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Editorial

Inaugurated in November 2011, the Chua Thian Poh Community Leadership Centre (CTPCLC) in National University of Singapore (NUS) continues to nurture Singapore's next generation of change makers. The centre's student fellows are not only intellectually engaged in social issues, but are also passionate about partnering social service organisations to address on-the-ground social challenges in Singapore.

In this fifth volume of Heartbeats, we present the research efforts carried out by some of our student fellows within the past year.

In the first paper, Gan Jia Min, Imran Shah S/O Rahman Shah and Luah Xiao Wen use the social return on investment (SROI) framework to evaluate the social impact of Community Health Angel Monitoring Programme (CHAMP), a service-learning programme for NUS Pharmacy undergraduates. Their SROI analysis indicates that CHAMP is a community care model that produces net benefits for the various stakeholders involved.

In the second paper, Lai Wei Xuan, Annabelle Ng Siow Shyen and Tan Chai Hoon, Nowel, conduct semi-structured interviews with the clients of National Healthcare Group's Neighbours for Active Living programme. Using thematic analysis of the interview transcripts, four personas of older persons are developed. These personas highlight the healthcare needs of different profiles of older persons.

In the third paper, Ngui Jia Yi and Tan Jia En, Elizabeth, uncover the concept of dignity in healthcare for older persons through semi-structured interviews with the residents of St Theresa's Home, a nursing home under the Catholic Welfare Services. Based on an analysis of the interview transcripts, recommendations on enhancing the experiences of nursing home residents and ensuring that they lead dignified lives are proposed.

In the fourth paper, Bian Ruoyi, Ng Xu Jie and Lim Ting Sarah, examine the motivations and aspirations of pre-retirees by conducting observations, semi-structured interviews and surveys with older residents of the mature estate of MacPherson. Based on analysis of the findings, the study proposes specific recommendations that can enhance the experiences of retirees who live in MacPherson.

In the fifth paper, Ho Kai Ling Phyllis and Raag Sudha Sanjay analyse the reintegration programmes run by Highpoint Halfway House, and develop an impact evaluation framework that can be used by its management. The study involves observation of the proceedings of two reintegration programmes, and interviews with various stakeholders. The evaluation framework is then formulated on the basis of the data gathered and analysed.

In the sixth paper, Amanda Tang Jing Qing, Jocelyn Joy Gwee Ci En and Dinh Hai Bao Lien examine how pro-social support networks can support ex-offenders in their reintegration into the community. The findings are based on semi-structured interviews with ex-offenders who are members of ISCOS, and cover seven thematic areas: family, friends, support groups, work, religion, institution-related support, and psychosocial traits.

In the seventh paper, Andy Lua Jia Hui and How Kwang Ming conduct semi-structured interviews with GCE 'A' Level graduates from elite and normal junior colleges, to determine their educational experiences and the opportunities availed to them. This qualitative study yields evidence of school banding distorting the opportunities and resources that are available to students.

In the eighth paper, Tan Xin Le, Hillary, and David Lim Shing Yang assess the delivery of ComCare assistance through a social service office (SSO), based on the perspectives of households in the Crawford subzone. This qualitative research highlights gaps between clients' expectations and their personal experiences with the SSO.

In the ninth paper, Wynona Alim examines the working and living conditions of migrant workers in the construction industry in Singapore. Semi-structured interviews with migrant workers and migrant-worker dormitory managers are conducted. The study offers suggestions on how migrant workers' work and living conditions can be improved, and the skills that migrant workers might acquire to improve their employment outcomes when they return home.

We hope that these interesting research papers will give you new insights into various social issues in Singapore, as well as possible ideas and solutions to address these issues.

Associate Professor Albert Chu-Ying Teo, Dr Angeline Lim Cuifang,
Navya Sinha and Laiu Jianwen Darryl
Editorial team

Impact of Community Health Angels Monitoring Programme: Evaluating a Pharmacy Service-Learning Programme

GAN JIA MIN, IMRAN SHAH S/O RAHMAN SHAH, LUAH XIAO WEN

Abstract

With a rapidly ageing society and the proportion of population with chronic diseases on the rise, upstream community care is a plausible method to help reduce future individual and social health care services costs. This study seeks to evaluate the effectiveness of one such programme—the service-learning programme, Community Health Angels Monitoring Programme (CHAMP), and consider its utility in the Singaporean context using the social return on investment (SROI) framework. Stakeholders, including undergraduates from National University of Singapore (NUS) Pharmacy, social workers and clients of @27 Montfort, and volunteer pharmacists were interviewed to identify their respective inputs and outcomes from the programme. Secondary data, such as case notes and email threads were also retrieved to supplement the data. Whenever possible, information was triangulated to ensure accuracy of self-reported data by stakeholders. A final SROI ratio of 2.55 was obtained for the study after adjusting for deadweight, attribution and drop-off (if present). The ratio indicates that CHAMP is a community care model that produces a net benefit to the involved stakeholders, making it a worthwhile investment for all of them. Further refinement could be done to improve the accuracy and scope of findings and enhance the study design, with greater resources in future studies.

Introduction

Singapore is a developed country facing an ageing population, with one of the highest prevalence of diabetes in the world (Lai, 2015). An ageing population, coupled with an increased prevalence of chronic illnesses is a pertinent issue that we must work to alleviate in more ways than one. Chronic illnesses have to be managed by both long-term medication as well as signs and symptoms monitoring to detect progression of the illness. Both of these pose challenges to older persons who are ambulatory.

Our medical institutions have become overburdened with handling the ageing population and the prevalence of chronic illnesses. Hence, the proposed solution to meet Singapore's needs has been to move beyond a hospital-centric system towards a community-based care system, where older persons are managed without having to visit a hospital (Ministry of Health, 2016). Such a community-care model not only lifts the physical and financial burdens off medical institutions but also provides an element of self-management which improves the overall quality of the older person's life (De Silva, 2011).

Enter the Community Health Angels Monitoring Programme (CHAMP), a programme where undergraduates reading Pharmacy at the National University of Singapore (NUS) team up with a family service centre (FSC) to provide medication counselling and chronic illness monitoring services for older persons. These older persons are identified by social workers from the FSC. To assess the impact of this new model of community care, we conducted an evaluative Social Return on Investment (SROI) assessment on CHAMP. SROI was chosen because of its ability to include quantify and monetize the inputs and outcomes of the various stakeholders of the programme. This study was conducted over a period of three months.

Background

Started in December 2014, the Community Health Angels Monitoring Programme (CHAMP) is a service-learning initiative by Dr Yap Kai Zhen — a lecturer at National University of Singapore's Department of Pharmacy, and social workers from @27 Family Service Centre. The programme matches Pharmacy undergraduates to older persons who are enrolled in social services. The programme was conceived primarily to reach out to older persons in the community with medical needs and at the same time, offer Pharmacy undergraduates an avenue to put their knowledge to practise.

The various stakeholders of CHAMP are undergraduate volunteers, social workers, older persons identified (also referred to as clients) and volunteering pharmacists. Each stakeholder plays a different role in the programme. Undergraduate volunteers visit the older persons in their homes to befriend them, monitor their chronic disease conditions and manage their medication. In this home-care setting, students interview older persons on their well-being and provide useful advice to better help them manage their conditions and medications. Social workers

nominate older persons either having, or at risk of having, medical problems and/or complications for the programme. These medical problems include drug non-adherence, fall risk, and lifestyle modification after diagnosis of chronic diseases, to name a few. Older persons who are keen on having house visits and community care by undergraduates are then enrolled in the programme. Volunteer pharmacists would assist undergraduates in their counselling sessions should they have doubts with respect to patients' conditions.

Singapore's rapidly ageing population means that by 2030 the proportion of older persons in the population would grow by approximately 18.7% (Ministry of Health, 2014). With this, the number of older persons with age-related chronic diseases and functional disabilities is expected to grow with the ageing population (Ministry of Health, 2014). The sheer increase in the number of older persons with chronic diseases, together with the demand for better quality and types of healthcare services, presents challenges to Singapore's current healthcare system. The Singapore Ministry of Health (MOH) mentioned the need for an innovative and new model of care in the community to maintain quality, accessible and affordable healthcare for the impending ageing population. Community care is an area of care which is still at its early developmental stage in Singapore, hence more could be done to build up an effective community care model that is sustainable and affordable to older persons (Ministry of Health, 2014). CHAMP is one such programme that looks at eldercare in the community setting. Therefore, it is worthwhile for us to look into the effectiveness of this programme and its potential in the future.

Studies have been done abroad to show the importance and efficacy of homecare services in helping individuals and the healthcare community manage limited resources (Turner, 2014). However, limited studies are done in this field in Singapore despite the presence of, and focus on, different models of primary care. Hence, this study seeks to study the efficacy of CHAMP and the outcomes of such primary services to fill the gap in knowledge in this aspect.

Unlike conventional community care studies that look mostly at medical outcomes to judge the effectiveness of intervention programmes, we study CHAMP from a more holistic perspective that includes all stakeholders, as mentioned above. In essence, SROI is a method for measuring and communicating a broad concept of value that incorporates social, environmental and economic impacts. It is a way of accounting for the value created by the performed activities and the contributions

that made those activities possible. SROI was developed from social accounting and cost-benefit analysis and is based on seven principles (SROI Guide, 2009). These principles are:

1. Involve stakeholders.
2. Understand what changes.
3. Value the things that matter.
4. Only include what is material.
5. Do not over-claim.
6. Be transparent.
7. Verify the result.

These principles underpin how SROI should be applied. (For a detailed description of the seven principles, see SROI Guide 2009 version.)

An SROI analysis can fulfil a range of purposes. It can be used as a tool for strategic planning and improving, for communicating impact and attracting investment, or for making investment decisions (SROI Guide, 2009). With the findings from this SROI research, we aim to help guide the choices that social workers and Dr Yap make when deciding where they should spend time and money on.

SROI can help one improve services through these means:

1. facilitating strategic discussions and helping one understand and maximise the social value an activity creates;
2. helping one target appropriate resources at managing unexpected outcomes, both positive and negative;
3. demonstrating the importance of working with other organisations and people that have a contribution to make in creating change;
4. identifying common ground between what an organisation wants to achieve and what its stakeholders want to achieve, helping to maximise social value;
5. creating a formal dialogue with stakeholders that enables them to hold the service to account and involves them meaningfully in service design.

Methodology

To obtain data for SROI analysis, interviews were conducted with a sample from each of the four stakeholder groups. These four groups include undergraduates from NUS Pharmacy who volunteered to be part of the program, social workers from @27 Montfort who had clients under CHAMP, the clients themselves under CHAMP, as well as volunteer pharmacists who aided with interventions that required greater expertise or authority. These interviews helped to ascertain the inputs and outcomes each group contributed and experienced in CHAMP.

Only undergraduates who had been enrolled in the programme between May 2015 and August 2016 were considered (n=41). This time frame was chosen due to the restructuring CHAMP had undergone after its pilot year, which could have altered the experience received by subsequent batches of undergraduates. However, the time frame could not be applied to the selection of participants from the social worker, client and volunteer pharmacist stakeholder groups as there were difficulties in getting sufficient response from social workers and clients. Furthermore, there were no additional volunteer pharmacists recruited after the pilot year. All participants considered for the interview had to be registered as part of CHAMP as of August 2016, thereby appearing in the database. Social workers were further excluded if they were not under @27 Montfort as of August 2016 (n=5) while any participant that could not speak either English, Malay, Chinese or Tamil was excluded (n=0).

The recruitment of participants was done differently and separately for the different stakeholders. Undergraduates were emailed by the CHAMP co-ordinator to inform them of the study and all respondents (n=9) were subsequently interviewed. No random sampling was done in order to increase participation rates from the undergraduates. On the other hand, social workers and clients were randomly sampled using existing data on the population in the CHAMP database, with nine social workers and 16 clients sampled respectively. Names and client case numbers were submitted to @27 Montfort's social worker in-charge via email, who then informed the identified social workers of the study. Identified clients were contacted for willingness to participate in the study by their respective social workers. The in-charge then shared the names of willing participants. In total, five social workers and ten clients agreed to participate. All volunteer pharmacists (n=3) were reached via the CHAMP co-ordinator and all agreed to the interview. The

participation rate was at least 20% for all stakeholder groups with 100% of volunteer pharmacists interviewed as shown in Appendix A.

Interviews were scheduled individually with participants following recruitment, at a time and location that was convenient for them. Voice recording was done if the interviewee was agreeable while interview notes were taken otherwise. Consent forms were given out to all participants to document the interviewees' consent to their information being used, either audio taped or noted, for the purposes of research. All undergraduate interviews were conducted on a one-to-one basis with audio recording done for all interviews. Interviews with social workers, clients and volunteer pharmacists were done either one-to-one or two-to-one (interviewer-interviewee). All interviews with social workers were audio-recorded in contrast to the interviews with clients, where only three were audio-recorded. One volunteer pharmacist was audio-recorded during the interview session as well. All voice-recorded interviews were thereafter transcribed while interview notes were saved as soft copies for easier content analysis to be conducted afterwards.

All transcripts and interview notes were coded immediately after data collection according to the stakeholder group and then numbered in a chronological fashion. Content analysis was then conducted to identify and categorize inputs and outcomes for each stakeholder. Secondary data sources used in identifying or verifying inputs and outcomes included email threads exchanged between undergraduates and social workers, case files belonging to @27 Montfort and visit reports filed in the CHAMP database. These secondary sources served as a means of verifying information given during the interviews that might have been biased or prone to error as a result of poor recall and unwillingness or inability to share.

Transcripts, notes and other secondary data were used to measure the outcomes identified by assigning a weight to each outcome. This weight was obtained according to the proportion of total participants who had expressed the particular outcome—that is, if four out of five participants of a stakeholder group expressed an outcome, a weight of 0.8 would be assigned. Outcomes that had low weights were identified as outliers and excluded from analysis, in line with the principle of materiality. Following that, valuation was done for all outcomes using the revealed preference method instead of the stated preference method. Revealed preference, which would entail discerning the cost of each outcome through average market cost, was used in this study as opposed to stated preference, which would

entail the use of questionnaires to elicit actual willingness to pay as described by Pearce (2002). Financial proxies for inputs were derived by considering the direct costs like travelling and opportunity costs, for each stakeholder. All average market costs for services and activities or wages were based on the Singapore context using online resources and databases such as PayScale, Social Service Institute of Singapore, SkillsFuture SG and Singapore Counselling Centre.

The product of the financial proxy, measured weight and population was calculated for each input and outcome before further adjustments were made to take into account deadweight, displacement, attribution, and drop-off, whose definitions are taken from Social Value UK (2015). Displacement, which is the percentage that an outcome was off-set due to a loss suffered by society, was estimated to be zero for all outcomes given the isolated nature of CHAMP. This indicated that it was unlikely for outcomes to lead to a sacrifice in benefits or losses elsewhere. Drop-off, which is the diminishing impact of the outcome over time, could not be estimated for most stakeholders as well due to the short time frame of one year. Deadweight (which refers to outcomes that may have happened regardless of CHAMP) and attribution (which in essence is deadweight that can be ascribed to other events, persons or groups) were considered for analysis. However, estimates were used for assigning deadweight and attribution due to the lack of time and manpower to conduct a follow-up study. Where possible, estimates were guided by interviews conducted and by insights from the CHAMP co-ordinator.

Findings & Analysis

The findings and analysis of our study are presented according to the various stakeholders of CHAMP: undergraduates, social workers, volunteer pharmacists, and clients. We present the inputs, outcomes, their values and the impact assessments for each stakeholder before following up with the final SROI ratio.

Stakeholder 1: Undergraduate Pharmacy Students

Inputs. Inputs for the Pharmacy undergraduates were measured based on the responses of the 9 participants in this stakeholder group. This was done via a questionnaire to estimate the average amount of time spent on each of the activities listed in Table 1 in the past year. We then took the averages of the time spent for the

Year 3 and Year 4 students separately, and extrapolated them to the total population of Year 3 and Year 4 students. The detailed extrapolated results are shown in Appendix B. Time spent by the undergraduates was valued using the wage of a part-time student researcher at NUS, which was $8.74/hour. The cost of travelling to make the visits was valued using the public transport fare from NUS to the @27 FSC. The total inputs are shown in Table 1.

Inputs	Value of Inputs
Preparation time to review notes prior meeting client	$2,280.99
Time spent at visits	$6,211.08
Time spent at CHAMP orientation and briefing	$716.68
Clarification of medications taken with licensed pharmacists	$530.23
Reflections and report writing	$4,512.90
Communication with social workers outside of visiting time	$2,241.01
Travelling from NUS to visit and back home	$1,036.70

Table 1. Valuated inputs for undergraduates

Outcomes. For each outcome, we conducted content analysis of the interview transcripts to determine if it was reported by every participant. We used the proportion of participants who reported a particular outcome to assign a weight to the outcome. The list of outcomes can be found in Table 2.

The following are outcomes derived from content analysis of interview transcripts and notes:

1. ***Exposure to practical application of knowledge learnt in school.*** One of the undergraduates remarked: *"Because now what we are learning in school is very theoretical, very textbook. Only when you practice in real life you will get to know really what the more important stuff to hear is"*. Another undergraduate remarked *"After you see patients, then you realize oh, actually this one I learn before... this is important… you feel what you learn is more applicable"*.

2. ***Opportunity to recap knowledge learnt in school.*** Undergraduates mostly found that helping the clients to manage their chronic diseases was a *"good way to revise… as we go through this often with her it gets stuck in our mind too"*.

3. ***Improvement of medication counselling skills*** was somewhat an extension from the first outcome, as some undergraduates felt that they were able to learn how to counsel their patients better. Another participant was able to articulate the outcome clearly in saying *"when I relate more to the other patients and the elderly then I'll know how to interact with them, how to talk with them better. Like what they want, how to persuade them."*

4. ***Brushing up on language skills*** as the undergraduates had to often speak in a language other than English. Simply the act of repeating was helpful: *"Communication skills, my Chinese also improve a bit… whatever you say to the patient you need to do it twice."* Another undergraduate reported *"it's always good to learn more dialects. That I'm still learning now"*.

