment further influences the interaction of the social and biological factors, and the adaptive pathways and possibilities that this holds for people as they age, and for which planners and building professionals have potential to shape them through urban spaces, have also not been addressed or explored.

Turning Knowledge Into Action

Mending Gaps at the Frontline

Delivering integrated community-based programmes

In 2009, the government set up the Agency for Integrated Care (AIC), whose main focus at its inception was to assist in the transition of patients from hospitals back to their communities and homes.¹³⁴ Over the years, its role has expanded towards outreach and engagement efforts. The Silver Generation Office (SGO), which is a part of the AIC, conducts outreach to Singaporeans aged 65 and above to proactively understand their needs, as well as connect them to active ageing programmes, befriending services and care services. The SGO also systematically draws in the efforts of various organisations in every neighbourhood to integrate social and health support for seniors. This Community Networks for Seniors (CNS) care system assists seniors through the service provision chain and matches needs with partners across the health-social continuum. In doing so, the SGO helps build capacities and capabilities across the community care system. In fact, the CNS has become an essential pillar of the AIC's work as it supports the MOH's broader efforts in moving the care sector from one that was primarily healthcare-oriented, towards community care, which encompasses aspects of social and family care, with a philosophy of providing care integration and transition across the spectrum of acute to primary to community care.



18. As part of the Community Networks for Seniors, befrienders are deployed to support seniors with a high risk of social isolation.

As the elderly population grows, the responsibility and demand for the AIC's services has grown concomitantly. A significant outcome of the AIC's role has been to enhance the awareness of community care services available. This then empowers the elderly and their caregivers with the ability to make decisions based on their assessment of care needs and financial resources. Yet, at its core, what is needed is for the focus on healthcare to move upstream towards a focus on health. The AIC thus sees its role expanding in this direction; to facilitate and encourage seniors to lead healthy, meaningful lives for as long as possible. This means spreading its reach to match and encourage seniors to access active ageing programmes, drawing the socially isolated out from their cocoons with volunteer befrienders and providing the necessary support and information for caregivers of the elderly to navigate the challenging journey of care with a loved one.¹³⁵

More importantly, integrated care in action means having an open communication channel between and across the patient and the patient's family, with eldercare and healthcare providers throughout the care continuum, in an institutionalised manner. This means linking primary care providers—a hospital's accident and emergency department for instance—with community service providers, so that the patient's information is captured systematically for care to be given reliably and efficiently, and which enables access to follow-through care thereafter.¹³⁶

Addressing mental health needs

Dementia research and understanding is still in its infancy in Singapore. Much remains to be done to guide, educate, coach and support persons with dementia, their families and other caregivers. This is a complex task that requires communication and counselling skills, an extensive knowledge of community services and available resources and synergies across clinical gerontology, geriatric medicine and behavioural health. Despite the strides taken, Singapore's community and healthcare system has not developed sufficiently to provide comprehensive and user-centric support needed for those living with dementia and their caregivers.¹³⁷

In Whampoa estate, a Dementia Care System (DCS) has been implemented by the Tsao Foundation to address gaps in service integration, with the Duke-NUS Centre for Ageing Research and Education (CARE) evaluating the impact of the DCS in meeting the needs of those living with dementia and their caregivers. The DCS is a multidisciplinary team comprising a nurse, social work manager and three assistants who are trained in working with persons living with dementia. The team is supported by a family physician experienced in geriatrics and dementia care. The team meets regularly and brokers care plans, reaching out to dementia caregivers to build awareness and skills in managing behavioural

difficulties and creating enjoyable and meaningful activities of therapeutic value. In particular, attention is paid to ensure the senior caregiver (usually the elderly spouse) has adequate community support and receives as much attention as those they care for.¹³⁸



19. Tsao Foundation's Dementia Care System (DCS) comprises a nurse, social work manager and three assistants who are trained in working with persons living with dementia.