5. ***Better understanding of healthcare issues and medical interventions in the real world setting*** as the undergraduates were exposed to real patients with chronic illnesses, they learnt to appreciate the considerations of handling a patient in an actual setting. One undergraduate reported that *"– in the real case right, it's not like a textbook case – it's just very clear cut for you – in real life case it's a lot more blurry there's also a lot more considerations like cost, compliance – you really see that coming through"*. Similarly, another participant reported that *"Some patients really have like just mountains, and mountains of medications. And they really refuse to take it. You really get to see in real life. When they teach it to you in lecture, you think oh why would people not want to take? What really happens."*

6. ***Learning to take responsibility for their client*** came up in a variety of ways. One participant showed it through the extent in which she would help her client. She would accompany the client to visit the physician because he had told her that *"the doctor would not listen to him"*. Another participant demonstrated it in the regularity with which he had to visit his client, as he said:

One of the times he actually lost a bag of medications so we wrote a memo to the doctor and asked him to supply some more medication to him.... I think now because we implemented the pill box right? So we need to make sure that we arrange a visit before the medication end...

Another way of learning to take up responsibility was seen in Year 4s who felt the need to guide their juniors. One participant reported *"I try to get the juniors to learn and like to serve the client even though I am not around. I hope they would learn from me"*.

7. ***Feeling satisfied that they are a listening ear for older persons*** was reported by undergraduates as they realised that as they visited the clients to advise on medication adherence and chronic illness management, they also provided companionship for the elderly. This is nicely put by a participant who reported *"I feel like my client is in for company more than the professional help... she likes more of our company than profession help."*

8. ***Learning how social factors also play a role in medication adherence*** was observed as undergraduates learnt how, unlike what most students think in school, patients were not just stubbornly refusing to take their medication. Non-adherence is often a result of non-medical factors. One participant reported:

> *They often have many concerns – worries, financial worries and otherwise. It takes special skills to interact with them… Maybe not quite like the patients you meet at polyclinic for example or in other settings where they might not have so many problems.*

A negative outcome was also identified from the interviews:

1. ***Feeling disappointed because of inability to impact client due to procedures in programme, futility of interventions or inability to meet goals of visit*** was a negative outcome reported due to various reasons. One of the participants reported:

> *we found the problem – but we haven't exactly solved it. Because we don't know how to solve it and we are not allowed to change the medications by ourselves. Because if we find any problems we*

are supposed to refer it to a licensed pharmacist then she will come down to see what she can do. So we've actually done that one or two times, but we haven't done anything very concrete that I feel is very beneficial to the client's life.

Outcome	Weight	Financial Proxy	Value
Exposure to practical application of knowledge learnt in school	1.00	Time spent on attachment to a retail pharmacy, which now could be spent working	$6,211.08
Opportunity to recap knowledge learnt in school	0.78	Extra time spent revising knowledge which could now be spent working	$628.11
Improvement in medication counselling skills	0.78	Cost of a 2-day Patient Education Course	$8,141.23
Brushing up on language	0.33	Cost of a Conversational Mandarin Level 3 Course	$1,503.33
Better understanding of healthcare issues and medical interventions in the real world setting	0.56	Time spent on attachment to a hospital, which could now be spent working	$116.53
Learn to take responsibility for client (writing memos, advising deprescriptions, leading the team as a senior student etc)	0.78	Cost of a Situational Leadership Course	$14,330.87
Feel satisfied that they are a listening ear for older persons	0.56	Time spent gaining satisfaction through other community services, which could now be spent working	$3,450.60
Learn how social factors also play a role in medication adherence	0.56	Time spent on attachment to a community pharmacy, which could now be spent working	$448.65
Feel disappointed because of inability to impact client due to procedures in programme, futility of interventions or inability to meet goals of visit	0.89	Receiving counselling to build confidence and motivation (2 one-hour counselling sessions)	-$12,391.11

Table 2. Valuation of outcomes for undergraduates

One of the identified outcomes was omitted from the final analysis as only two participants reported it. The two participants reported learning to work in a team. One participant mentioned how they "all work together to figure it out". The other participant reported being able to "learn from one another". In the spirit of materiality, we omitted this outcome. However, if a larger study was to be conducted for CHAMP, this outcome could be re-weighted.

In order to value the outcomes, we needed to use financial proxies. For five out of the eight outcomes, we used work wages as the proxy. For example, in relation to the outcome of having an opportunity to recap knowledge learnt in school, undergraduates could now spend the time they would otherwise spend recapping knowledge on work as they were able to obtain this outcome from CHAMP. Hence, we could value this outcome using the wage of a part-time undergraduate research assistant by assuming that the undergraduate's time to be equal to that value, which we also did for inputs. We estimated the measure of the outcome to be 15 minutes per visit; i.e., the knowledge recapped during each visit to their client is equivalent to 15 minutes spent recapping the knowledge without the programme. 15 minutes was multiplied by the average wage of the part-time research assistant and the total number of man-visits made in a year by all undergraduates. The total number of man-visits a year was extrapolated using the responses of the undergraduate participants. This number was also extrapolated separately for the Year 3s and Year 4s.

The other three outcomes were proxied using courses that would have given the undergraduate the same outcome as the programme did. Course fees were sought on sites such as SkillsFuture and the National Healthcare Group. The feelings of disappointment were proxied using counselling sessions the undergraduate would have attended to be relieved of this feeling and two one-hour counselling sessions were deemed sufficient for this purpose. The sources of the proxies used along with full details of the valuation can be found in Appendix E.

Impact assessment. Undergraduates would have had an opportunity to recap knowledge learnt even if they had not joined the programme by joining other activities related to their profession. Similarly, they could have felt the satisfaction of listening to an older person via talking to their grandparents or volunteering with other older-person organisations. These outcomes were discounted by 10%.

Outcomes could have also been overestimated due to attribution bias, where some of the outcome could be due to the contribution of other organisations or people. Undergraduates would have been exposed to practical application of pharmacy knowledge, even without joining CHAMP, via exams and case studies in their course. Similarly, they would have improved in their medication counselling skills during practice sessions as part of their Pharmacy Professional Skills modules. They would also have better understood healthcare issues and medical interventions in the real-world setting via their lecturers' experiences sharing during lessons. These outcomes were also arbitrarily discounted by 10%.

Outcome	Discount Type	Discount Percentage
Opportunity to recap knowledge learnt in school	Deadweight	10%
Feeling satisfied that they are a listening ear for older persons	Deadweight	10%
Exposure to practical application of knowledge learnt in school	Attribution	10%
Improvement of medication counselling skills	Attribution	10%
Better understanding of healthcare issues and medical interventions in the real world setting	Attribution	10%

Table 3. Deadweight and attribution for undergraduates

Stakeholder 2: Social Workers

Inputs. All inputs from social workers were identified and categorized using insight gained from interviews of social workers and the CHAMP co-ordinator. All activities conducted by social workers that contributed to CHAMP were considered. These include:

1. Identifying goals and clients for CHAMP, which would include assessing when clients should be discharged from the program and whether potential clients should be enrolled

2. Time spent going on visits, as all social workers accompanied undergraduates during their first visit to the client's house

3. Meeting or communicating with the undergraduates, either through face-to-face meetings, or through text messages and emails to schedule visits or plan interventions

4. Reading reports and feedback, in the form of pill-counting forms and reports on the psychosocial status of clients, and doing administrative work for CHAMP which included filing of reports among others.

Inputs were measured based on the estimated amount of time social workers spent on each activity, which was assumed to be equal to the undergraduates in doing similar activities. The total time spent was computed by taking the estimated time spent per client, as in Appendix C, and multiplying it with the population size of clients.

Following that, inputs were valuated based on the work wage of a starting social worker, which was stipulated as $4,080 a month according to the Social Service Institute (SSI) in Singapore. The value of a minute of social workers' time was then obtained by assuming four, five-day work weeks per month, with each day being eight hours long. Valuation of inputs was done following that by taking the product of time spent and value per minute as shown in Table 4:

Inputs	Total Time Spent (Minutes)	Value Per Minute	Final Value
Identifying goals and clients	48	$0.43	$20.40
Time spent going down on visits	1580	$0.43	$671.50
Meeting/communicating with undergraduates	3693	$0.43	$1,569.67
Reading reports, feedback and doing administrative work for CHAMP	9420	$0.43	$4,003.50

Table 4. Valuated inputs of social workers

Outcomes. The following are outcomes derived from content analysis of interview transcripts and notes:

1. ***Being able to implement interventions with the hospital/physician, since social workers lack the medical authority and training to do so***

in other spaces. One of the social workers remarked this as "*something that we didn't even expect*" since "*in the past it's very top down*". These interventions mainly consisted of "*memos from volunteer pharmacy students… the close monitoring from students and also alerting"*.

2. ***Motivation and encouragement from seeing the undergraduates trying hard*** with "*committing their time to do this for the clients and the community*". The undergraduates, with "*their willingness to engage with the client… bringing things down to their level, like even helping them to understand, breaking down certain terms*", were identified as sources of inspiration and motivation for some social workers.

3. ***Improvement in job performance with increased bio-indicators/ratings.*** One of the ways in which social workers gauge their performance is based on how the clients are doing, which is assessed using the "*bio-psycho-social model*". The clients are rated on how well they do in the three aspects of the model – biological, psychological, and social. The bio aspect however, is often identified as a difficult area for social workers as they feel that they "*do not have the proper skills and knowledge to even do assessments or even know whether our client is doing well or if their bio, or physical, aspect is really being taken care of.*" Social workers noted that the undergraduates' help gave them "*a new area in my repertoire of my work with the client, because I have no medical background*".

Improvement in job performance with increased social indicators/ratings. Similar to the increase in bio-ratings, social workers also noted how "*they also kind of serve as a bit of a befriender*". Social workers pointed out "*clients who are elderly and their children themselves also don't visit them very often*". Social workers also shared that "*befriending increases their social support*". Furthermore, social workers remarked that the clients now had "*an additional group of people visiting them regularly. And there's consistency, because the student stays for about one year. So there is rapport built*".

4. ***Reduction in workload, allowing the social workers to focus on other aspects, i.e. emotional, social, family***, since the undergraduates helped with the clients' physical health and making visits. The reduction in

workload included less frequent visiting and reporting of the clients' condition, with a social worker mentioning:

> *the case reporting has been excellent. Very well done by the students. It tells the worker what happened. The worker doesn't have to be there but they get their cases monitored. For social workers, when we do one visit it takes us an hour, at least, including travelling time. If students are visiting and are able to give us a good update, then that one hour is saved.*

5. ***Sense of comfort that educated and experienced undergraduates and professors could handle medical situations.*** Social workers mentioned that the presence of the undergraduates and licensed pharmacists "*helped me to feel more comfortable that we were actually looking at the medical things… So I think that was very helpful for me. That we were looking at the medical aspects.*" There was a common thread of at-ease feeling as the social workers felt "*supported by the students*" given all "*their medical knowledge*".

A negative outcome was also identified from the interviews:

1. ***Frustration due to difficulty in arranging visits, logistics and doing administration*** as the undergraduates' schedules were not fixed and often outside of working hours. There were also problems with undergraduates coming to visit on short notice and being unsure of what to document. Social workers felt that *"a lot of times you all are studying. Which means that for most of them they can only come after work hours. But because our centre only has one night shift, which is on Tuesday evenings. So if they can't make it then, they come… when nobody might be here... Someone has to stay back, or wait for them to come back to return the pressure machine and the client's file."* Additionally, reporting on the clients' progress was something that the social workers were not very sure about on some occasions as "*we are also not briefed very well and for them (undergraduates) maybe their briefing is only a once off thing*".

One of the identified outcomes was omitted from the final analysis as only one social worker expressed the sentiment. This omitted outcome was a worry that

undergraduates might be "too enthusiastic" and "too directive" in suggesting interventions, and could thus fail to include the clients' perspectives and wishes. It was not clear whether such a sentiment was felt by the other social workers as none of the other four sampled suggested a similar concern. Thus, in the spirit of materiality, the outcome was assumed to be an outlier instead.

Outcomes were measured by assigning weights as shown in Table 5, with the exception of the outcome, "Being able to implement interventions with the hospital/physician", where the number of hospital interventions in the year was used as a more accurate measure.

All financial proxies were prices of services or workshops that were estimated to be able to produce an equivalent outcome. The final valuation of each outcome was the product of the measure, the population and the proxy.

Impact assessment. Deadweight was identified, using insights gained from interviews and guidance from the CHAMP co-ordinator, for three outcomes:

1. Motivation/encouragement from seeing undergraduates trying so hard. These same feelings of motivation could have been derived from workshops and other positive experiences that the social workers went through during the past year.

2. Improvement in job performance via bio indicators/ratings.
   The clients' bio indicators might have improved with visits to the doctors or upon receiving counselling from pharmacists at polyclinics.

3. Improvement in job performance via social indicators/ratings.
   Most clients interviewed mentioned heading down to the coffee shops routinely, and some attended community activities organised by the various voluntary welfare organisations such as Thye Hua Kwan. Hence, it was possible that these various activities could have also contributed to the reduced social isolation reflected in the social indicators.

A 5% deadweight was assigned to the respective outcomes based on estimation. No attribution could be identified within the constraints of the study.

Outcome	Measure (Weight)	Financial Proxy	Value
Being able to implement interventions with the hospital/physician, since social worker lacked medical authority and training to do so	6	Work wage for a licensed pharmacist ($3986 per month)	$1,195.80
Motivated/encouraged to see undergraduates trying so hard	0.2	Personal effectiveness and problem solving workshops ($588 per workshop)	$1,881.60
Improved job performance via bio indicators/ratings	1	Work wage for a medical social worker ($3584 per month)	$14,336.00
Improved job performance via social indicators/ratings	1	Cost of Using Activities in Therapy with Seniors Course ($481.50 per course)	$7,704.00
Reduced workload so that social workers could focus on other aspects, i.e., emotional, social, family, and leave undergraduates to help with clients' physical health and making visits	0.4	Cost of Case Management for Seniors Course ($749 per course)	$4,793.60
Sense of comfort that educated/experienced undergraduates and professors could handle medical situations	0.6	Cost of individual counselling (3 sessions) ($510)	$6,286.46
Frustration with difficulty in arranging visits/logistics/administration	1	Cost of individual counselling (3 sessions) ($510)	-$10,477.44

Table 5. Valuation of outcomes for social workers

Stakeholder 3: Volunteer Pharmacists

Inputs. There were a total of three volunteer pharmacists involved in this programme. All three were interviewed for this study. Inputs elucidated from the interviews with the pharmacists are as follows:

1. Time spent reviewing reports handled per year

2. Time spent meeting students to discuss patient cases and formulating appropriate care plans

3. Administrative work, which includes:
    a. Communicating with social worker, undergraduates and other volunteer pharmacists
    b. Preparing logistics for home visits

4. Time spent going on home visits.

Inputs were measured based on the estimated amount of time spent on each activity in total. Pharmacist 1—who was also the coordinator of the programme—spent most time reviewing reports. The total time taken for this input was obtained by multiplying the pharmacist's self-reported average time spent reviewing each report with the projected total number of reports processed in the year. Calculations for pharmacists 2 and 3 were based on their self-reported average duration taken to read a report and the total number of reports they had read thus far. The total time taken for the remaining inputs were calculated based on self-reported durations involved in the programme. The durations of the subsequent three inputs were considerably small compared to the first input, hence these three subsequent inputs were recalled with better detail by pharmacists and the values assigned were as reported. For detailed calculations, see Appendix D.

Following that, inputs were valuated based on the average work wage of a lecturer in National University of Singapore (NUS) for pharmacist 1, and that of a hospital pharmacist for pharmacists 2 and 3, i.e., $7250 and $3985.75 respectively, according to estimates by Payscale. A lecturer's hourly wage was calculated to be $45.31, assuming that a lecturer worked a 5-day work week and 8 hours a day. A pharmacist's hourly wage was calculated to be $22.65, assuming a pharmacist worked a 5.5-day work week and 8 hours a day. Valuation of inputs was done by taking the product of time spent and wage per hour as shown in Table 6:

Inputs	Total Hours Spent		Final Value
	Pharmacist 1 (Hourly Wage = $45.31)	Pharmacists 2 and 3 (Hourly Wage = $22.65)	
Time spent on reviewing reports handled per year	80	1.42	$3,657.08
Time spent meeting undergraduates to discuss patient cases and formulating appropriate care plans	30	0	$135.94
Administrative work	1	0	$45.31
Time spent doing home visits	0	3	$67.94

Table 6. Valuated inputs for volunteer pharmacists

Outcomes. The following outcomes were derived from content analysis of interview transcripts and notes:

1. ***Keeping in touch with drug-related problems found in the community.***

   Pharmacist 1 mentioned that CHAMP was an *"avenue for me to stay current with the profile of different patients and keeping up with pharmaceutical care in the community,"* given that she was a lecturer in NUS who did not serve as a practising pharmacist.

2. ***Knowledge of efficacy of this new model of community care***.

   All three pharmacists mentioned this point. Pharmacist 1 stated that CHAMP sought *"to see if pharmacy students are able to provide this sort of tier service. It provides the bridge, especially to clients who are not yet captured by the hospitals"*.

3. ***Improvement in teaching students about patient management using real life case examples***.

   Pharmacists 1 and 3 both mentioned in their interviews that learning

through actual cases with actual patients would benefit the students and the teaching process. Pharmacist 1, a lecturer, stated that cases allowed her to "*better explain cases to students when you go through the cases with them*".

4. ***Personal satisfaction from contributing to clients (witnessing them recover), undergraduates and their profession.***

   All three pharmacists gained personal satisfaction from this involvement. *"...it was more collaborative with the university being involved while the program also gets students exposed to things. She mentioned that she liked the idea when she was first asked to help out with it as it has always been her area of interest i.e. geriatrics in the community."*

5. ***Additional stress from the added workload and difficulty in arranging home visits.***

   Pharmacists 1 and 3 both mentioned this negative outcome. Pharmacist 3 mentioned that she faced some difficulty in coordinating visits as she had to catch the exact timing for when injections were being done for the clients, while being mindful of the undergraduates' time constraints and academic commitments. Pharmacist 1 mentioned that she found it difficult to cope with all the reports from students and social workers and that it would be better if she could receive help for it. She mentioned that the "*sheer number of reports coming in and out is not manageable*". However, she understood the need and importance for them to be reviewed.

No outcomes were omitted as they were all deemed significant due to the small population of volunteer pharmacists.

All proxies were prices of services or workshops that were estimated to be able to produce equivalent outcomes. The final valuation of each outcome took the product of the measure, the population and the proxy.

Outcome	Weight	Financial Proxy	Value
Keeping in touch with drug-related problems found in the community	0.67	Cost of attending 2 related talks by Pharmaceutical Society of Singapore (PSS)	$160.00
Knowledge of efficacy of this new model of community care	0.67	Could be spent working*	$1,993.00
Improved teaching on patient management using real-life case examples	0.67	Cost of attending 2 related seminars by PSS	$960.00
Personal satisfaction from contributing to clients (witnessing them recover), undergraduates and the profession	0.67	Personal effectiveness and problem solving workshops ($588 per workshop)	$1,176.00
Additional stress from the added workload and difficulty in arranging home visits	0.67	Cost of attending 1 counselling session	-$181.90

Table 7. Values of outcomes for volunteer pharmacists

Impact assessment. Deadweight was identified for two outcomes—namely a) "Keeping in touch with drug-related problems found in the community" and b) "Personal satisfaction from contributing to clients (witnessing them recover), undergraduates and the profession". The pharmacist could have taken up other volunteering opportunities initiated by hospitals or community hospitals that would have resulted in these outcomes. A 10% deadweight was assigned for each of these outcomes. Two outcomes were identified to have attribution—namely a) "Keeping in touch with drug-related problems found in the community" and b) "Improved teaching on patient management using real-life case examples". The pharmacist could have achieved these two outcomes through attending Continuing Professional Education seminars for pharmacists held at the workplace or by Pharmaceutical Society of Singapore. A 10% attribution was assigned for each of these outcomes.

Stakeholder 4: Clients

Inputs. The identified inputs for clients were a) their willingness to share personal information regarding their health such as their medical records, current medications and lifestyle habits and b) the time spent to interact with undergraduates and social workers under the CHAMP program during the visits. It was difficult however, to assign a financial value to willingness as it was likely not material. Furthermore, clients were either retired or unemployed due to various reasons. Therefore, the opportunity cost of taking the time to accept visits was zero. Hence, the total value of the clients' inputs was zero.

Outcomes. Three different sources of information—interview transcripts and notes, case notes belonging to @27 Montfort and CHAMP, and email threads exchanged between undergraduates and social workers—were used to obtain the outcomes experienced by the clients. This was due to the discrepancies detected in the clients' physical health outcomes based on the interviews and the case notes. There was also poor recall from some clients, while others had difficulties understanding what information was required from them. Case notes were also found to be insufficient as documentation was often poor or incomplete. Thus, analysis was supplemented with email threads that were exchanged between social workers and undergraduates as these were often more detailed and contained qualitative information useful for the SROI analysis.

The following are the outcomes obtained through synthesis of the three data sources:

1. ***Understanding of their health conditions and the actions to be taken to better manage them***, either through explanations of what their condition—which was often chronic—would mean for them in the long run and what their medications were for. A client mentioned how the "*student come and tell me this medicine eat for what. I no kalang kaboh. I know what I eat is for what.*" Some clients were also advised on the benefits of Western medication after undergraduates had learnt of their fear and misunderstanding.

2. ***Companionship, widened social circle, increased sense of self-worth***, with a constant group of familiar faces visiting them. The clients, when interviewed, often mentioned how they were glad that the undergraduates

took the time to visit them, saying "*they come see me, talk to me luh. Uncle also got nothing to do, everyday only go up and come down (referring to home and the day care center) got people come I very happy"*.

3. ***Timely identification of complications for treatment or follow up,*** which occurred when the undergraduates flagged problems with clients' vision during visits. Other examples include reporting on abnormal levels of blood pressure or medication problems.

4. ***Encouragement to adhere to medications***, with undergraduates telling a diabetic client "*to continue with the jab. They say cannot stop.*" A client also shared how her condition improved, resulting in a reduction in the medications she had to take.

A negative outcome was highlighted by some interviewed clients however:

1. ***Unhappiness with the programme*** due to various reasons ranging from the disruption of habits, "*They mess up the medications. The nurse arrange nicely for me already*" to general discontentment with the visiting, "*The students, they talk a lot, I get headache*". There were also issues with language barriers as a client mentioned that "*If the ones who talk Tamil come, I'll talk to them. If they speak in English, I don't.*

An anomaly was excluded from this analysis as only one client appeared to share the sentiment. The client had expressed frustration with the programme as he felt that CHAMP did not improve his condition. The client repeatedly expressed how "fed-up" he was with the doctors, healthcare professionals and undergraduates for not being able to give him solutions to his health problems. No similar outcome was detected in the rest of the clients sampled and the email threads. Thus, this outcome was omitted as it was immaterial.

Outcomes were valuated with weights, as shown in Table 8:

Outcome	Measure (Weight)	Financial Proxy	Value
Understanding of their health conditions and the actions to be taken to better manage them	0.6	Cost of a consultation with a general practitioner	$449
Companionship, widened social circle, increased sense of self-worth	0.8	Cost of joining a course in a community club	$1,274
Timely identification of disease complications for treatment or follow up	0.3	Cost of 1 ED visit averted + 5.9 days of B class ward stay	$4,352.76
Encouragement to adhere to medications	0.8	Cost of home nursing visit service averted	$16,435
Unhappiness with the programme	0.3	Cost of attending 1 counselling session	-$1,637.10

Table 8. Valuation of outcomes for clients

The proxies for all the outcomes were activities or services that were likely to yield similar outcomes. The final value for each outcome was the product of the measure, the population size (n=24) and the proxy value.

Impact assessment. Deadweight was identified for one outcome, "Timely identification of disease complications", as the clients might have sought treatment for themselves even without participating in CHAMP. A 10% deadweight was assigned for this as there was a high possibility that social workers might have helped to elicit health problems, albeit at a later stage, for treatment.

Two outcomes were identified to have attribution–namely a) "Understanding of their health conditions" and b) "Unhappiness". Clients were likely to have an improved understanding of their health conditions via other avenues (e.g., visits to polyclinics, where doctors or pharmacists could have counselled them on their conditions and medications as well). Also, unhappiness could have occurred

due to frustration with the inadequacies of the healthcare system and disorganised dispensing of medications. Therefore, attributions of 10% and 5% were assigned to the two outcomes, respectively.

Drop-off was also considered for clients since at least half the population of clients were present in CHAMP for more than a year already. Hence, the extension of time-frame to more than a year meant that there was a possibility that drop-off could have occurred. To account for this, one outcome, "Companionship, widened social circle, increased sense of self-worth" was assigned a drop-off of 10% since it was likely that the impact of befriending would fade with time.

SROI Ratio

The final SROI ratio of 2.55 was computed by dividing the sum of all outcomes for the key stakeholders after accounting for deadweight, attribution and drop-off (i.e., $70,629.00) by the sum of all inputs (i.e., $27,700.70).

Discussion

SROI Value

The SROI ratio of 2.55 means that for every $1 put into CHAMP, an outcome worth $2.55 is produced. While the SROI framework gives us a way to valuate and monetize social outcomes, the fact that many outcomes are intangible means that valuation and monetization can never be accurate and precise. Nevertheless, the fact that the SROI ratio for CHAMPS is greater than 1 can be taken as evidence of CHAMP's social impact. Hence, this model of community care should be explored further. The programme should also consider recruiting more people to extend its positive impact.

To provide greater insights into how CHAMPS has benefited the various stakeholders, Table 9 below shows the inputs and outcomes for the various stakeholders. CHAMP was initially conceptualised as a service-learning programme that seeks to benefit the undergraduates and the clients, according to the CHAMP co-ordinator. Given the large number of undergraduates in the programme and that they are the major service providers in CHAMP, it makes sense that undergraduates should experience significant outcomes. Not surprisingly, the clients' outcomes are found to be comparable to the undergraduates'. This reaffirms the effectiveness of

the service-learning project in being able to concurrently benefit its intended primary givers and receivers.

While the clients and the undergraduates mutually benefit each other, it is interesting to observe that the social workers seem to reap the most benefits in terms of outcomes. This unexpected spill-over benefit is mostly reaped in terms of improvement in the social workers' work performance, thereby suggesting that the programme offers an additional role in improving the job efficacy of social workers.

Stakeholder	Value of Inputs	Value of Outcomes	Net Value
Undergraduates	$17,529.50	$20,584.50	+$3,055.00
Social Workers	$6,265.00	$25,710.10	+$19,445.10
Pharmacists	$3,906.20	$3,743.90	-$162.30
Clients	$0.00	$20,590.50	+$20,590.50
Clients	$27,700.70	$70,629.00	+$42,928.30

Table 9. Inputs and outcomes of stakeholders

Negative Outcomes: Areas of Improvement for CHAMP

Though our study shows that CHAMP positively impacts all stakeholder groups, there are some negative outcomes which attenuate the final values of outcomes. Moving forward, the programme can work to alleviate or prevent the reported negative outcomes, to improve CHAMP's social return.

Undergraduates. The main negative outcome for the undergraduates is the feeling of disappointment due to an inability to help their clients. This feeling of disappointment is reported for three main reasons. Some undergraduates report feeling disappointed that their interventions are not working. Another reason reported is the inability to meet the goals that have been set for the visits (e.g., pill

counting). Another frustration arises from attempts to obtain clarifications on the medications of client from the medical records.

For the first two reasons, we suggest that the programme help the undergraduates manage their expectations. Training sessions and support groups can help undergraduates share their feelings of disappointment at being unable to help their clients. In fact, feeling unable to help a patient can be part and parcel of developing empathy for a patient, which is an important skill for a healthcare professional. Undergraduates can reconsider their feelings of disappointment that interventions are not working or that goals are not being met as a phase towards developing a better understanding of and empathising with the difficulties their patients face (Halpem, 2003). Development of empathy can even lead to making the undergraduates' experiences more meaningful (Halpem, 2003). Hence, helping undergraduates to manage their expectations can possibly turn into a positive outcome. For the third reason, the CHAMP co-ordinator can consider streamlining protocols so that undergraduates do not face as much difficulty. Alternatively, the reasons for having such 'frustrating' protocols might be clarified, which could help the undergraduates appreciate the need for these protocols.

Social workers. For social workers, the negative outcome identified is frustration brought about by the undergraduates' short notice before visits and the inconvenient visiting hours. One of the social workers has identified a solution; he suggests that the undergraduates plan a visiting schedule that the clients and social workers can agree upon, so that arrangements can be made beforehand. He even mentions that one of his cases has been trying to set up a schedule for this purpose. The feasibility of this solution to other cases should be looked into.

Volunteer pharmacists. The volunteer pharmacists do not experience any negative outcomes from CHAMP. However, the CHAMP coordinator has difficulty coping with the workload of reviewing the cases. She mentions that *"it is important that I review the cases as and when they come in. But it is not manageable… We don't have a main administrator, so it is a challenge"*. The coordinator is considering getting some undergraduates to help with the administrative work. But she mentions that the undergraduates cannot manage the programme *"entirely... because of liability issues"*.

We recommend that, since this study suggests the usefulness of CHAMP, more faculty members, or even postgraduate students can be roped in to help with

the programme. Alternatively, other volunteer pharmacists might be convinced to take on more case-review work.

Clients. For clients, the negative outcome is unhappiness directed towards the programme. This unhappiness is mainly due to two reasons. One client shares that the undergraduates "messed up the medications" that the nurse has already arranged for him. For this, we recommend reminding the undergraduates to be more sensitive to the clients' existing habits when conducting their assessments. Some other clients, all non-Chinese speaking, report difficulty conversing with the undergraduates who visit them, as the undergraduates cannot speak Tamil or Malay. These clients feel more comfortable if the undergraduates speak in languages they are fluent in. For this, we would recommend that CHAMP tries its best to recruit undergraduates who can speak ethnic minority languages (i.e., Tamil and Malay), as well as the Chinese dialects.

Limitations of SROI

While the SROI framework valuates outcomes that are intangible, such valuation can never be completely accurate and precise. Being cognisant of the possible sources of inaccuracies for an SROI analysis can help us to appreciate the findings better. In considering the possible sources of inaccuracy in our study, we will examine our method of monetizing outcomes (i.e., stated preference method), our measures of the outcomes, our adherence to the materiality principle, and the limitations of our study design.

In the spirit of materiality, we have excluded certain outcomes that appear to be outliers. This may not be beneficial for evaluation of a programme like CHAMP where there is wide variability among client cases. For example, the extent of the illnesses, the commitment of the clients, the disposition of the undergraduates, and the working style of the social workers all lead to different experiences that might affect the stakeholders differently. Hence, we might have left out certain outliers that could have had significant impact on the final SROI ratio. Furthermore, given that our sample sizes for the different stakeholders are not very large, we cannot be sure if we have determined the outliers correctly.

Revealed Preference versus Stated Preference

In this study, we use the revealed preference method instead of the stated preference method to evaluate the outcomes. The stated preference method is often

lauded as the more accurate method for valuation of non-market resources because the outcomes are valuated according to the willingness of individuals to pay for them. By contrast, the revealed preference method valuates outcomes based on the prices of related market-traded products (Carson et al., 2001).

This perceived accuracy in the stated preference method may be ill-founded, however, as one of the biggest qualms with the method is that 'respondents are often not responding out of stable or well-defined preferences but essentially inventing answers on the fly' (Hausman, 2012). This may indeed be the case with our study, since what interviewees share may be amplified because some incidents are likely more significant than others from their perspective. For example, one undergraduate expresses disappointment, since she *"expected"* that they would be *"able to befriend them (the clients)"*, but has been told at the orientation *"to keep a strictly professional relationship"*. However, upon probing if she *"see(s) keeping a strictly professional relationship… in a positive light or… that the programme should try to re-evaluate it"*, she mentions that *"actually on hindsight… maybe (it) makes more sense"*. This demonstrates what Hausman describes—in trying to elucidate the outcomes from individuals, we likely stumble onto the instability and undefined nature of outcomes, which we posit can be extrapolated to the individuals' stated preference. Hence, we are confident in our usage of the revealed preference method to valuate outcomes.

Observing Materiality: Outliers and Triangulation

As we weight the outcomes, those with very small weights are dropped as outliers, in accordance to the principle of materiality. We triangulate the reported outcomes especially for the clients, since they are older persons and might tend to be more forgetful, less expressive, and from a lower socioeconomic background. This characterisation means that they might be biased towards a programme which is part of an organisation that provides welfare for them. Hence we triangulate the outcomes using multiple sources of secondary data to 'improve trustworthiness' (Banke-Thomas et al., 2015 p.8).

Study Limitations

A typical SROI analysis consists of first an exploratory study to determine material outcomes, and then a survey (preferably administered to a larger number of individuals) to measure the magnitude of the outcomes (Jones, 2012). However, our

study does not incorporate a survey. Instead, we arbitrarily estimate the magnitude of the various outcomes.

Furthermore, we have not considered the healthcare system as a key stakeholder, as the outcomes of CHAMP on the healthcare system would take considerable time to be realised and would require considerable effort to procure information on. Some of the foreseeable outcomes on the healthcare system include fewer admissions to healthcare institutions due to a more controlled state of the clients' diseases, and less spending of resources in the management of the clients. Inclusion of the healthcare system as a stakeholder in future SROI analyses can be considered.

This SROI analysis is the first study done to assess the social impact of CHAMP, and a considerable amount of time has been spent to make sense of the programme and to determine how to assess it using the SROI framework. As such, we recommend that CHAMP reassess its SROI in the near-future in a more rigorous manner (i.e., including surveys to measure the magnitude of outcomes, including the healthcare system as a stakeholder, and tracking long-term outcomes).

Conclusion

Overall, CHAMP is a programme that generates more benefits than the resources it consumes and it is a programme that should be continued. The benefits that CHAMP creates for its clients are unique. It brings together befriending activities with health assessment interventions; this is still seldom seen in Singapore today as healthcare and community care remain disparate. Furthermore, it highlights the importance of on-the-ground learning for Pharmacy undergraduates as the programme exposes them to practical situations, and hones their ability to apply knowledge learnt in the classroom. This study serves as a preliminary guide in helping to further shape the programme as there are definite areas of improvement that could help it to achieve a higher SROI ratio in future.

Subsequent studies can be done to look more carefully at how CHAMP has impacted health outcomes and medication adherence, thereby providing a more accurate picture of the benefits and costs of the programme.