Health and social services need to integrate seamlessly to be impactful, sustainable and user-centric, and be delivered in a manner that ensures appropriate support in terms of quantity, quality, timing and location of services. Doing so would enable community-based programmes such as the DCS to facilitate independence and reduce social isolation of persons with dementia and sustain their caregivers, so that the elderly, despite impairments, can continue to age-in-place successfully. Nonetheless, a more intimate understanding of the different archetypes of families of those living with dementia as well as how caregivers navigate their everyday lives are important facets to uncover.¹³⁹ Forward planning, targeted at the middle age and young-old cohorts, is also necessary, given the anticipated numbers of elderly living with dementia in time to come, so that even seniors with mild cognitive impairment are able and confident enough to be independent and partake in community life.¹⁴⁰

Greater involvement of local organisations

Community Development Councils (CDCs), Residents' Committees, mayors, and Members of Parliament (MPs) can play a more activist role in seeding and pushing through initiatives that support the elderly. After all, these organisations know the ground best and are empowered to make things

happen. Roles and responsibilities of MPs and mayors can be clearer and better co-ordinated so that home help, home services and home nursing can be delivered to elderly users more effectively. A better sense of the elderly profile within the area—how many are healthy, frail or disabled, and how these intersect with financial and social factors, need to be grasped within the respective constituencies. Understanding such local intricacies and problems better enable assistance, funding and resources to be meted and implemented.¹⁴¹

An example of a community development programme is the Age Well Everyday (AWE) Programme by the Mind Science Centre at the National University of Singapore. The programme seeks to prevent dementia in the community, by the community. It trains volunteers who then deliver community initiatives encompassing health education, exercise, mindfulness practice, horticultural therapy and art and music reminiscence, designed to slow down cognitive deterioration, reduce anxiety and depression and increase socialisation, thereby delaying the onset of dementia and improving the quality of life for seniors.

Overcoming operational challenges, professionalising services

As much as VWOs have been effective in delivering services to the community thus far, there is a need to review if they are in a position to scale up to tackle the growing volume of elderly needs in the near future. Often, VWO resources are limited and their remits differ in variegated ways to look after their own interest areas. The system of funding also does not encourage them to work together. Yet, what is needed is a comprehensive, co-ordinated approach so that the end-user is not invariably hastened towards three to four different social and healthcare outfits for support, just because they do not naturally communicate or work together.¹⁴² The CNS has thus been set up to address and resolve such frontline co-ordination issues.

Manpower shortages compound the problem. More Singaporeans need to be incentivised to work in the eldercare sector. This means growing gerontology education and professionalising eldercare services. Gerontology services need to be regarded as a respected profession with a career pathway. There is room for more certifications and diplomas to be introduced in gerontology higher education so that those who apply for eldercare jobs are equipped with holistic understandings of care from a gerontology angle. Salaries thus need to be more competitive and jobs re-defined professionally, so students are inspired to take on and follow through a career in the eldercare sector, and in so doing, better provide for seniors and their families.¹⁴³

Foreign workers are currently the default option that may be sub-optimal, given the language and cultural barriers in their interface with

elderly Singaporeans.¹⁴⁴ Consequently, the elderly can be discouraged from seeking care and participating in the larger community, leading to a reinforcement of isolationist tendencies. Ageism and the stigma of mental health concerns have also led many to deny and refuse the services of social workers and senior care agencies. More all-round awareness, grace and understanding of seniors, their concerns and living within communities are needed for families and seniors to be willing to improve help-seeking behaviours. This aligns towards a preventive rather than care-giving mindset, enabling seniors to age-in-place confidently through non-pharmacological approaches in enhancing wellness.

Building a city for all ages is, thus, not just about looking at whether the different programmes have been implemented effectively, but how they integrate and are set up in each neighbourhood. Such loose ends need to be tied up, along with identifying problems and allocating resources to fix these issues.¹⁴⁵ Agencies like the AIC have sought to catalyse capacity building in many service organisations and to bring other organisations that are aligned in culture and vision together, so as to better synergise the delivery of community services.¹⁴⁶



20. A strong community-based support system allows seniors to age-in-place.

Growing old in Singapore can be stressful for many. The looming problem of poverty among the aged is real and needs to be addressed so that people are incentivised to continue being employed at a pace they desire. Jobs need to be created that can harness the skills and lived experience of seniors, especially in the social service and eldercare sectors. For instance,

many of the able elderly volunteer at SACs and other communal services in the neighbourhood.¹⁴⁷ Such volunteerism could be turned into decent compensation so that services in the eldercare sector can be re-packaged as jobs, albeit more flexibly and fluidly to cater to the aspirations of the elderly to continue working and incentivise more seniors to partake in gainful employment where their skills are recognised.