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Appendix A: Participation rate for interviews

Stakeholder	Population Size	Random Sampling	Recruited Participants	% of Population Sampled
Undergraduates	41	N.A.*	9	22%
Social Worker	16	9	5	31%
Volunteer Pharmacists	3	N.A.*	3	100%
Clients	24	16	10	42%

*No random sampling was done. Convenient sampling was done instead

Appendix B: Average time spent by undergraduates per client

Total Time Spent	Year 3	Year 4
On visits (minutes)	20859	21780
on preparation (minutes)	6749	8910
on reflection and report writing (minutes)	14331	16650
on communication with SW outside of visit (minutes)	5754.5	9630
	0	0
Amount of time in the past year spent consulting professor/pharmacist (minutes)	1360	2280
Total Number of visits in one year	95.2	201
Number of hours of orientation attended	2040	2880

Appendix C: Estimation of time spent by social workers per client

Inputs	Time Spent Per Client (Minutes)
Identifying goals and clients*	120
Preliminary visiting	65.8
Communicating with social workers outside of visit	153.9
Reading reflections and reports	392.5

*Assumed to be two hours per client

Appendix D: Calculations of inputs for each pharmacist

Input by Pharmacist	P1	P2	P3	Total
Number of reports handled per year	480	4	3	
Average time spent on per report (Mins)	10	10	15	
Reading of reports, feedback in the year (Hr)	80	0.67	0.75	81.42
No of meetings with students to discuss about patient case	6	0	0	
Average duration per meeting (Mins)	30	0	0	
Total time spent on discussion (Hr)	3	0	0	3
Administrative work (Hr) ● Communicating with social worker, undergraduates & volunteer pharmacist	1	0	0	1
Time spent doing home visits (Hr)	0	0	3	3

Appendix E: Compilation of financial proxies and sources

Undergraduates

Wages of part-time research assistant at NUS ($8.74 per hour)
Part Time Appointment Scheme, NUS Admissions
http://www.nus.edu.sg/admissions/graduate-studies/scholarships-financial-aid-and-fees/financial-aid-schemes/part-time-appointment-scheme.html

Cost of a 2-day patient education course ($255.30 per course)
2-day Patient Education Course at Singhealth, Alice Lee School of Advanced Nursing
https://www.sgh.com.sg/subsites/ian/Programmes/CET/Pages/PatientEducation.aspx

Cost of a conversational Mandarin Level 3 course ($110 per course)
Skillsfuture@PA Conversational Mandarin Level 3, SkillsFuture
https://courses.skillsfuture.sg/content/portal/en/education_trainings/course_detail.SkillsFuturePA-Mandarin-Adults-Beginner-Level-3.html#fq=Course_Supp_Period_To_1%3A%5B2016-11-02T00%3A00%3A00Z%20TO%20*%5D&q=mandarin&sort=Tol_Cost_of_Trn_Per_Trainee%20asc%2CCourse_SEO_Name%20asc

Cost of a Situational Leadership Course ($449.40 per course)
Situational Leadership Course at EON Consulting & Training Pte Ltd
https://courses.skillsfuture.sg/content/portal/en/education_trainings/course_detail.Situational-Leadership.html#fq=Course_Supp_Period_To_1%3A%5B2016-11-05T00%3A00%3A00Z%20TO%20*%5D&q=leadership

Receiving counselling to build confidence and motivation (2 sessions) ($170 per session)
Counselling sessions at Singapore Counselling Centre
http://scc.sg/eng/index.php/counselling-packages/

Social workers

Work wage for a licensed pharmacist ($3986 per month)
PayScale median wage for licensed pharmacists
http://www.payscale.com/research/SG/Job=Pharmacist/Salary

Personal effectiveness and problem-solving workshops ($588 per course)
Aventis Learning Group
http://aventislearning.com/public-seminars/developing-positive-mindset.html

Work wage for a Medical Social Worker ($3584 per month)
PayScale median wage for medical social workers
http://www.payscale.com/research/SG/Job=Medical_Social_Worker/Salary

Cost of Activities in Therapy with Seniors course ($481.50 per course)
Social Service INstitute -Skills Training Programmes
https://e-services.ncss.gov.sg/Training/Course/Detail/cd917087-9625-e611-8112-000c296ee03a

Cost of Case Management for Seniors course ($749 per course)
Social Service INstitute -Skills Training Programmes
https://e-services.ncss.gov.sg/Training/Course/Detail/119e7087-9625-e611-8112-000c296ee03a

Receiving counselling to build confidence and motivation (3 sessions) ($170 per session)
Counselling sessions at Singapore Counselling Centre
http://scc.sg/eng/index.php/counselling-packages/

Volunteer pharmacists
Cost of attending 2 related talks by Pharmaceutical Society of Singapore (PSS) ($40 per session)
Continuing Professional Education Events, PSS
http://www.pss.org.sg/whats-happening

Work wage for a licensed pharmacist ($3986 per month)
PayScale median wage for licensed pharmacists
http://www.payscale.com/research/SG/Job=Pharmacist/Salary

Personal effectiveness and problem-solving workshops ($588 per course)
Aventis Learning Group
http://aventislearning.com/public-seminars/developing-positive-mindset.html

Receiving counselling to build confidence and motivation (1 session) ($170 per session)
Counselling sessions at Singapore Counselling Centre
http://scc.sg/eng/index.php/counselling-packages/

Clients

Cost of a consultation at General Practitioner (GP) ($31.20 per consultation)
2006 Survey of GP Clinic Practice Costs in Singapore, Wong et al.
https://www.sma.org.sg/UploadedImg/files/Advisories/Survey.pdf

Cost of joining the Senior Academy at the Community Centre ($62 per course)
Senior Academy, People's Association
https://www.pa.gov.sg/Our_Programmes/Lifeskills_and_Lifestyle/Senior_Academy

Cost of Emergency Department visit averted (123.05 per admission) + 5.9 days in B-class ward stay ($75 per day)
Singapore General Hospital, charges
https://www.sgh.com.sg/patient-services/charges-payment/pages/outpatient-charges.aspx
https://www.moh.gov.sg/content/moh_web/home/our_healthcare_system/Healthcare_Services/Hospitals.html

Cost of nursing home-visit service ($800/month)
Active Global Specialised Caregivers, Singapore
http://activeglobalcaregiver.sg/our-fees

Receiving counselling to build confidence and motivation (1 session) ($170 per session)
Counselling sessions at Singapore Counselling Centre
http://scc.sg/eng/index.php/counselling-packages/

Developing Healthcare Sector Client Personas and Schemas: A Qualitative Study

LAI WEI XUAN, ANNABELLE NG SIOW SHYEN, TAN CHAI HOON, NOWEL

Abstract

In line with the nation-wide thrust to move healthcare services beyond the hospital and into the community, National Healthcare Group's (NHG) Neighbours for Active Living programme (Neighbours) aims to provide integrated healthcare services to their elderly clients while they are in the community. Using a holistic approach to bridge social and healthcare services, Neighbours aims to plug service gaps, move services upstream and help deliver more efficient healthcare services. This study aims to help NHG's Neighbours team perform ground sensing of elderly clients living in the MacPherson, Ang Mo Kio, Bishan-Toa Payoh and Serangoon areas. Qualitative data are collected through conversational interviews, and analysed through thematic analysis to aggregate client personas which could guide future healthcare service planning. Two main themes: Mobility and Social Networks emerge as key priorities of many elderly clients. Schemas are developed to articulate the insights drawn from these two main themes. While these two themes overlap in some areas, there is merit in analysing how each may affect other needs, such as familial, financial and spiritual needs. Furthermore, issues surrounding Mobility and Social Networks of elderly patients require intense coordination between healthcare and social services, to ensure seamless care from hospital to home. In conclusion, we have established a framework for collecting and analysing qualitative data for the purposes of healthcare service planning, and have developed patient personas which supplement storytelling techniques to communicate priority patient needs for consideration in strategic planning.

Introduction

Ageing Population in Singapore

The healthcare challenges of the next decade are driven predominantly by the changes in our population demographics. In the population white paper released in 2013, an estimated 900,000 "baby boomers" will retire from the workforce at the age of 65 years old and enter their "silver years" from 2013 to 2030 (National

Population and Talent Division, 2013). Furthermore, Singapore's total fertility rate (TFR) has been below the minimum replacement rate for more than 30 years, dropping to 1.2 in 2010 (Department of Statistics, 2013). Also, the average life expectancy for Singaporeans has risen from 66 years to 82 years in 2010 in the span of 40 years of the nation's development. Given these changes in the age demographics of the Singaporean population, we begin to understand the healthcare challenges of this decade.

A review by Marsh & McLennan Companies' Asia Pacific Risk Centre on Singapore's healthcare needs estimates that elderly healthcare costs will rise tenfold till 2026 to US$49 billion annually (Asia-Pacific Risk Centre 2016). These figures take into account long-term healthcare costs and medical cost inflation from private, public and individual spending. Beyond the statistics, other economic, social and community factors affect healthcare services in Singapore in the following decade. Dr Jeremy Lim from Olivier Wyman global health practice alludes to the hidden costs of an ageing population from factors such as transport and opportunity costs from caregivers (Tai, 2016). The presence of cheap foreign labour to defray these economic costs may also be uncertain. Dr Ng Wai Chong, chief of clinical affairs at Tsao Foundation, also feels that individuals need to manage their own health proactively (Tai, 2016).

Singapore's healthcare system has reliably helped Singaporeans achieve their healthcare needs through the Medisave, Medishield and Medifund (3M) system, which provides compulsory medical savings, comprehensive insurance coverage and a social safety net for healthcare expenditure. However, the rising costs of healthcare due to the ageing population may place a large burden on the country's finances. MediShield Life was extended to cover all Singaporeans from birth till death in 2015, paying out 29% more monthly than the previous year. Healthcare infrastructure is also being expanded to meet the demand, with a target of 9,500 beds by 2020, up from 8,100 in 2015. These additional beds will most likely be from the new Sengkang hospital which will open in 2018 and the Woodlands General Hospital opening in 2022. However, the most marked increase in capacity is planned to occur in the community hospitals, community care places and home care services, at 263%, 195% and 163%, respectively.

An interesting development lies in the addition of seven new family medicine clinics (FMCs) and seven community health centres (CHCs) to bolster primary care general practitioners in the community. This reflects the shift in focus

from providing acute healthcare services to providing healthcare services closer to the heartlands. A speech by Mr Gan Kim Yong at the MOH Committee of Supply Debate 2017 put forward three "beyonds": (i) to move beyond the hospital to the community; (ii) to move beyond quality to value; and (iii) to move beyond healthcare to health (Ministry of Health, 2017). This vision for healthcare in 2020 underscores the growing importance of community healthcare and its growing relevance. In order to ensure that the needs of the growing elderly population are met, this study hopes to sense the ground and better understand the priority needs of the elderly population, and to present these findings to the National Healthcare Group (NHG) for consideration as a methodology to adopt.

Neighbours for Active Living

The Neighbours For Active Living programme (Neighbours) was initially a collaboration between the Eastern Health Alliance (EH Alliance) and South East Community Development Council (South East CDC). In March 2016, NHG joined this collaboration to bring this initiative to the Central Region of Singapore.

Neighbours aims to build long-term relationships with elderly clients to help them stay as healthy as possible in the community where they live. The programme leverages community members who receive comprehensive training to serve the complex medical and social care needs of vulnerable elderly persons and clients who are frequently admitted to hospitals. The programme has shown considerable success with two out of three clients having reduced the number of hospitalisations within six months of entering the programme. This has been possible due to the work of 40 staff and more than 200 volunteers who serve a total of 3010 clients in eastern Singapore.

At NHG, Neighbours has been adapted, in line with Group CEO Professor Philip Choo's vision to "move from illness to wellness care and create a sustainable, relationship-based healthcare system" (Changi General Hospital, 2016). A committed team has been set up to act as social integrators to help the elderly navigate and access social support, and reinforce basic medical advice. The Neighbours team work with clients from the Macpherson, Serangoon, Hougang, Ang Mo Kio, Bishan and Toa Payoh constituencies. They receive client referrals from hospitals, primary care physicians in polyclinics and general practitioners, and also serve residents referred by community organisations (e.g., grassroots organisations, social service offices (SSOs), and family service centres (FSCs)).

NHG Design Challenge

This study has been conducted to meet a specific design challenge set forth by NHG to better help their clients. NHG hopes to address the question of "how might we enable our seniors to take charge of their well-being with the support of community partners and Neighbours?" Through interviews, this project aims to understand the personas of NHG clients and collect data on the motivations, needs, and pain points of the seniors. The overarching goal is to enable seniors to take greater charge of their own well-being.

Methodology

Personas in Design Thinking

Personas are used in design thinking to better explore the behaviours, attitudes and motivations of the end user. Such an approach has been utilised in fields such as the energy market (Haines & Mitchell, 2014), charitable giving and sports (Hendrik & Peelen, 2013), and healthcare services and products (Liang *et. al.*, 2013). Beginning with the end user in mind allows for novel insights into how users really interact and utilise the services or goods offered, allowing for better user-centric design and greater customisability. The use of personas in design thinking allows designers to communicate their ideas with their teams and focus on the specific user requirements they hope to tackle with their design ideas (Liang *et. al.*, 2013). These personas help to integrate user feedback and data to archetype the actual user and represent the end user's mental model and behaviour. In healthcare, personas are useful to capture the lived experiences of patients, moving beyond just "patient needs" to encapsulate the complex emotional and social context of healthcare needs (Jones, 2013).

This study thus hopes to utilise personas to represent the priority needs of the clients in NHG's Neighbours, thereby guiding NHG in the development of Neighbours healthcare services in the future. The data are collected via conversational interviews and then categorised using thematic analysis. The categorization builds up four distinct personas that capture the wide diversity of clients' complex healthcare situations.

Conversational Interviews

Interviews are conducted with assistance from the NHG Neighbours team. The number of interviews for each location is summarised in Table 1 below.

Location	Number of Interviews
Macpherson	5
Bishan-Toa Payoh	5
Ang Mo Kio	4
Serangoon	4
Total Number of Interviews Conducted	**18**

Table 1. Summary of interviews conducted at each location

A conversational interview method is used to allow the interview to occur as naturally as possible while ensuring that the interview remains semi-structured and in line with the aim of the study. The conversational interview enables the interviewer to build sufficient rapport with the interviewee, putting him/her at ease through the natural flow of conversation. The interviewer also needs to be mindful of his/her identity as a visitor to the client's home during the interview.

When conducting the interview, we utilise the concentric model of interviewing to ease into the conversation (see Figure 1). By starting with more geographically and socially distant topics, interviewers can seek to start at a more comfortable level before asking more personal questions related to the family or self.

We start the conversation by introducing ourselves and the study. Consent is obtained from the interviewee to engage in the conversation. Moving into the conversation, we strive to map the various social aspects of the interviewees' lives. Four social aspects that are investigated include: community issues, family issues, medical issues and self-issues. Other social aspects that are not listed emerge as part of the natural flow of conversation. These topics may be pertinent to the views of the interviewee, as such we do not restrict them when other topics are broached during the interview.

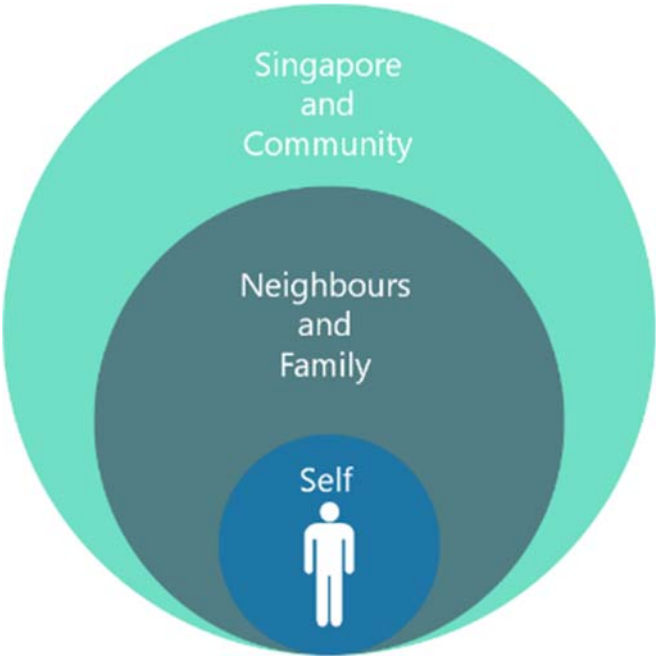

Figure 1. Concentric model of interviewing: Starting with topics surrounding Singapore and the community and moving on to issues surrounding the self.

In closing the conversation, we thank the interviewee for his/her time and offer means of communication should the interviewee have further queries that need to be addressed after the interview. This ensures that sensitive client data are protected even beyond the interview, and assures the interviewee that he/she retains control over how the data given are used. Figure 2 shows the flow of our interviews.

Figure 2. Diagram of conversational flow: Starting with more general topics and moving on to more personal questions. Following up with more specific questions if necessary to gain further insights into the needs, motivations and pain points of the patient.

Thematic Analysis of Personal Narratives

We employ thematic analysis as an inductive tool to draw out themes or "personas" from patient interviews in order to provide rich data for downstream stages of the design thinking process. Thematic analysis is commonly used in many sociology and psychology fields as a form of analysis for qualitative research, to encode qualitative information for statistical analysis to determine the validity of the themes or codes (Boyatzis, 1998). The nature of thematic analysis as a methodology has been extensively debated (Boyatzis, 1998; Braun & Clark, 2004; Ryan & Bernard, 2000). Some view thematic coding as part of a larger body of analytic methodologies such as grounded theory (Ryan & Bernard, 2000), while others argue that thematic analysis is a method of its own (Braun & Clark, 2004). The flexible and variable nature of the methodology allows thematic analysis to be used in several ways. However, the structure of thematic analysis has been thoroughly defined by many scholars. For this paper, we follow the framework put forth by Braun and Clark (2006) in their paper on thematic analysis in psychology. Thematic analysis, as described by them, is conducted independent of theory and epistemology.

The guide proposed by Braun and Clark (2004) follows six phases. Phase 1 is familiarising yourself with your data. This phase is when the researcher generates initial analytic interests or thoughts. Initial codes are made during the interview with the client, with interviewer input, to record initial reactions and analyses. Reading and re-reading of the interview transcripts draw out meanings and patterns from the data.

Phase 2 is the generation of initial codes from the interview information. Semantic themes are drawn mainly from direct quotes or observations from the client or his/her home. Latent themes are then drawn out as an analysis of the semantic themes to attempt to make sense of the data. Contextual information about the client helps the interviewer to enrich the data. In recognition of the subjective analysis of the interviewer, semantic themes relating to the physical, emotional and spiritual health of the client are of interest.

Phase 3 is to search for themes. Themes are generated after analysing the semantic and latent themes drawn from the data. Themes are selected when they seem to recur across multiple interviews, or are especially pertinent to a client's well-being. A thematic map is then drawn to link various themes and aggregate the thematic data.

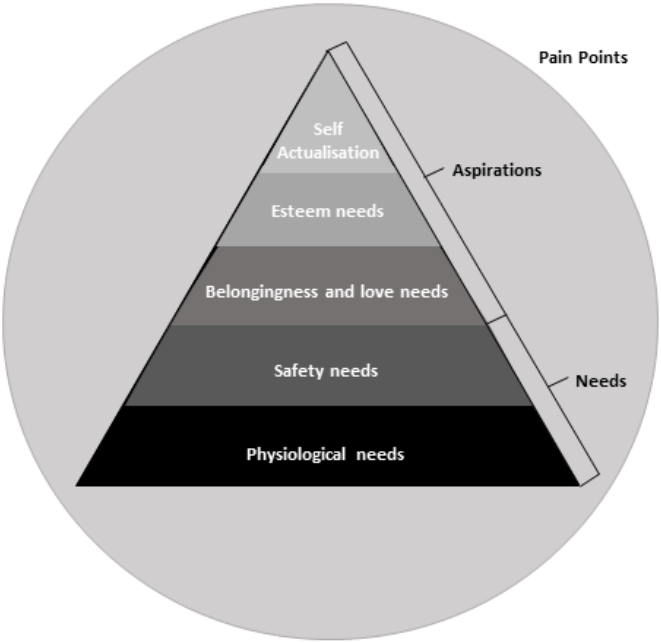

Figure 3. Framework of needs, aspirations and pain points with reference to Maslow's hierarchy of needs (1943).