Better collaboration, synthesis and partnership

Collaboration and synthesis across service providers, academia, healthcare practitioners and policy agencies are, therefore, essential. Viewed as a “problem” in the early years when ageing issues were first thought about, ageing was studied in silos within the specific areas of where those problems lay, whether in employment, health or social welfare. There was a clear division, for instance, between the Health and Social Welfare ministries. The realisation that the social aspects of ageing shaped and had implications on physical and mental health led to a more integrative approach towards understanding the social determinants of elderly health. For instance, the high suicide rate of elderly men in Singapore and difficulties faced by primary care doctors to detect suicidality because of time constraints have led to the development of the “one question approach”. With feedback from social workers, an elderly patient entering the consultation room is in a wheelchair or carrying a walking stick, would first be asked: “Are you living alone?” and if so, would be referred to a nurse or a social worker for a more detailed assessment with an eye on the treatment of depression.¹⁴⁸

There is now more synergy across research units in the fields of medicine, social science and gerontology, as the complexities of ageing issues are gradually better understood. Collaboration across the Health, National Development and Social and Family Development ministries have been stepped up, with the MOH’s Ageing Planning Office serving as the facilitator and coordinator of government-wide initiatives. Partnership among policymakers, VWOs and academics has also increased, as each sector realises that they depend on one another to turn knowledge into realisable outcomes. Identifying and closing the gaps cannot happen overnight, and investments in sustainable partnerships need to happen so that a better understanding of the intractability of issues can be obtained and solutions tweaked until a feasible model is found. There is perhaps less of a shortage of ideas than perseverance to ensure that plans truly work through vigilant modifications and innovations.¹⁴⁹

Going Ethnographic: Consult, Co-Produce and Empower

Engaging the elderly, as well as their caregivers and service agencies in the way ageing-related issues are conceived, debated, assessed and delivered must be the approach going forward. Working towards

an end-user centric approach has to be the pivotal piece in successful planning, with inputs from the larger community across generations and backgrounds. Neighbourhood audits akin to the ones done in pilots at Marine Parade need to be conducted in more places across Singapore, especially private housing estates. While service centres for the elderly and the co-ordination of environmental age-friendly designs have been emphasised in Housing and Development Board estates, these need to be extended across Singapore so that more elderly-friendly fitness corners, visual cues, levelled pavements and longer “green man time” for traffic light crossings, for example, are implemented and tailored to localised concerns and needs.

More significantly, greater creativity is needed to deploy methodologies involving people in participatory action research so that views of the elderly are incorporated regardless of their background, literacy level or cultural beliefs. There is a sense that the elderly are primarily the recipients of service provision and programmes, rather than collaborators and contributors to them.¹⁵⁰ The need for a greater and deeper involvement of the elderly in shaping how they would like to age has to take centre stage. This entails having the elderly themselves cast aside negative images of growing old and to instead take pride and ownership about how they wish to live. Changing outlooks of growing old and fostering an efficacy of self-care and financial literacy must become critical ingredients of ageing well.

Going forward, a gender differentiated lens is important in research and practice to better understand the relative vulnerability of women as compared to men as they age. Many women often lead domesticated lives as homemakers, leaving them dependent on their husbands and children for financial support. Even if they did have earnings, it was often lower than their husband's. Most women also have little savings and tended to save for their families rather than for themselves. Discovering this, the Tsao Foundation and Citibank initiated a series of talks to help women better plan and manage their finance for their elder years. Such talks helped to increase women's awareness of their own life goals and aspirations as they aged, and empowered them to plan and take charge of how they wanted to live out their lives meaningfully.¹⁵¹

A wider network of collaborative partnerships can be cast beyond medical and social work domains, into psychology, urban planning, social science and even banking, as reflected in the example above. Conducting research using ethnography-inspired methods would enable the research to be framed in ways attuned to seniors' perceptions, desires and attitudes. Researchers also need to be trained to embody a trauma-informed lens so that sensitivity is embedded in the way research is conducted. Seniors and caregivers can have anxiety, fatigue, stress and depressive

tendencies and this needs to be studied in a collaborative manner within a research framework that is empathetic and aligned to ethical principles. Doing so would enable findings and proposed solutions to be co-produced throughout the research process, with a sense of ownership and empowerment instilled in the service outcomes and its effectiveness by all the stakeholders involved.



21. A public talk under the Citi-Tsao Foundation Financial Education Programme for Women.

Harnessing Smart Technology

Tapping on the affordances of smart technology has been another avenue through which initiatives for eldercare have been pursued. Singapore introduced the Smart Health-Assist programme in 2015 that uses sensors to remotely monitor patients with chronic health conditions. Readings are automatically transmitted to a trained professional who can make decisions about potential interventions in real-time, without the need for patients to schedule an appointment to visit the hospital. This enables ageing-in-place to materialise, with institutional care as the “back-up”, through smart technology.

GoodLife! and the SMU-TCS iCity Lab partnered in 2015 to conduct a study on medication consumption among seniors, using a sensor in a pill box to monitor the behaviour of 10 seniors. The raw data was then sent wirelessly to the Singapore Management University, where a research team plotted the information into graphs for the care coordinators of the seniors. The trial detected that 4 of the 10 seniors needed help with their medication. The elderly can get confused over which pills to

take and the quantity, and can forget if they had taken their medication. Such technology is particularly helpful when cognitive decline sets in, and points to the potential of smart devices in assisting an elderly's daily living, thereby enabling greater independence. Nonetheless, the potential take-up of such smart technology, even if they are available, is highly dependent on the elderly's desire to have such devices in their home, which can be viewed with mistrust and as intrusions into their privacy. More studies are needed to better understand the potential penetration and take-up of such assistive devices using smart technology by the elderly and their caregivers.

Creating a Future-Ready City

Ageing has always been recognised as probably the thorniest political issue, former Minister for National Development Mah Bow Tan admitted. This is why focus groups and consultations have been the mainstay of inter-ministerial committees studying ageing issues, so that difficult conversations across different domains and sectors can take place. Mah recalled how in the Inter-Ministerial Committee he chaired in 1999 a suggestion was to give younger, more economically active members an extra vote at the ballot box, as they deserved more say in how policies are made.¹⁵² It was decided that doing so would reinforce ageism and drive a wedge in society. The contentious proposal attracted fierce debate within the focus groups and was eventually discarded, never surfacing publicly. Yet, this was the spirit in which ideas were hatched, interrogated and discussed, so that little was left as out-of-bounds and innovative proposals, no matter how far-fetched they appeared to be, were thought through, refined, weighed and then decided upon for their feasibility.

To sweep the ageing issue under the carpet would have been a tempting option in the 1980s when it was first raised, as ageing would not have assumed alarming and unmanageable proportions in the lifetime of members in the Singapore Cabinet. Speaking in 1984 when the Howe Yoon Chong Report first appeared, then Second Deputy Prime Minister S. Rajaratnam said:

In fact, life would be easier for the present government were it to ignore this problem and keep you living in a fool's paradise. Then why don't we? Let me say that the temptation to do so is great. In a time of affluence, continuing prosperity and political and social stability doing nothing and egging you on to make merry is, I know, the surest

way of attracting the adulation of the populace. For the empty-headed this is the easy road. But it is a cowardly and irresponsible way of earning popular applause because the price for our cowardice will have to be paid for not by us but one day by Singaporeans now under forty and by succeeding generations of Singaporeans waiting in the wings to be born....We owe ourselves a duty to make things easier for our successors by passing on to them, as far as we can, a maximum of assets and a minimum of liabilities. This will make it easier for future Singapore leaders to confront and successfully cope with new and no less formidable problems with also having to deal with the backlog of problems left behind by their cowardly predecessors.¹⁵³

Each generation of leaders, therefore, has to make the best decisions guided by the legacies and ethos of their predecessors, but also a willingness to make judgment calls, through a keen sense of the pulse in the present context. As a new generation of political leaders and civil servants replace older generations, their beliefs and values would be invariably reflected in the way policies are shaped. While the idea of family-first and community involvement in the support of an ageing nation has not changed, this perspective has broadened to enable the empowering of people, with a stronger governance mandate to do more.