The semantic themes, latent themes and overarching themes are organised according the needs, aspirations and pain points of the client's narrative. The classification of needs, aspirations and pain points are made in reference to Maslow's hierarchy of needs (1971). Needs are classified as physiological or safety needs, which lie lower on the hierarchy of needs for a person. Aspirations refer to higher-order needs such as belongingness and love needs, esteem needs and self-actualisation. Pain points occur when the needs of a client are not met, resulting in unpleasant experiences in his/her everyday life. This framework is summarised in Figure 3.

Phase 4 is reviewing the themes. The themes drawn from the data are then used to check back with the interview transcripts to determine if the themes are supported, require further validation or are insignificant. While themes that contradict each other are not discarded, as the personal experiences of any two

individuals may be contradictory, themes which are better supported are used for further development.

Phase 5 is defining and naming themes. The definition and naming of themes are performed in line with previous NHG efforts to produce personas, which are used as tools to develop strategies or services to improve NHG's Neighbours, or to extend other services to promote community healthcare. Two personas which represent the extreme ends of each theme are fleshed out, with unique needs, aspirations and pain points for each persona. Local names are chosen to represent the local context of the data, while both male and female personas are generated in line with the most closely associated gender.

Phase 6 is to produce the report. A report is presented to NHG in the form of the personas, together with the thematic analysis to better represent the process behind the personas generated. The personas also include recommendations on how to approach or extend help to these personas, based on the experience of the interviewer.

Findings

Thematic maps linking the various themes from the codified interviews are drawn. Two main themes emerge from the interviews, recurring in about 88.9% of the interviews – mobility issues and social networks.

Theme 1: Mobility Issues

Mobility issues tend to dominate as the priority medical need of the elderly clients. Mobility issues also seem to predispose elderly clients to social isolation from the community and form the basis of poor connections with voluntary welfare organisation (VWO) support and community support. Many elderly clients take mobility to represent their independence or health status. Often, when heavy caregiver commitments are required, the elderly clients involved have very poor mobility, thereby requiring help with obtaining food, bathing or going to the toilet. Those with mobility issues also have difficulty fulfilling their familial duties to their parents—whether they are alive or dead—or to their children. They are unable to visit their families and spend physical time with them. They also are less likely to work to obtain an income to sustain themselves, build strong social networks with their colleagues, and achieve a sense of purpose in life. Clients who are less mobile

are also more likely to meet with unpleasant experiences when going for their medical appointments. Due to difficulties in transportation, huge effort and high financial costs are incurred when they travel to the hospital or clinic. The NHG Neighbours team bridges this gap by travelling down to the clients' homes to connect with them, and often accompany them on their medical appointments to ensure that their medical experiences are positive ones. Mobility enables higher aspirational goals such as connecting with family, friends and the community. Clients who are able to travel to meet their neighbours at the void decks find that they have stronger social ties, which are assets in times of emergency or when required to meet day-to-day needs. Mobility issues become pain points when the clients begin to neglect their own living environment, thereby further exacerbating their medical conditions. They are more reliant on caregivers, who then require support in order to ensure that care is sustainable. Clients with mobility issues are more likely to become attached to remaining at home, where they have a stronger sense of security, can nurse their physical pain, and feel secure in the confines of their own space.

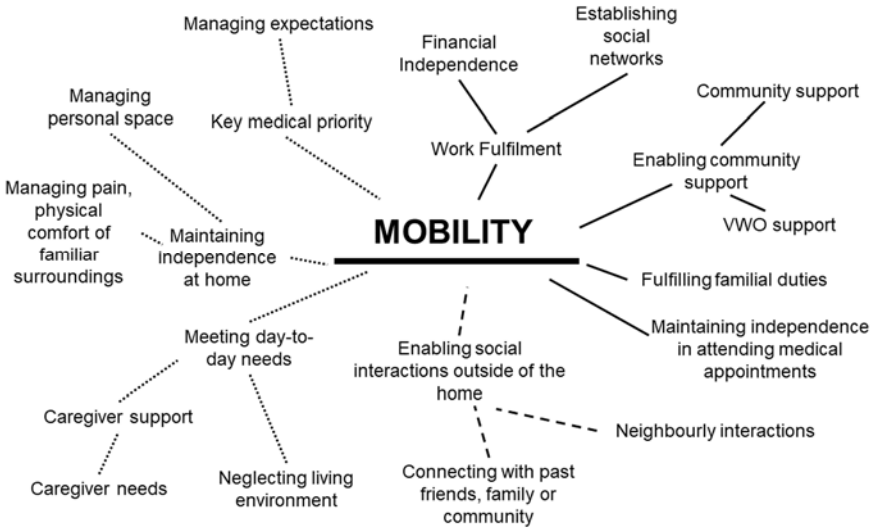

Figure 4. Thematic map of themes surrounding mobility issues. Solid lines indicate needs of the patients, dashed lines indicate the aspirations of the patients and the dotted lines indicate pain points from the patients.

Theme 2: Social Networks

The other central theme that emerges is that of social networks in the lives of the elderly clients. Those with strong familial, spousal or community support are found to lead more fulfilling lives and manage their medical conditions better than those who are found in social isolation. Clients who live with their spouses tend to find fulfilment in performing their spousal duties, caring for their spouses and remaining close to their loved ones. They attain higher aspirational goals when they are able to connect with their family members and play an active role in raising their children or grandchildren, or exhibit filial piety to their parents. They also see themselves as part of their neighbourhood and community, and can often be seen at events organised by community centres and resident corners. They most likely recognise the value of their stories, and seek genuine and sincere human interactions.

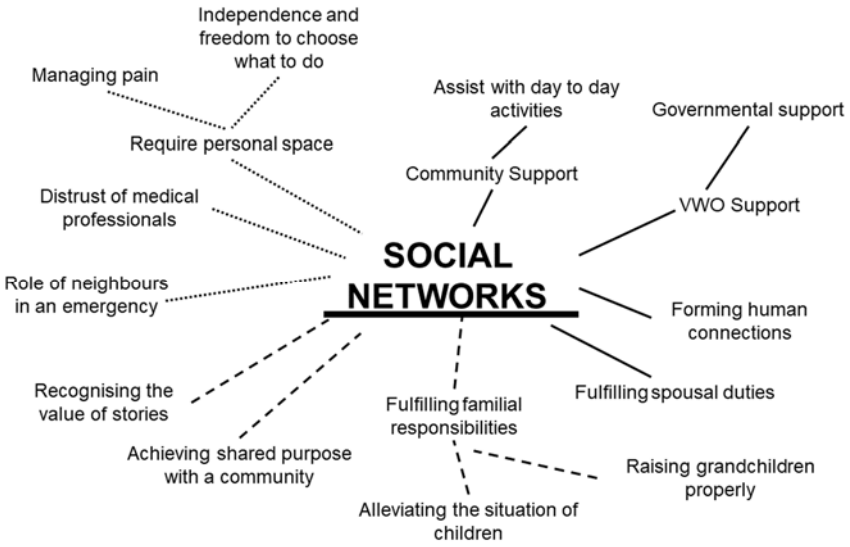

Figure 5. Thematic map of themes surrounding social networks. Thematic map of themes surrounding social networks. Solid lines indicate needs of the patients, dashed lines indicate the aspirations of the patients and the dotted lines indicate pain points from the patients.

Client Personas

These two central themes and the surrounding themes are developed into personas. Four personas are drawn from patients with low mobility, high mobility,

strong social network and weak social network. While no one patient falls squarely within any one persona, neither does one persona adequately characterise a patient. These personas are tools to introduce the needs, aspirations and pain points of patients who may be experiencing some of these circumstances. The personas are then named, and recommendations on how to view these patients are made. The four personas are: Mobile Mei (high mobility), Immobile Imran (low mobility), Social Sangeetha (strong social network), and Isolated Ivan (weak social network).

Mobile Mei. Mobile Mei tends to have high mobility. Characteristics of this persona include:

1. The ability to move about independently and perform simple tasks at home;
2. The ability to satisfy daily needs by walking to nearby amenities such as the senior activity centres or food centre;
3. The ability to travel via public transport to her medical appointments.

Needs. The needs of Mobile Mei tend to differ significantly from those who face mobility issues. She is more likely to seek out greater community support in the form of activities organised by VWOs. She is also more likely to be working, not just for income, but also for a sense of fulfilment, dignity and building of social ties with others. Often, Mobile Mei is the caregiver for her spouse or dependants. She often does the household chores at home, and maintains a clean living environment.

Aspirations. Mobile Mei has a strong sense of independence and values her personal space and dignity, often refusing handouts and preferring to earn her own keep. She values the social interactions with the community around her and those found through her work. If not preoccupied with work, she would enjoy group events organised by community centres or grassroots events which promote social interaction with the community around her.

Pain points. Mobile Mei rarely considers the scenario where her mobility will be affected by her health. Mobile Mei's pain points are usually more varied, i.e., financial concerns, estrangement from family, loss of dignity, unpleasant medical experiences, etc.

Factors that may improve Mobile Mei's situation:

- A steady and fulfilling job
- Positive health prospects
- Non-urgent financial needs

Factors that may exacerbate Mobile Mei's situation:

- Estranged familial ties
- Urgent financial concerns
- Poor community networks

Figure 6. Factors that may improve or exacerbate Mobile Mei's situation

Recommendations. It is important to ensure that Mobile Mei remains healthy so that she can continue to be independent in attending to her day-to-day needs. Support is usually required to ensure that she can fulfil her caregiver duties.

27.8% of the clients interviewed do not experience any mobility issues at all. These clients are more likely to serve as caregivers to their spouses, as in the case of interviewee 5, 12 and 17. Being mobile enables these elderly clients to upkeep their living environment and remain independent. Interviewee 1 continues to work at a nearby food centre every day despite deteriorating mobility. This enables her to maintain a source of income for herself and form social ties with the people whom she works alongside.

Mobile clients tend to be more involved in activities occurring in the community. Interviewees 1, 6, 8, 9, 10, 13 all attend daily sessions at a nearby VWO. Activities include simple rehabilitation to maintain mobility, watching television, playing mahjong and other simple activities. Interviewee 10 regularly attends grassroots events in her community, often taking pictures with her grassroots advisor at community dinners and events. These connections bring her great joy and being recognised by political figures as a familiar face in the neighbourhood is something she takes great pride in. These interviewees show how mobility enables the maintenance of social networks and achievement of their aspirational goals.

Mobile clients are also better able to fulfil their duties as a spouse, parent, grandparent or child. Interviewees 5 and 12 take care of their spouses' daily needs—assisting them with feeding, going to the bathroom or showering. They become anxious when leaving their partners at home for extended periods of time and are comforted when they are physically close to their spouses. Interviewee 1 takes care of her grandchildren on a regular basis, for one day every week. This allows her to

participate in the upbringing of her grandchild, for whom she feels a strong sense of responsibility. While she does not want to impose on her daughter, she does give her advice on how to help her grandchild make the most of his life. Interviewee 12 fulfils her duty to her deceased parents during special occasions such as Qing Ming, where Singaporean Chinese typically clean the graves and pay their respects to the deceased. However, she relates a pain point when taxis refuse to take her and her wheelchair-bound husband to the cemetery. Mobility enables elderly clients to achieve many of their lower-order needs and their aspirational goals. Hence, efforts to enable mobility are key to helping elderly clients.

Immobile Imran. Immobile Imran views his immobility as the priority need in his life. He may be immobile due to a recent stroke, a fall, or nerve problems. Characteristics of this persona include:

1. Inability to leave the home to attend to day-to-day needs;
2. The presence of a caregiver who tends to his needs;
3. Wheelchair use when required to leave the home.

Needs. Immobile Imran's most pressing concern is his quality of life. Due to his immobility, he may have difficulty meeting his day-to-day needs such as obtaining food, bathing himself, and going to the toilet. These needs may be met through the support of VWOs in the community, immediate or extended family members, foreign domestic workers, or spouses. However, attention should also be given to the caregivers for long-term care issues.

Aspirations. Immobile Imran often hopes that his mobility issues can be solved, either through radical medical procedures or via an electric wheelchair. However, there are often other medical complications such as dizziness or poor vision which limit the effectiveness of these interventions. In such cases, managing his expectations becomes crucial in understanding that his immobility is the new norm while trying to improve his quality of life.

Pain points. A pressing concern for Immobile Imran is that emergency plans must be in place to protect him in the case of an emergency. Ill-equipped caregivers often experience severe anxiety and distress when they face a fall or collapse from Immobile Imran. While Immobile Imran requires regular medical check-ups at the hospital, services must be in place to ensure that the experience remains pleasant.

Factors which improve Immobile Imran's situation:

- A supportive social network from community and family members

Factors which exacerbate Immobile Imran's situation:

- Social Isolation from the community and family, leading to loneliness
- Other medical conditions such as dizziness or stomach problems

Figure 7. Factors which may improve or exacerbate Immobile Imran's situation

Recommendations. While some interventions may help to address the priority needs of Immobile Imran to allow him to achieve independence, he should also adjust to his new state of health and manage his expectations about what he can or cannot do.

44.4% of the elderly clients interviewed are completely home-bound, with difficulty leaving their homes without the use of wheelchairs. Another 27.8% of the clients have depreciating mobility conditions due to recent medical prognoses. Clients such as Interviewee 3 are almost completely bed-bound, requiring assistance to go to the toilet, get meals or visit the doctor. However, she is still able to sit up on the bed on her own. Some patients with mobility issues such as Interviewee 7 cope with their mobility issues with the help of foreign domestic workers. Others such as interviewees 5 and 13 rely on their spouses who are their main caregivers. Other sources of help include neighbours, such as in the case of Interviewee 16, who is pushed by his neighbours to a nearby ATM to withdraw his monthly allowance from his children. VWO support also enables clients with mobility issues to visit a senior activity centre every day. Interviewees 2 and 13 are picked up from their flats every day by a service provider so that they can visit nearby senior activity centres. These services are crucial in ensuring that mobility problems do not exacerbate. In the case of Interviewee 13, the daily visits to the activity centre for rehabilitation exercises help to improve his mobility and prevent a decline in his medical condition.

Immobile elderly clients tend to have a higher fall risk than those who have no mobility issues. This results in a higher incidence of emergencies. Interviewees 10, 13 and 16 have fallen multiple times due to their medical conditions. There is stark contrast in the reactions to emergencies. Interviewee 10 is more experienced with dealing with emergency situations; she calls for an ambulance herself and

throws out her house keys to the paramedics when they arrive. When Interviewee 13 falls at home however, his caregiver wife experiences a mild panic attack for some time and feels lost, before calling for help from her neighbours who then call for an ambulance. Interviewee 16 has fallen multiple times at home alone and is not helped until a neighbour walks by. Having a good emergency response can therefore alleviate anxiety and worry from caregivers and ensure that there is adequate medical support for these elderly immobile clients.

Social Sangeetha. Sociable Sangeetha is well connected to her family and her social network. She builds her social network through strong familial ties and meets friends who were past colleagues or have lived in the same area for a very long time. Characteristics of this persona include:

1. High participation in weekly activities around the neighbourhood;
2. Regular physical contact with friends and family;
3. Strong presence in the lives of her children/grandchildren.

Needs. Sociable Sangeetha most likely has community support or VWO support in meeting her daily needs or needs as a caregiver. While Sociable Sangeetha may or may not be independent due to her medical conditions, her strong social network enables her to lead a secure lifestyle with constant supervision. She may be able to manage her medical needs through the constant support from her spouse or close relatives. Her social network is a great asset for Sociable Sangeetha to fall back on in times of emergency and to meet her daily needs.

Aspirations. Sociable Sangeetha derives fulfilment from her duties as a spouse or a parent. She enjoys spending time with friends in her social network, which also encourages her to remain an active member of the community. Her social network also provides positive experiences, which remain with her for a long time.

Pain points. While Sociable Sangeetha tries to maintain her social network actively, she may be constrained by her failing medical condition, limited mobility, a depreciating memory, or poor finances. While still sociable, these may drive Sociable Sangeetha to increasing isolation.

Factors which improve Sociable Sangeetha's situation:

- Strong familial ties in an intact family
- Proactive VWO support in the community
- Friendly neighbours in a familiar community

Factors which exacerbate Sociable Sangeetha's situation:

- Poor medical prognosis
- Lack of VWO support
- Unpleasant medical experiences

Figure 8. Factors which may improve or exacerbate Sociable Sangeetha's situation

Recommendations. The social network is a strong asset to leverage, to ensure that Sociable Sangeetha can age in place comfortably in a familiar and safe environment. Promoting initiatives which build her social network, such as senior activity centres and community events, can enable Sociable Sangeetha to achieve independence.

Only 33.3% of the interviewees stay with an immediate family member. The most common family member they stay with is their spouse. Most of their children do not stay with them. Interviewee 7's son stays with him because he has an intellectual disability and is unable to take care of himself independently. Hence, he has not moved out from his parents' home. Those who stay with their spouses have somebody they can rely on in times of emergencies and tend to have a more positive outlook of their own lives. Interviewee 3's aunt visits her on a daily basis to provide for her daily needs. She is most grateful for her help and acknowledges how blessed she is to have family members she can depend on.

Some elderly clients have strong social networks that were established when they were working. Interviewee 10 made friends with a father-son pair who were both taxi drivers, living in the same neighbourhood as she did. She now meets the elderly father on a daily basis at the void deck to chat, and shares food that she has gotten from the senior activity centre with him; she enjoys his company dearly. These social networks offer a more meaningful existence in the neighbourhood and pulls the elderly out from social isolation.

Other social networks are built simply from living in the area for an extended period. Interviewee 8 has lived in the same neighbourhood his entire life.

While he has an intellectual disability, he can survive through his connections with the nearby senior activity centre and the help of the community around him who all recognise him as a friendly face in the neighbourhood. The Thye Hua Kwan senior activity centre also links him up with Meals on Wheels. Other charity organisations take him out on trips around Singapore, which give him a memorable lived experience. The NHG Neighbours team also cares for his needs, cleaning out expired medication and food from his home and ensuring that his home is in a liveable condition.

Social networks are a powerful tool to enable elderly clients to age in place. They provide a watchful eye over them, fulfil their daily needs and enrich their lives with positive social interactions.

Isolated Ivan. Isolated Ivan lives alone in his apartment and faces limited mobility due to health issues. He tends to isolate himself from others in the community and may be estranged from other family members. Characteristics of this persona include:

1. Limited mobility;
2. Weak social network with little to no social interaction;
3. Broken familial ties with siblings, children and extended family.

Needs. Isolated Ivan tends to demand personal safe spaces. He requires his own space to nurse his physical pain and would say that he does not want to bother or rely on other people. While he may not have negative relationships with his neighbours or the community around him, Isolated Ivan prefers to be alone most of the time. When Isolated Ivan requires help, he is most likely to obtain help through formal organisations such as VWOs or SSOs, rather than from family and friends. He usually seeks financial support so that he can remain independent in his own personal space.

Aspirations. Isolated Ivan most likely feels comfortable in his own neighbourhood after staying in the same area for an extended period of time. While he most likely rejects reconciliation efforts with family members, it is unclear if he desires familial help. Isolated Ivan may claim to live day by day, and is not afraid to face the prospect of his own death.

Pain points. Isolated Ivan may be driven into further isolation when medical issues are poorly addressed by doctors. Unpleasant experiences which

include unclear treatment plans, unknown causes of pain or perceptions of slights from doctors may isolate him from medical services.

Factors which improve Isolated Ivan's situation:

- Strong financial support which lends independence
- Strong formal service providers

Factors which exacerbate Isolated Ivan's situation:

- Unpleasant community/societal interactions
- Distrust of medical services

Figure 9. Factors which may improve or exacerbate Isolated Ivan's situation.

Recommendations. While we may choose to respect Isolated Ivan's wishes to remain independent, connecting him with formal services which he may choose to utilise allows him more options in living as an elderly. Positive societal, community and institutional experiences can help to instil greater confidence in the ability of other people to help him alleviate some burden.

Social isolation is a distinctive feature which is found to exacerbate many other issues faced by elderly clients. 38.8% of the elderly clients interviewed are found to be living alone. Some of these elderly clients prefer to live alone, maintaining their own personal space. Interviewee 4 says he requires his own personal space to nurse his physical discomforts, from dizziness, stomach problems and bodily pains. He also refuses to be a burden to a caregiver, hoping instead that doctors can aid him to pass on. It seems that living alone has taken a toll on his emotional and psychological well-being. While these elderly clients may prefer to live alone, they are not averse to having people visit them in their homes. They are very willing to open their doors to share their personal stories and spend about two hours building a connection. Interviewees 4 and 17, who both live alone, have thanked the interviewer for taking the time to listen to their stories and hope that the interviewer can share their stories to help other elderly clients. Interviewee 10 rents out space in his home to gain additional income. However, tenants do not usually form strong relationships with the elderly clients beyond being friendly and courteous.

Medical issues faced by the elderly clients drive some of them into further isolation. Interviewee 4 does not feel comfortable leaving his own home due to

stomach discomfort, and requires using the toilet very often. He also suffers from dizzy spells very often which are unaddressed by doctors. Interviewee 10 has rejected a doctor's suggestion for dialysis due to fear of pain. However, her medical condition may further deteriorate because of her refusal for treatment, affecting her mobility and confining her to her own home. Hence, the role of NHG Neighbours in providing emotional and psychological support during medical appointments may prove pivotal in ensuring medical compliance.

Social stigma attached to elderly clients, especially those who are wheelchair-bound may also drive them into social isolation. However, the converse is also true. Positive experiences with friendly neighbours who extend a helping hand during emergencies are greatly appreciated. Interviewee 12 recalls how she sought help from her neighbours when her husband met with an emergency, and that their help was pivotal in ensuring that her husband remained safe. Interviewee 12 also recalls another incident when she was working at a nearby coffeeshop; she received a call from a neighbour to inform her that her husband had fallen at home. These positive experiences affirm the trust elderly clients have in their neighbours and should be encouraged and cultivated in Singapore as a society.

Discussion

Clients who have been selected for the interviews have given their consent to being interviewed, and have been referred to the interviewing team via the NHG Neighbours team. As such, it is not unusual for this pool of 18 elderly clients to have mostly positive experiences with the NHG Neighbours team. The strong rapport and trust between the two parties is usually built when the NHG Neighbours team help to solve some of the clients' priority needs, such as financial needs, application for mobility devices, assistance with keeping medical appointments, housing issues, and connecting with nearby VWO services. Through their actions, the NHG Neighbours team have proven to these elderly clients that they are willing to go the extra mile to ensure that their needs are met. However, the needs, aspirations and pain points expressed in the analysis above are still pertinent, despite the help the clients have received from the Neighbours team. Although there may be positive bias in the views of the elderly clients interviewed, we believe that this analysis can still be generalised to the wider elderly population. Unfortunately, these interviews have been conducted with a single touch point per client, lasting from 30 minutes to two hours. Hence, a comprehensive understanding of the dynamic situation of each client

cannot be reached. The interviews therefore only provide a snapshot of the client's situation at a particular point in time.

Nevertheless, this study hopes to outline a methodology for approaching, interviewing and analysing the circumstances of the elderly clients of NHG Neighbours, or other elderly persons in the community. Every individual has a unique circumstance and reacts differently to formal services. The unorthodox approach of the NHG Neighbours team involves building rapport and trust before attempting to address the clients' priority needs. Such an approach seems to achieve more consistent positive results with a better understanding of clients' circumstances.

The personas which are drawn out from the themes of the interviews aggregate the narratives of multiple facets of different clients' lives. While these personas may be useful in addressing the priority needs of many clients—especially those who face mobility issues, or are socially isolated—the strategies employed should be tailored specifically for each client in mind due to a host of complicating factors such as social connections, financial situation and personal beliefs. The personas are not meant to replace the ground sensing work performed by many partners in the community. These personas can be used by different service providers such as medical professionals, or social service providers to achieve a rudimentary understanding of the client base which they are working with. They can also be used as a tool to communicate between various service providers to articulate the priority needs of their clients. This process is flexible enough to be expanded to aggregate themes from different pools of clients, caregivers, family members or age groups.

Conclusion

This study provides an opportunity to achieve a better understanding of the different needs of the elderly population in Singapore. Through conversations with them in their own homes, the factors enabling or hindering their lifestyles, and the earnest efforts of the NHG Neighbours team to alleviate some of their concerns are uncovered. Given that community healthcare will play an increasing role in meeting this nation's healthcare needs, this study offers an initial step towards highlighting the importance of ground sensing work and provides a framework to analyse the narratives of elderly persons in Singapore.

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Our Stories on Dignity: Narratives of the Nursing Home Experience

NGUI JIA YI, TAN JIA EN, ELIZABETH

Abstract

This report seeks to explore the concept of dignity in healthcare by gathering narratives from current residents of St Theresa's Home — a nursing home under the Catholic Welfare Services in Singapore. In so doing, the study aims to propose recommendations to enhance the experiences of nursing home residents through the preservation of a dignified life. Literature reviews on the concept of dignity in healthcare, and the various models of dignity were conducted to identify an appropriate framework to evaluate residents' sense of dignity, and how this could have changed upon entering a nursing home. Over the course of three months, semi-structured interviews were conducted with 13 residents to understand how their lives have evolved. We then proposed some recommendations based on these interviews and the theoretical literature.

Introduction

Current projections suggest that Singapore is expected to be the fastest aging society in the world come 2050 (Ng, 2015). This is partly due to advances in healthcare and medical technologies which have extended the lifespans of Singaporeans significantly (Population.sg Team, 2016). Moving forward, nursing homes in particular will play an increasingly critical role in the eldercare landscape in Singapore. According Basu (2016), the number of elderly residents in nursing homes in Singapore has increased rapidly from 4,500 in 2000 to 7,700 in 2009 and to over 10,000 in 2015. In view of the chronic, long-term care needs (Matchar, 2013) of the aging population, and the estimated increase in numbers of elderly who require assistance with mobility and other activities of daily living (Ministry of Health Singapore, n.d.), the demand for nursing homes can only be expected to increase. Indeed, more nursing homes are presently being constructed to meet this demand (Basu, 2016).

However, nursing homes have recently come under fire for being places where the residents spend "their last years… with no privacy, no dignity and little

purpose" (Basu, 2016). A documentary featuring TV presenter Anita Kapoor who lived in a nursing home for two weeks also shed light on life there - she personally found that "(t)he space just didn't seem to have any life in it" and "there's nowhere to be you" (Kapoor, 2017). The Ministry of Health has recognised that there is a pressing need for the institutionalised environment that characterises nursing homes today to undergo change, in order to provide more "dignified and enabling care" (Lim, 2016) to the residents. Yet, attempts by the Lien Foundation and The Salvation Army's Peacehaven Nursing Home to return autonomy, dignity and a sense of well-being to the residents in nursing homes through their *Silver Hope* and *Jade Circle* projects (Lien Foundation & Khoo Chwee Neo Foundation, 2015), have been turned down due to issues of scalability and financial sustainability.

Singapore's long-term vision to address the impending changes in its population demographics is to (a) keep seniors healthy, active, and safe while (b) providing access to quality and affordable care (Ministry of Health Singapore, n.d.). As most nursing home residents spend the remainder of their lives from the point of admission till death in the nursing home (Tai, 2015), it is increasingly critical for nursing homes to gain an understanding of the factors that could precipitate a change in residents' sense of dignity. Only with this information can they modify the existing facilities and programmes to provide residents with a more dignified living environment.

Therefore, through conducting semi-structured interviews on a mix of residents who have been functionally categorised by the nursing home as Category II and mild Category III (explained in greater detail in the next section), we will focus on studying how these residents' sense of dignity have evolved as they age and reside in a nursing home environment.

Singapore's Eldercare Landscape

Functional Categorisation of the Elderly in Singapore

Policymakers in Singapore have adopted the following functional categorisation of seniors to better allocate resources across the entire eldercare landscape (Ministry of Health Singapore, 2002):

(a) *Category I:* Physically and mentally independent; may or may not use walking aids; do not need or need minimal assistance in activities of daily living (ADL).

(b) *Category II:* Semi-ambulant; require some physical assistance and supervision in activities of daily living; may have mild dementia, psychiatric/behavioural problems.

(c) *Category III:* Wheelchair/bed bound; may have dementia or psychiatric/behavioural problems; need help in activities of daily living and supervision most of the time.

(d) *Category IV:* Highly dependent; may have dementia, psychiatric and behavioural problems; require total assistance and supervision for every aspect of activities of daily living.

Care options which are available to the specific categories of seniors are illustrated in Table 1. As can be seen from the table, given the options presently available, most elderly who have mild to moderate impairments but do not have ready access to the care of family members or foreign domestic workers in their own homes, are housed in nursing homes.

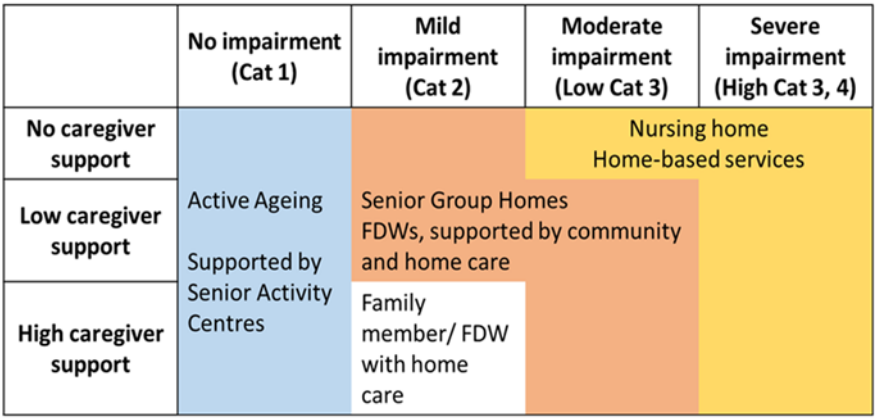

Table 1. Care options available for specific categories of seniors

Home-Based Care

Societal expectations are shifting in favour of more holistic, home-based care over clinical and regimented institutional approaches, resulting in the rising trend of seniors choosing home-based care (Lim, 2016). The vast majority of Singapore's 460,000 elderly persons — defined as those 65 and above — live at

home. Of these, 13% are semi- or non-ambulant. This means that there are almost 60,000 bed- or wheelchair-bound elderly residents who are living at home despite potentially qualifying for admission into nursing homes.

The aforementioned phenomenon is in line with the government's vision of having seniors 'age in place' in the community. As such, the Ministry of Health (MOH) continues to put in place a suite of care options to enable seniors to achieve their "home first" aspiration, that is, to help seniors age in place for as long as possible before considering institutional care. This includes partnering with eldercare providers such as TOUCH Community Services to make home care services (such as home medical and nursing care, palliative home care, and escort and transport services) more accessible to seniors living at home, and providing more support to caregivers. More General Practitioners (GPs) have also stepped forward to offer their services in the community, facilitated by the GP Partnership Training Award which serves to link interested GPs with community care institutions. Community nurses and other healthcare personnel also make scheduled visits to the elderly who have been discharged from hospital, providing guidance and assistance to the elderly and their caregivers within their homes.

However, while ageing at home may be ideal for seniors, it is only feasible if at least one of the following two conditions are fulfilled: (a) the senior has caregiver support from family members and/or foreign domestic helpers (See, 2014) and; (b) the senior remains relatively healthy and mobile. Without these, seniors who require assistance with their ADLs but reside alone at home will face difficulty in meeting their basic needs, let alone maintain the upkeep of their homes (Fausset, Kelly, Rogers, & Fisk, 2012). Furthermore, they may also have to grapple with various forms of psychological distress such as loneliness (Feng, 2016).

Institutionalised Care

The most common alternative to ageing at home is institutionalisation, a view that is said to be "simplistic and two-dimensional" (Lim, 2016). Therefore, nursing homes remain the main option for those who suffer from mild impairment, live with family members without the time or nursing expertise, or for those living alone who are unable to hire a full-time helper (Tai & Toh, 2016).

Nursing homes. Nursing homes are marketed as the last resort for patients who fall into Categories III and IV (Lim & Ng, 2015), and are unable to receive their required care in the comfort of their own homes. Prior to admission into nursing homes, the senior is assessed for suitability for nursing home care based on criteria such as:

1. Their physical and mental conditions — patients must require long-term daily nursing care and assistance with their ADLs as categorised by the Ministry of Health's Resident Assessment Form (RAF); and

2. The level of family or caregiver support available to them — patients are admitted only in the absence of such care.

Institutional care options are largely divided into state-subsidised homes run by Voluntary Welfare Organizations (VWOs) and charities — known as voluntary nursing homes — and private nursing homes. Those requiring subsidised nursing home care are usually referred to homes by the Agency for Integrated Care (AIC). VWO-run homes, which typically feature six or eight-bed wards, charge $1,200 to $3,500 a month. Subsidies for these homes range from 10% to 75% (Lim & Ng, 2015). Currently, two-thirds of Singapore's nursing homes are run by charity groups, which suffer from a lack of resources as they rely primarily on donations and government subsidies. While private nursing homes boast more comfortable living conditions, they cost up to $7,000 for a single room (Koh, 2016).

Alternative care models. In view of the huge disparity between institutionalised and home-based care, there have been attempts in Singapore to provide for seniors who do not fit into either of the above care arrangements. These seniors are usually classified as Category II or mild Category III and do not require the specialised care of nursing homes but could be under-cared for if left to reside alone at home.

Some of the alternative care models which have sprung up in Singapore are highlighted below. However, due to the relatively high costs of retirement villages, and the unattractive living arrangements and limited target group of the senior group homes, these remain unpopular amongst the general elderly population here. We discuss these alternatives in the subsequent sections.

Retirement villages and resorts. Singapore's first retirement village — the St Bernadette Lifestyle Village — opened in December 2015. It provides an

alternative for elderly who may need help with certain ADLs such as dressing, bathing, eating or going to the toilet but do not require the round-the-clock intensive care provided in nursing homes. Its operation model is as such - each elderly has his/her own room with an attached bathroom that is wheelchair accessible, and access to a communal living room and dining area. The facility also comes with a small kitchenette for elderly who wish to make their own meals (CNA Insider, 2016). An emergency bell may be activated to alert a 24-hour medical concierge should assistance be required (Tai, 2015). Currently, the Village only has 8 residents and each pays $3,500 a month. In contrast, nursing homes charge between $1,200 and $3,500 a month, before government subsidies.

Prior to the opening of the St Bernadette Lifestyle Village, The Hillford was launched in 2014 (Siau, 2014). The residential development in Jalan Jurong Kechil was touted as "Singapore's first retirement resort". Costing between $388,000 for a one-bedroom unit to $648,000 for a two-bedroom unit, the development was advertised as offering a 24-hour concierge service and clinics, and units were said to come with elderly-friendly features such as emergency alarms and non-slip flooring. However, with no restrictions on the ages of occupants, many elderly were unable to outbid the younger and more affluent buyers; the continued provision of amenities and other senior-friendly services was also said to be uncertain as younger residents may regard them as unnecessary expenses and refuse to support their provision (Basu, 2014).

Hence, the costliness of retirement villages and resorts, as well as the uncertainty regarding the provision of elder-friendly facilities in the latter make them an inaccessible and unviable option for many seniors in Singapore.

Senior group homes. Senior Group Homes (SGHs) target elderly persons aged 65 and above who have little or no family support, and require minimal living assistance. SGHs were developed with the intention to allow these elderly to age in place rather than in nursing homes. Elderly are admitted to the homes based on referrals from the Agency for Integrated Care (AIC) and it costs about $50 a month to live there (Lim, 2012).

SGHs are clusters of five to eight rental flats, each shared by two to three seniors but partitioned off to grant residents some privacy. Each flat has a CCTV system and every senior has a panic button strapped to his/her wrist, which when pressed, sends an alert to the cell phone of five caregivers (Tham, 2012). Operated

by VWOs who coordinate and monitor a range of services for seniors (Channel Newsasia, 2015), occupants are free to pursue their own interests and participate in social activities organized by VWOs.