Over the last decade, recognising the magnitude and the needs of Singapore's changing demography, the government has stepped up its provision of aid for seniors and their care. These include financial tools and healthcare instruments (Chapter 2), development of the physical environment to make it as ageless as possible (Chapter 3), social infrastructure and heartware proposals (Chapter 4) and investments in ageing research (Chapter 5). An additional S\$100 million has been pumped into the Seniors' Mobility and Enabling Fund to provide subsidies for those requiring assistive devices such as wheelchairs, pushchairs, hearing aids and hospital beds, and S\$150 million set aside to subsidise transportation costs for elderly on their trips to and from eldercare centres. Home care places and day-care capacities have been increased and the proportion of residency positions in specialisations such as geriatric medicine will also rise to meet the demands of the ageing population.¹⁵⁴

Administratively, policy units have been reorganised to consolidate senior services under the MOH so that better care for seniors across the line of service delivery, can be provided. Elderly social programmes, previously under the Ministry of Social and Family Development, have been transferred to the MOH, while the AIC has taken on the responsibility as the central implementation agency for elderly services. The Pioneer Generation Office, previously under the Ministry of Finance, has also been merged

with the AIC and renamed the Silver Generation Office. Putting all services dealing with the elderly under the remit of the MOH thus aims to allow greater depth, variety and coordination among all service partners in the eldercare sector.



22. The Seniors' Mobility and Enabling Fund extends subsidies for assistive devices or home healthcare items.

Moving forward, discernment as to where, how and the extent to which government intervention is still needed as Singapore transforms itself, is an ongoing discussion within government offices and beyond. There is a need to strike a balance between resolving short-term problems and

addressing longer-term challenges and ideals. As much as social networks and community heartware have to continue to be strengthened, families also need aid to care for their ageing loved ones. Proposals such as assisted living and dementia-friendly neighbourhoods would be welcome additions to the suite of housing and care options for the elderly. While policy frameworks are largely in place, there is a need to examine how best to implement them through a human-centric lens.

Planning for an ageing population and battling ageism will always be a work-in-progress for Singapore. Building a city for all ages should be a societal endeavour, involving not just the government, but also corporates, community partners and Singaporeans from all walks of life, to form communities of mutual care and support that can cater to the growing numbers of seniors in Singapore and ensure that no one gets left behind. Even as Singapore believes in the notion of the trampoline, having that intermediate platform or a rope to cling to without falling down would be crucially helpful as it continues to strive towards being a liveable, ageless and gracious city-state.

POST-SCRIPT

By 2030, one in four Singaporeans will be aged 65 years and above. We are becoming a super-aged society. However, the challenge is not just about our ageing population but preparing our economy, infrastructure, healthcare, social support and communities for this eventuality, where seniors and caregivers will need more support and care services in the community to age well and gracefully.

Because of this, our focus should increasingly be on anticipating the future needs and expectations of our seniors and learning how to support them on a holistic and sustainable basis. The Agency for Integrated Care (AIC) supports the Ministry of Health's (MOH) efforts on this front by building a vibrant care community that supports and empowers seniors, their families and caregivers, where the development of various cross-ministry plans such as the Action Plan for Successful Ageing and the Caregiver Support Action Plan provides a more integrated approach towards care and support for seniors and caregivers.

Going forward, one area that needs more support is the increasing prevalence of dementia. According to the Well-Being of the Singapore Elderly (WiSE) study by the Institute of Mental Health in 2015, dementia affects 1 in 10 people aged 60 and above. It is thus important for us to look into developing a dementia-friendly society and environment to enable persons living with dementia to preserve their selfhood and identity.

The AIC is already working with partners to contextualise dementia-inclusive urban design planning and principles that can be applied in aged care facilities, neighbourhoods and community spaces to support ageing-in-place. Support and resources are also provided for caregivers to empower them to be more confident in caring for their loved ones while staying mentally and emotionally resilient.

The Urban Systems Studies *Towards Ageing Well: Planning a Future-Ready Singapore* publication is instrumental in showcasing the collective efforts by the urban, healthcare and social sectors in the last four decades, documenting the rationale and developments contributing to an ever-progressive Singapore. The emphasis on a co-participatory approach is vital in the years to come and increases ownership towards building a future-ready Singapore.

Through partnerships and collaborations, we can all work closely to build a caring and inclusive society where our seniors and persons living with dementia can live well and age gracefully with dignity and respect. After all, ageing is not about growing old, it is about living well.

Tan Kwang Cheak

Chief Executive Officer

Agency for Integrated Care

TIMELINE

HISTORY OF SINGAPORE'S APPROACH TO AGEING

● **1946**

Formation of the Social Welfare Council during the British colonial period, where issues related to ageing were confined to financial relief for the needy and residential care for the destitute and mentally unwell.