The model had intended to build up a community and network of seniors who could befriend and care for one another (Ministry of Social and Family Development Singapore, 2013). However in practice, the seniors were sometimes unable or unwilling to look after each other, especially when their needs differed. A common feedback received is that space constraints have contributed to conflicts among flatmates. Moreover, only seniors who are eligible for rental flats are considered as part of this scheme (Goy, 2016).

Hence, it is unsurprising that the SGHs currently suffer from low take-up rates. With a total of 14 SGHs, of which 11 started operations from late 2015, the homes can accommodate a total of 250 seniors. However, as at end April 2016, there were only 39 seniors residing in these SGHs (David, 2016). In view of this, the government shelved its plans to set up 60 SGHs by the end of 2016 and MSF is presently working in collaboration with MOH to review SGHs as an eldercare option (Goy, 2016).

In view of the limited options for long-term affordable and suitable residential care for the elderly, nursing homes remain the main option for even those who suffer from mild to moderate impairment (Category II and mild Category III) and require assistance with some ADLs but live with family members without the time or nursing expertise, or for those living alone who are unable to hire a full-time helper (Tai & Toh, 2016). Given the dependence of the vast majority of elderly in Singapore on nursing home facilities and the recent unflattering reports on the state of care within nursing homes, it is thus imperative to gain insight into the residents' lived experiences in order to improve their quality of life within the Home and enable them to continue leading dignified lives.

Literature Review

A review of the current literature on dignity was conducted to gain insight into the importance and application of the concept of dignity in healthcare, and to understand the existing frameworks which could be adapted or adopted for evaluating the changes in one's sense of dignity as he/she enters a new environment and continues to reside in it.

Dignity

Dignity is a multifaceted concept, and may generally be dissected to have two distinct meanings - human dignity and social dignity (Jacobson, 2012). Human dignity or one's "intrinsic worth" is the universal value accorded to all human beings by virtue of their existence and does not need to be earned; neither can it be destroyed (Siviter, 2013). It is the aspect of dignity which human rights activists (Platform Human Rights Organisations Malta, 2016), international agreements and national constitutions (Barilan, 2012) have recognised as a fundamental human right. Social dignity on the other hand, is formed as one conducts himself and comes into contact with others. Dignity-of-self, a subset of social dignity is one's sense of "self-respect, self-esteem (and) pride" (Jacobson, 2012). Dignity-in-relation, the second subset of social dignity, is influenced by one's interaction with others and one's standing relative to others, something which could be conferred by a rank or title in a formal or informal setting (Jacobson, 2012). Yet, these distinctions in themselves have been highly contested, as opinions differ regarding the subjective and objective elements which should be considered in relation to dignity, or even the value of the concept of dignity (Macklin, 2003).

In addition, some researchers have defined dignity as "the quality or state of being worthy, honoured, or esteemed" (Chochinov H. M., 2002;Merriam-Webster, n.) , while others have taken the concept to mean being in a position where one is capable, or where one's capabilities are effectively applied (Clark, 2010). These capabilities relate not only to those of the physical nature, but also to one's mental strength, and one's sense of independence and autonomy. Others have been more specific in listing out the elements which they consider critical in the consideration of the concept of dignity. For example, Ronald Dworkin, an American philosopher, wrote that a person's right to be treated in a dignified manner may be equated with the right of others in acknowledging the individual's "genuine critical interests", which are likely to relate to his/her values and experiences that have shaped the overall meaning of his/her life (Shotton & Seedhouse, 1998). Yet others have suggested that the mere acknowledgement of an individual's beliefs, attitudes, ideas, and feelings is insufficient; it is crucial for others to value these beliefs by not imposing their opinions on the individual (Schachter, 1983). The provision of basic needs, acceptable living conditions, fair and equal treatment, and even medical treatment and hospital care which takes into consideration the different preferences of an individual, have also been identified as factors which could affect one's

perception of his or her inherent worth and sense of dignity (Elaswarapu, 2007). As such, it can be seen that there is a lack of clarity in the definition of dignity.

Dignity in healthcare. Although vague, the concept of dignity is deeply ingrained in healthcare. In fact, the International Council of Nurses' (2006) *Code of Ethics for Nurses* boldly states that, "Inherent in nursing is respect for human rights, including the right to life, to dignity and to be treated with respect" (Maititi, Cotrel-Gibbons, & Teasdale, 2007). In the United Kingdom, official documents dating back to as early as 1995 have revealed a consistent emphasis on the responsibility of healthcare professionals to provide dignified care to patients (Baillie, 2007). Theorists who adopt a humanistic approach to healthcare have separately proposed that the nurses' respect for human dignity is central to the philosophy of nursing (Jacobs, 2001).

In particular, discussions of dignity in healthcare have been found to relate to the physical environment where the care is occurring. Current debates have focused on the pros and cons of single and shared rooms, with many advocating for the former on the basis that it confers patients with more privacy and dignity (Pennington & Isles, 2013). However, patients' sense of dignity are not merely products of the physical infrastructure and the built environment. More often than not, these are affected by the attitudes of healthcare providers. Dignity is a fluid concept (Jacobson, 2012) and could be influenced by a variety of factors. These include things such as the extent to which the patient is acknowledged as an agent capable of participating in the decision-making processes regarding his/her own care (Pollock, 2016), to something as fundamental as the provision of explanations, the demonstration of kindness, understanding or compassion by nurses and fellow residents (Baillie, Ford, Gallagher, & Wainwright, 2009). Due to their old age and possibly weakened health statuses which make them heavily dependent on others' assistance, the elderly are particularly vulnerable to such violations in their dignity. A breach of dignity in the healthcare setting may occur as a result of manpower shortages, or simply healthcare providers' lack of awareness regarding the sensitivity of patients towards their expressed behaviours and attitudes (Baillie & Gallagher, 2012).

Having established the importance of the concept of dignity in healthcare, particularly in the care of older patients, it is essential to delve into the existing frameworks available on dignity to seek guidance on the operationalisation of this

complex term. This will enable us to gain insight into the factors which maintain or undermine dignity, and consequently facilitate care that promotes dignity.

Frameworks of Dignity

Mann's provisional taxonomy of dignity violations. It is often easier to recognise instances of indignity as opposed to occasions where one's dignity has been affirmed (Galloway, 2017). Mann (1998), through discussions with students and researchers from the fields of anthropology, sociology, and bioethics, developed a provisional system by which one can recognise dignity violations:

1. ***Not being seen*** occurs when an individual feels that he has not been sufficiently acknowledged or regarded. Mann suggests that this may simply be observed through the unwillingness of another person to make eye contact or offer a handshake.

2. ***Being seen but only as part of the group's identity*** may occur when an individual is not recognised for his or her unique skills, capabilities or interests and is instead seen as a stereotypical member of a group. Although being recognised as part of a larger group may be a "source of pride", to have one's identity tied only to that of the group is said to be highly depersonalizing and negatively affects the individual's dignity.

3. ***Invasion of personal space*** occurs when a third-party enters into what the individual regards as a sacred personal space without seeking and obtaining permission. The implication of such violations could be physical (such as an injury) or even psychological (such as trauma or fear).

4. ***Humiliation*** could occur when the individual is singled out and distinguished from a group to be criticized. This also could occur when one is called out and his/her distinctiveness is emphasized. Such feelings of shame and embarrassment could also result from any of the other three indignities experienced.

Therefore, drawing from Mann's model on the Provisional Taxonomy of Dignity Violations, it appears that one's dignity is influenced largely by the recognition one receives, both as an individual and as a member of the group, the ability to protect one's personal space, and the ability to avoid looking bad in front of others. Within the healthcare setting, such violations could occur when healthcare

providers disregard patients' attempts to attract their attention and avoid making eye contact in an attempt to disengage themselves from the patient (Gallagher, Li, Wainswright, Jones, & Lee, 2008), when patients' individual needs are ignored in addressing the collective demands of the group or when their personal belongings are taken or used without their permission.

Nordenfelt's four notions of dignity. Another framework that has been widely used in the analysis of the concept of dignity in the elderly was conceptualised by Nordenfelt as part of the Dignity and Older Europeans (DOE) Project. The Project was carried out from 2002 to 2005 and involved a multidisciplinary team of nurses, philosophers, sociologists, clinicians, health service researchers and non-governmental organizations from six different European countries - the United Kingdom, Spain, Slovakia, Ireland, Sweden, and France (Tadd, 2005). In the course of developing this framework, focus groups and one-on-one interviews were carried out with groups of health care providers and social workers, adult participants between the ages of 13 to 60 years, and 319 older persons — of whom 124 were at least 80 years old (Calnan & Tadd, 2005). The project shed light on what are now considered the four main types or "varieties" of dignity - dignity as merit, dignity as moral stature, dignity of identity and dignity of *Menschenwurde* (Calnan & Tadd, 2005).

1. ***Dignity as merit*** typically entails a set of rights associated with a particular office, position, or rank. Formal dignities of merit are conferred upon individuals through various formalities such as an appointment, while informal dignities of merit may be earned through the casual recognition of others for public contributions or personal achievements.

2. ***Dignity as moral stature*** refers specifically to the thoughts and actions of an individual, and whether these are aligned with the moral law and one's moral principles.

3. ***Dignity of identity*** is concerned with the individual's integrity and "identity as a human being", rather than with the person's formal and informal merits or the person's character and moral status. It is the sense of worth we have as independent, autonomous persons, and is closely intertwined with the recognition that we are all individuals with distinct histories and futures. Other central elements of this notion of dignity are inclusion, and the ability to make meaning out of one's life and behaviour. Dignity of identity has been regarded

as “the most important” dignity-related concept where dignity and illness, and dignity and ageing are considered.

This sense of dignity may be threatened by physical interference from other parties who may attempt to restrict one’s autonomy or hurl emotional or psychological insults. It could also simply arise as a result of the “irreversible conditions of advancing age” (Tadd, Vanlaere, & Gastmans, 2010) - frailty, disability, and illness. As one ages and is beset with illnesses or conditions which curb one’s independence and lifestyle, one’s dignity of identity is inevitably affected. In particular, the reliance on the assistance and care of others as the elderly person becomes increasingly frail could risk posing as an intrusion into his/her private sphere, thereby violating his/her dignity.

4. ***Dignity of Menschenwurde*** refers to a sense of dignity which is fundamental to our very being as humans. This sense of dignity is not lost at a particular age and lays the ground for equal human rights and the need to accord respect to all human beings, regardless of their social status, level of intellect, abilities, achievements, or bodily functions. This makes it possible to experience dignity and indignity in the other three categories. However, one must note that this explanation of human dignity has not been universally accepted, and certain aspects have been criticised on philosophical grounds.

This suggests that dignity may be understood as a characteristic which is inherent in our very existence as humans, independent of other factors such as social statuses or social positions. Even so, additional sources of dignity could stem from formal and informal recognition by others, whether one’s conduct and behaviour is aligned to the moral law, and one’s perception of whether elements key to his identity as a human being, such as his/her autonomy and inclusion, are being fulfilled.

Chochinov’s model of dignity in illness. Certain elements of Mann’s Provisional Taxonomy of Dignity Violations and Nordenfelt’s Four Notions of Dignity have been reflected in Chochinov’s Model of Dignity in Illness. However, the latter provides clearer and more specific conceptualisations, making the identification of instances of dignity violations and affirmations less subjective. The Model of Dignity in Illness has been widely used in the development of dignity-conserving care (Chochinov, 2002). It seeks to help patients who have or are

continuing to suffer from life-threatening, serious chronic illnesses regain and preserve their sense of dignity as they pass through life.

One conception of the model (McClement, Chochinov, Hack, & Harlos, 2004) suggests that a patient's perceptions of dignity are related to and influenced by three general areas: (a) *illness-related concerns*; (b) *dignity-conserving repertoire*; and (c) *social dignity inventory*. See Table 2.

Illness-Related Concerns	Dignity-Conserving Repertoire	Social Dignity Inventory
Symptom distress ● Physical distress ● Psychological distress ○ Medical uncertainty ○ Death anxiety Level of independence ● Cognitive acuity ● Functional capacity	Dignity-conserving perspectives ● Continuity of self ● Role preservation ● Generativity/legacy ● Maintenance of pride ● Hopefulness ● Autonomy/Control ● Acceptance ● Resilience/ Fighting spirit Dignity-conserving practices ● Living in the moment ● Maintaining normality ● Seeking spiritual comfort	Social issues / Relationship dynamics affecting dignity ● Privacy boundaries ● Social support ● Care Tenor ● Burden to others ● Aftermath concerns

Table 2. Areas which affect a patient's perception of dignity

Illness-related concerns could arise as a result of frustration with the physical symptoms one is experiencing, or psychological distress stemming from a lack of information and uncertainty about one's medical condition and future care options. This could also stem from changes in one's level of independence as a result of cognitive or functional capacities. While researchers have suggested that increased reliance on others for assistance with activities of daily living (ADLs) does not preclude patients from continuing to participate in the decision-making processes regarding their care or other personal affairs, although this may be the case in institutional environments.

The coping mechanisms utilised by patients as part of the *dignity-conserving repertoire* could include: focusing on more immediate issues rather than worrying about the future, attempting to continue with the routines they had established in the past, or drawing comfort from their faiths and beliefs. The model also acknowledges that the worldview and perspectives adopted by the patients greatly influences their sense of dignity - these have been subdivided into eight categories, namely:

1. Continuity of self: one's sense of self remains intact in spite of changing physical conditions;

2. Role preservation: one's ability to carry on in his usual roles;

3. Generativity/legacy: the peace of mind that an aspect of oneself will transcend death;

4. Maintenance of pride: one's ability to retain one's sense of self-esteem and regard for oneself;

5. Hopefulness: the continued ability to see life as meaningful;

6. Autonomy/control: the sense that one is in control of life's circumstances;

7. Acceptance: the admission to one's condition and circumstances; and

8. Resilience/ fighting spirit: the mental strength to overcome the present circumstances (Chochinov H. M., 2002).

Social dignity inventory meanwhile is concerned with issues such as: the extent to which one's private and personal spaces are being encroached on, the availability of support networks as provided by friends, family members and staff, the attitudes and behaviours of those interacting with the patients, the distress arising as a result of being dependent on others for help, and the concern about the implication of one's death on others.

Variations of Chochinov's dignity model exist. Some researchers have proposed a two-step framework of this model (Oosterveld-Vlug, Pasman, Van Gennip, & Onweteaka-Philipsen, 2013), where illness is seen to affect the personal dignity of patients:

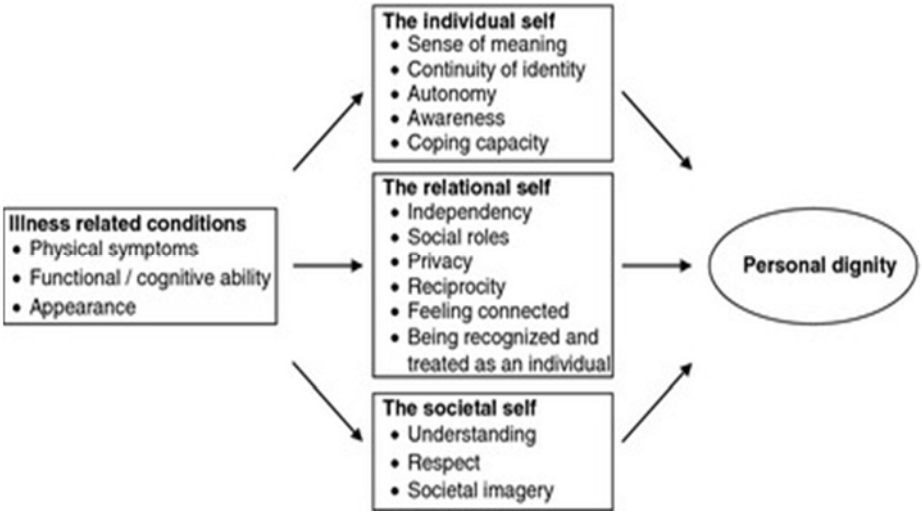

Figure 1. Two-step framework of Chochinov's Model

This differs from the single-tier model proposed by Chochinov in that illness-related concerns are not seen to affect patients' dignity directly, but indirectly through the perception of themselves through three mechanisms: the individual self, the relational self, and the societal self.

While we acknowledge the interconnectedness of illness-related concerns to the perception of oneself, this paper will explore the concept of dignity through the single-tier Chochinov's dignity model instead, as changes in an individual's self-perception may stem from factors unrelated to his illness, such as the physical environment. Moreover, although not all residents within the nursing home environment suffer from life-threatening, chronic illnesses — the target group for which the model had first been developed — the care model and functional categorisation of the elderly in Singapore suggests that many nursing home residents suffer from some level of physical or cognitive impairment, and could fall into Categories II to IV. Thus, the model may be adapted to assess nursing home residents' sense of dignity.

Moreover, it has been documented in literature (Oosterveld-Vlug, Pasman, Van Gennip, & Onweteaka-Philipsen, 2013) that nursing home residents experience a change in their personal dignities as they transit into a new living environment and

possibly spend the remainder of their life within the Home. The physical changes they undergo as they age could also leave them vulnerable with regard to the loss of personal dignity, as they become increasingly dependent on others to perform intimate care interventions and possibly lose their sense of choice and control, particularly if they are not given the opportunity to participate in decision-making processes regarding their own care. Their sense of identity — a crucial aspect of dignity — is affected with the change in social status, social relations, and their ability to conduct of habitual activities or hobbies. Yet, as proposed by the model, studies (Caspari, et al., 2014) have also found that nursing home residents rely on various coping mechanisms and strategies to deal with these changes in their physical and social environments, as well as with the psychological changes they experience. The observation of overlaps between Chochinov's Model of Dignity in Illness and the findings of various studies conducted abroad on nursing home residents further highlights the applicability of this model to nursing home residents.

Research Methodology

Deductive Approach

A deductive approach is a means of reasoning from an existing theory, model, or framework, and conducting tests to deduce if the conclusions implicit in the existing theory, model or framework are valid under given conditions (Research Methodology, n.d.). In this paper, we sought to apply Chochinov's Model of Dignity in Illness in the context of St Theresa's Home to understand how and why the residents experienced a change in their dignity as presented by the three general areas of the model, as they transition into the nursing home and continue residing in it. Given that the model was established within a Western paradigm through the input of views from Caucasian patients living in Western environments (Ho, et al., 2013), this study will thus enable us to evaluate the applicability and relevance of the model in a different cultural context. We hypothesised that the various elements posited by the Chochinov's Model of Dignity in Illness do play a role in the residents' sense of dignity and hence, the model is applicable in the context of St Theresa's Home.