● **1955**

Introduction of the Central Provident Fund (CPF).

● **1966**

Establishment of the Singapore Family Planning and Population Board to promote family planning, in a bid to balance the overall population needs with scarce resources.

● **1968**

Introduction of the Public Housing Scheme.

● **1970s**

Increase in CPF contribution to help people save more for retirement. The Special Account is introduced for more targeted accumulation of savings for retirement, and individuals are also allowed to invest their Ordinary Account savings to achieve higher returns.

● **1978**

Introduction of the Joint Balloting Scheme to allow married children and their parents, who may have applied for flats separately, to be allocated flats close to each other.

● **1982**

Formation of the Committee on the Problems of the Aged, headed by the Minister for Health, Howe Yoon Chong.

● **1984**

Introduction of the Multi-Tier Family Housing Scheme to offer priority in housing allocation and incentives with longer loan repayment and lower initial down payments.

● **1984**

Publication of the Report of the Committee of the Problems of the Aged (known as the Howe Yoon Chong Report).

● **1984**

The Medisave account is rolled out within the CPF system in 1984 to enable people to save for their own hospitalisation expenses and those of their families.

● **1986**

Pilot of the Housing and Development Board's (HDB) "Granny Flats"—flats with an additional adjoining 40 m² studio apartment for the elderly to encourage inter-generational living.

● **1987**

Introduction of the CPF Minimum Sum Scheme to help individuals spread out their savings over their retirement years.

● **1989**

Establishment of the Advisory Council of the Aged, chaired by Prof S. Jayakumar, which builds upon Howe's report with a focus on changing attitudes towards the aged.

● **1989**

Introduction of the Main Upgrading Programme that includes in-flat works, such as the addition of spaces, re-tiling works and new sanitary fittings, as well as improvements at the precinct level, like ramps, railings and drop-off porches.

● **1990**

Introduction of MediShield as a medical insurance scheme to help members pay for expenses incurred by long-term and serious illnesses.

● **1990**

Implementation of the Code on Barrier-Free Accessibility by the Building and Construction Authority.

● **1995**

Introduction of the Selective En bloc Redevelopment Scheme by the HDB.

● **1998**

Launch of the Studio Apartment (SA) scheme to cater to the anticipated demand from seniors for more independent living.

● **1999**

Introduction of the principle of "ageing-in-place" by the Inter-Ministerial Committee to develop strategies such as elder-friendly homes and environments.

● **2001**

Launch of the Eldercare Masterplan by the former Ministry of Community Development and Sports to conceive, plan and build community-based facilities for elders as part of the national infrastructure.

● **2002**

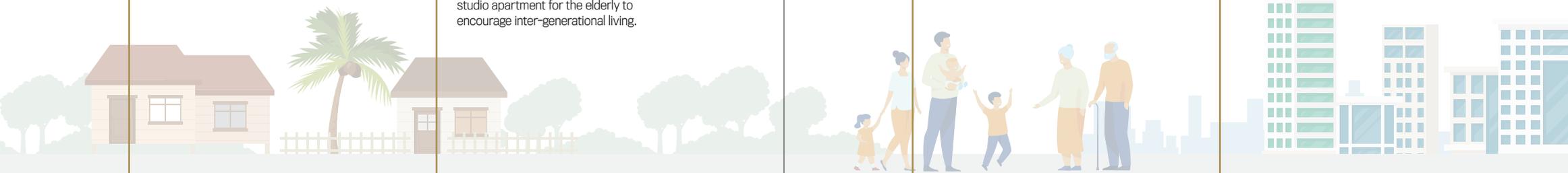
Introduction of ElderShield, a disability insurance scheme.

● **2004**

Launch of the Dementia Prevention Programme.

● **2005**

The Tripartite Committee on Employability of Older Workers, comprising representatives from employer organisations, unions and the government, is set up to recommend measures to enhance the employability of older workers.



2006

Introduction of the Successful Ageing framework, an evolution of the "Many Helping Hands" vision, by the Ministerial Committee on Ageing Issues.

2007

Formation of the Ministerial Committee on Ageing (MCA) under the Ministry of Health.

Introduction of the Workfare Income Supplement (WIS) scheme to supplement the wages and retirement savings for older low-wage workers.

Launch of the 10-year Barrier-Free Access (BFA) programme to incentivise the private sector to upgrade their buildings built before 1990 that are not BFA-compliant.

Formation of the Council for the Third Age, a government agency promoting active ageing through public education, outreach and partnerships.

2008

Parliament passes the Mental Capacity Act.

Launch of the Land Transport Authority's (LTA) Transport Masterplan, which aims to deliver a people-centred land transport system for an inclusive city.

The government starts paying an extra 1% interest on the first S\$60,000 of CPF savings to help those with lower balances grow their CPF savings faster.

The People's Association develops the Wellness Programme to encourage seniors with common interests to socialise.

2009

Formation of the Agency for Integrated Care (AIC), whose main focus at its inception was to assist in the transition of patients from hospitals back to their communities and homes.

The CPF LIFE annuity scheme is launched to provide a stream of payouts for life.

Introduction of the Lease Buyback Scheme to allow the elderly to monetise their existing flats while continuing to reside in them.

2011

Launch of the City for All Ages project to assess the needs of seniors and make flats and towns more liveable for the elderly.

2012

Launch of the Enhancement for Active Seniors scheme, which provides subsidised elder-friendly enhancements in HDB flats.

2013

Announcement of the Pioneer Generation Package.

Launch of the LTA's 2013 Masterplan, which builds upon its 2008 Masterplan.

2015

MediShield Life replaces MediShield, offering higher payouts and better protection for all Singapore Citizens and Permanent Residents, including the very old, those who have pre-existing conditions, and for life.

The MCA announces the S\$3-billion Action Plan for Successful Ageing

Introduction of the HDB's 2-room Flexi scheme, which merges and replaces the SA scheme and 2-room flat scheme.

Launch of the Smart-Health Assist programme, which uses sensors to remotely monitor patients with chronic health conditions.

The Dementia Nursing Home Design and Resource Panel, convened by the AIC, publishes a design guide for policymakers, architects and builders, operators and staff.

Introduction of the Proximity Housing Grant.

2016

Community Networks for Seniors is launched to develop community-based support.

2018

Parliament passes the Vulnerable Adults Act.

Kampung Admiralty, Singapore's first retirement community, opens.

Enhancement of the Proximity Housing Grant.

2019

Prime Minister Lee Hsien Loong announces that the retirement age would move from 62 years to 65 years, and the re-employment age from 67 to 70 years by 2030. The government also unveils the Merdeka Generation Package

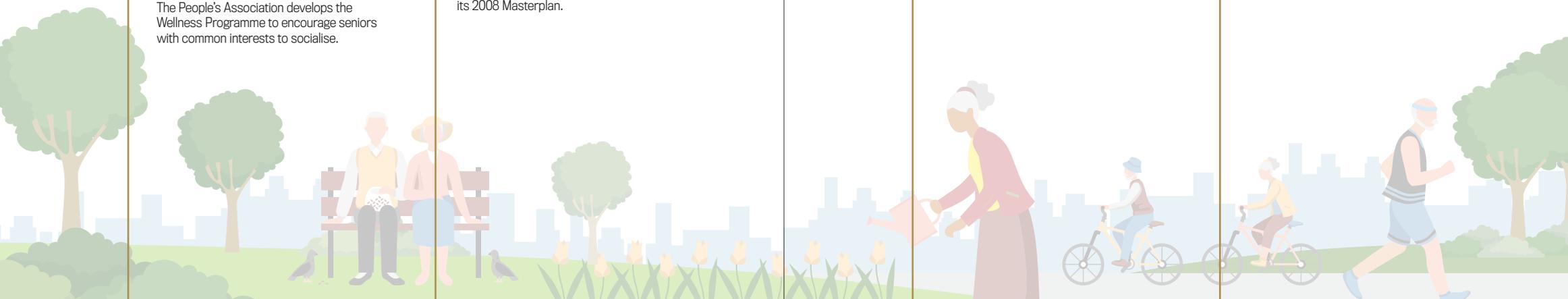
Launch of the Transport Masterplan 2040, which emphasises "Transport for All" and advocates inclusiveness that frames such barrier-free and special needs in design and changes in operations.

The Urban Redevelopment Authority launches a site for sale by public tender to pilot a dementia care village.

The HDB announces a pilot site for assisted living within a HDB estate at Bukit Batok.

2020

Enhancement of the WIS, with older workers receiving higher payouts than younger workers.



ENDNOTES

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