Narrative Inquiry

Human beings are "storytelling organisms" whose stories provide insight into the way humans experience the world (Connelly & Clandinin, 1990). By shedding light on the meanings which participants have gleaned from their

experiences, the narrative approach illuminates participants' worldview and provides perspective on how they identify themselves in relation to others and their environments.

Drawing from the Deweyan Theory of Experience which suggests that experience needs to be understood within a social context and at a particular point along the continuum of time, researchers have developed a three-dimensional narrative inquiry space which suggests that narratives need to be considered along the aspects of continuity (past, present and future), interaction (personal and social) and place (situation) (Clandinin, 2006). This method provides a voice to those who are typically unheard, and allows them to speak without the influence of "externally imposed constraints" (Wang & Geale, 2015), which could limit them to share only what is regarded as objective rather than subjective viewpoints that are shaped by their unique social contexts. In so doing, researchers regard the experiences of the narrators as untapped assets which offer an insider perspective that can be used to provide new ideas to address challenges faced in the healthcare sector.

Similarly, in this study, selected residents were asked to recall various experiences and draw comparisons to their time in the nursing home through semi-structured interviews (which will be elaborated on below), thereby giving us insight into what they value and treasure, and how they perceive and have responded to changes in their living environments and their interactions with others. Residents were given the opportunity to delve into areas which are not frequently explored in their daily conversations (Wadensten, 2005), and in utilizing their responses as primary sources to be further analysed, their stories were also regarded as resources from which insights on the quality of care in the Home could be gleaned.

Semi-Structured Interviews

In conducting this study, semi-structured narrative interviews were carried out with 13 residents of St Theresa's Home over the course of three months. The residents interviewed were functionally classified as either Category II or III. Eight of these residents were preselected by the staff who deemed them cognitively sound and communicative. The remaining five residents were self-selected. We had encountered them during our various visits to the home and based on observations and casual conversations, found them to be cognitively sound and communicative. Their cognitive acuities were also evaluated during our conversations through posing clarifying questions which often required the residents to repeat points which had

been made earlier, or provide explanations for gaps between two time points in their life journeys. For the purpose of confidentiality, the identities of the residents will not be revealed and they will be addressed as R1 through R13 in this paper.

Prior to the interviews, a list of guiding questions was sent to the management at St Theresa's Home for vetting and approval (see Appendix A*)*. These questions were not followed strictly as we wanted to keep with the natural flow of the conversations and speak to the residents about areas of their life they were more comfortable sharing about. Keeping in mind the three-dimensional narrative inquiry space which suggests that narratives should be considered along the dimensions of continuity, interaction, and space, as well as Chochinov's Model of Dignity in Illness which makes reference to life before and after illness (and nursing home entry), the interviewees were asked to recall certain aspects of their past — such as their daily routines and favourite activities — and draw comparisons to their present lives in the Home. This provided us with insights into how and why the residents' sense of dignity may have evolved following nursing home entry.

Analysis and Discussion

An analysis of the narratives we had collected from the residents was carried out in accordance to Chochinov's Model of Dignity in Illness. As will be elaborated on in the following sub-sections, when handling components of the model which embodied an element of continuity, we sought to obtain information on relevant aspects of the residents' life at two time points: prior to nursing home entry (including at the point of diagnosis), and at present (point of interview). This provided us with insight into how the residents' illnesses and changing health conditions, as well as nursing home entry, had affected their dignity. However, considering the retrospective nature of our research, phenomena at the point of diagnosis are more difficult to identify amongst our sample. Given that the majority of our participants have been residing in the Home for at least two years, we attempted to encourage them to recollect their sentiments when their medical conditions struck and they were admitted into the nursing home. Moreover, substantial attention was devoted to the residents' past experiences to gain a better understanding of how their past could have influenced the mechanisms by which they coped with change and illness.

Based on a textual analysis of the residents' responses, we have identified components of Chochinov's Model of Dignity in Illness which are more pertinent to this study. These components and the specific responses of the residents will be analysed in greater detail in the following sub-sections.

Illness-Related Concerns

This component of the model examines the impact of residents' illness on their dignity. In view of their increased dependence and weakened health statuses as a result of their illness, their sense of dignity could be negatively impacted.

Physical distress. Majority of our sample were admitted to the nursing home following a change in their health conditions as a result of illness. Table 3 shows a breakdown of our sample of residents pertaining to the various medical conditions for which they had been admitted to the nursing home:

Medical Conditions	Number of Residents
Stroke	
Falls	
Twisted Nerve	
Aneurysm	
Meningitis	
Arthritis	
Unknown	

Table 3. Breakdown of sample of residents and medical reason for admission

Physical distress relates to the pain or discomfort caused by the medical condition, and questions such as "How are you feeling" and "Is it still painful?" were asked to assess this measure. The elderly residents experienced significant physical pain and discomfort at the point of diagnosis, such as after a fall. This was almost always followed by a visit to the doctors or a brief hospital stay which led up to their admission into the nursing home. However, through a combination of care provided by the nurses at the home, medication, physiotherapy sessions, and exercises performed by the residents independently on their own accord, many of the residents interviewed reported marked improvements in their physical conditions. Some of the responses from the residents are reflected below:

> *R3: "No pain, but still got to go to the doctors... Plenty (of medication), from morning you get up the bed right up till you go to sleep."*
>
> *R4: "I couldn't talk last time, but now it's better…. a lot better. They helped me with the exercises, now I do on my own."*
>
> *R5: "The doctor said everything is good already. No problems already."*
>
> *R12: "I need to wear these stockings all the time because I have varicose veins, and they get painful sometimes. In the early days, it hurt more without the stockings."*

Their cognizance and ability to describe the change in their physical conditions suggests that the initial deterioration had significantly impacted their dignity, and the gradual freedom from pain and the perceived sense of independence were seen as small achievements that could have helped to restore the initial loss of dignity. The role of the nursing home staff in facilitating the residents' physical recovery suggests that the nursing home environment has been a positive influence in improving their sense of dignity in this regard.

Yet, it must be noted that a small minority of residents interviewed continue to report suffering from pain and physical discomfort. It is unlikely that this was the result of a deficit in the care provided by the Home as majority of residents had expressed positive change in their physical health statuses. Rather, this could have been a result of the nature of the illness suffered — osteoporosis and arthritis for instance, are medical conditions whose debilitating effects may be slowed through medication and exercise but for which no cure exists.

Psychological distress. When assessing psychological distress, we are trying to examine the level of anxiety and fear within the individual. According to the Dignity in Care toolkit (Dignity in Care, 2016), questions such as "Is there anything further about your illness that you would like to know?" or "Are you getting all the information you feel that you need?" could be asked during the interviews to evaluate the residents on this aspect.

Although no explicit questions relating to the state of mind of the residents at the point of diagnosis were asked, memories of this point in their lives were triggered when they were asked questions pertaining to the duration of their stay in the nursing home. At the point of diagnosis, seniors typically had many unanswered questions such as "What is happening to me?" and "Will I be able to walk again?"

As some of the residents recounted their experiences, uncertainty about what was happening to them was made salient through comments such as:

> *R3: "They said I could not walk and they just called the ambulance. I was so surprised... Nobody told me what is this."*

For this resident, the source of uncertainty stemmed from the poor communication of information about her medical condition by her healthcare provider (at her previous living accommodation), and her lack of participation in the decision-making process relating to her own healthcare.

Some residents also expressed fear about the future, as they were unsure about how they would be able to cope with the changes in their physical conditions, while adapting and learning new skills:

> *R1: "I was thinking so heavy, how to wheel? … How do I move?"*

These feelings of uncertainty inevitably contributed to fear and anxiety within the residents, although these could have been mitigated through active communication between the resident and the healthcare professional regarding his/her medical condition, and the provision of encouragement and reassurances about the future.

We have observed that the need to obtain information and understand one's medical condition is particularly critical at the point of diagnosis but this need and the related anxiety from not knowing enough is significantly reduced over time as

the residents become more comfortable with their existing condition. Hence, when asked how much they know about their medical condition, majority of the interviewees remain unsure about when their next medical appointment would be or what medicine they are consuming. Being in a nursing home provides the convenience and comfort of relying on the nurses and staff to arrange medical appointments and to administer the required medicine to them at different times of the day.

Although the point of diagnosis typically occurs beyond the nursing home environment, providing simple and clear explanations and reassurances to the residents regarding their medical conditions and their required medications during their stay in the Home, might quell any residual anxiety. Residents may also perceive themselves to have more control over their health statuses — an important element in the concept of dignity.

Functional capacity. Functional capacity can be operationalised through an assessment of the six activities of daily living (ADLs). ADLs are qualities used by healthcare and insurance providers to assess the extent of disability in an individual (Ministry of Health Singapore, 2016). These six activities refer to the basic tasks of everyday life and include feeding, washing / bathing, dressing, toileting, mobility, and transferring.

(1) Feeding. Feeding refers to the ability to eat on their own (Ministry of Health Singapore, 2016). At present, all residents from our sample have communal meals where three to four residents sit around a round table and are able to feed themselves with minimal assistance. However, as a consequence of their medical conditions, the ease of feeding themselves has been drastically reduced. These conditions range from stiff fingers, the claw hand symptom, and the inability to *"take...small things with my (their) hands"* (Resident R7), to the inability to move one side of their body, typically as a result of stroke. One resident who suffered the loss of her fingers has to use customised hand cuffs to eat independently. Hence, we see that in many cases, the residents needed to *"(re)learn how to eat by myself (themselves)"* (R1).

(2) Washing / bathing. Washing refers to the ability to wash themselves in the bath or shower or by other means, including getting into and out of the bath or shower (Ministry of Health Singapore, 2016). At present, with the exception of three residents, all other residents from our sample require some form of assistance with

bathing, and some also require help with sponging. Residents are typically woken up at 4am to bathe as the nurses work on a schedule. If they miss their designated timing, they would have to wait for a long time as they are re-directed to the end of the queue. As mentioned by a resident and corroborated by the staff, *"for some of those (residents) who cannot walk, the nurses will help them to bathe; for those who can walk, we bathe by ourselves"* (R2).

(3) Dressing. Dressing refers to the ability to put on, take off, secure and unfasten upper and lower body garments, but does not include the wearing of undergarments or of footwear (Ng & Jung, 2012). Ease of dressing depends on the type of clothes - typically T-shirts do not pose a problem to the residents and all the residents from our sample are able to dress themselves in a T-shirt without assistance, although from time to time they may encounter difficulties with putting their arms through the sleeves. However, clothes such as those with buttons pose a greater challenge for them in view of their unaccommodating fingers and stiff bodies.

Physicians have also expanded the definition of garments to include prostheses or artificial limbs. Amongst the residents interviewed, one had experienced the loss of her feet and fingers as a result of her illness and relies on her *"*prosthetic shoe*"* and *"*handcuffs*"* to walk and eat, respectively. However, through accumulated experience with these specialised garments, she has become more adept at putting and taking them off without assistance such that staff even encourage her to *"bring your (her) spoon and your (her) handcuffs"* (R1) during outings.

(4) Toileting. Toileting refers to the ability to "use the lavatory or manage bowel and bladder function through the use of protective undergarments or surgical appliances if appropriate" (Ministry of Health Singapore, 2016). Majority of the residents from our sample can go to the toilet by themselves, though they do rely on the commode or on diapers at night, typically *"one a day, just in case"* (R3). While they can wear their own pants, they struggle with putting on and changing their diapers as made salient by the following comments:

> *R3: "You cannot change (diapers) yourself, somebody has to change you. I even tried to open one day, and then it was dry so I can use it back. That was okay. Another time I tried, I cannot and I felt so bad, so sick inside because I have to wait and beg every time for someone to come and help me."*

R1: "... put diapers, I cannot, nurse help me. I have to call them "sorry nurse"."

It is clear that apart from it being physically challenging for the residents to put on and change their diapers without assistance, they also struggle emotionally as they are subject to the nurses' schedules and more crucially, are dependent on an external party to assist with such a private activity. Their apologetic nature and feelings of discomfort towards such dependence suggests that this has significantly affected their sense of dignity. This could also relate to their concerns about becoming a burden to others, another component in Chochinov's Model of Dignity in Illness which will be addressed subsequently in this paper.

(5) Mobility and (6) Transferring. Mobility refers to "the ability to move indoors from room to room on level surfaces", while transferring refers to "the ability to move from a bed to an upright chair or wheelchair, and vice versa" (Ministry of Health Singapore, 2016). At present, only three out of 13 residents in our sample are not wheelchair-bound and are able to walk around with the aid of a walking stick. The remaining ten residents are able to get in and out of bed or their wheelchair without assistance and eight out of these ten residents are even able to walk *"one to two steps"* (R4) *"in pain"* (R8). As a result of their medical conditions, most residents are first placed in a community hospital before entering the nursing home. There, some are taught how to manoeuvre their wheelchair and transfer themselves from various positions, as succinctly described below by one resident:

> *R1: "They teach me how to brake, especially when you want to sit down. Open, go forward, must lock the wheelchair. You want to reverse the wheelchair, must reverse properly. When you want to go to bed, lock your buttocks push up."*

However, we noted that the residents' abilities to walk have improved after their stay in the nursing home. In view of the daily physiotherapy sessions organized, three residents interviewed explicitly mentioned that they have gained the strength to manage a few steps with the help of walking aids.

> *R4: "After two years, (I can manage) one to two steps. Can't walk far. I use a walking stick."*

> *R13: When I first entered the Home, I could not walk or talk. I have improved a lot, I can walk around by myself now."*

R1 (who lost her limbs to meningitis): "I put (the handcuffs) on my hand when I walk, so I (can use the walking stick and) learn how to walk."

Therefore, it is evident that as a result of their illnesses, many residents have become more dependent on others for assistance with various ADLs. Their general desire to perform these tasks independently, particularly more intimate actions such as bathing and toileting, suggests that these are integral aspects of their dignity. While the Home has provided a rather conducive environment for the residents to regain their independence in these aspects, there is still a need to help those who remain dependent on others for assistance to regain their sense of dignity.

Dignity-Conserving Perspectives

This component of the model seeks to explore some of the coping mechanisms adopted by patients to deal with the aforementioned illness-related concerns.

Continuity of self. Continuity of self-explores whether the person's belief that the essence of who they are is still intact, despite their illness. The Dignity in Care toolkit provides guidance, suggesting that questions such as, "Are there things about you that this disease does not affect?" (Dignity in Care, 2016) could be asked. This question was modified in our conversations with the residents where we spoke of the activities they used to enjoy in the past and their present ability to enjoy these activities. We noted that majority of them still identify with some aspects of who they were in the past. This is manifested through their varying lifestyle choices in the Home.

We look at the case of resident R4 who has always had an optimistic outlook towards life. In his words, *"they* (the nurses and volunteers) *make fun of me because I like to laugh. I liked to laugh when I was young also. If you laugh then it's easy to be happy."* Hence, we see that his bright and cheerful self has not been undermined by his illness.

Another resident (R5) shared that he was very popular among girls when he was a gangster in the past - *"I had a lot of girlfriends. I was with 5-6 girls each time"*. Even today, he still enjoys getting external validation from the opposite gender, even remarking*, "I don't want to eat too much, otherwise I'll become fat... Too fat not nice. Girls won't like you."*

Resident R1 also expressed her satisfaction that the staff at the Home take pains to iron the clothes of residents - *"Aunty (at the nursing home) knows I like my t-shirt ironed. Last time when I go to school to work, I like my t-shirt and all ironed."* This suggests that even with a change in living environment and physical health condition, this has not diminished the resident's pride in her external appearance and dressing.

For some of the residents, their love for music has not changed in spite of their illness:

> *R4: "... but I still like music. I listen to Chinese music, Chinese Orchestra music. It makes me feel very relaxed."*

> *R13: "I enjoy listening to jazz music, those sentimental kind, played with the guitar or the piano, they help me relax…. Rock music is too much for me."*

In addition, a resident (R10) who enjoyed cooking also shared that she still made it a point to actively think of creative ways to improve the food she was getting at the Home on a daily basis - *"... put chilli, ginger, mushroom, then... put boiling water and steam, nicer."* Just like her, many other residents' preferences pertaining to food remain in spite of their illness and the change in living environment:

> *R3: "I can't without a hot cup of tea."*

> *R4: "I like to eat the pandan chiffon cake, we used to eat it in school last time."*

> *R1: "Very nice makan! Char siew rice, mee pok, the coffee. I love coffee. I like outside coffee, just like coffeeshop, you smell the coffee very nice. I like it very much, I enjoy."*

> *R13: "Ang Mo Kio has very good laksa. On days I go out, I also hunt for spicy food in Little India. I love Malay and Indian food, because it is very spicy!"*

Hence, how the residents perceive themselves is not entirely lost due to their illness. Elements of their past-self linger on and are manifested in their various lifestyle choices and preferences even though their medical conditions have forced

them to lead very different lives. An ability to conduct similar activities or even enjoy the same food will undoubtedly be a source of great joy to the residents, improving their sense of dignity. This emphasizes the important role which the Home and healthcare professionals in the Home play in understanding the seniors' personally, in order to provide them with an environment that grants them opportunities to actively exercise this prevailing sense of self and their preferences, in leading a dignified life.

Role preservation. Role preservation explores the residents' ability to continue engaging in their usual roles even after the occurrence of their illnesses, and in this case, even after admission into the nursing home. The various roles that resonate with the residents are typically a product of their past - the roles they have taken up within the society and which they regard as important to them - and are manifested through their behaviour in the Home.

> *R2: "(I started being a nanny) when I was about 12 years old (and used to babysit babies) ... I took care of one (at a time) ... I like working (as a nanny), especially taking care of the young kids, they are very fun."*

For this resident, she maintains her role as a caregiver in the Home by taking another resident who suffers from dementia under her wing and bringing her down for dinner at the allocated time each day *"... otherwise she doesn't know how to go"*.

> *R1: "Now you (I) am in this home, now you (I) can help the residents here. In school, you (I) always helped the school children, the teachers, the handicapped."*

In spite of her medical condition, this resident is determined to continue living meaningfully in the nursing home by being of assistance to anyone who requires her help, as she had been in her previous work environment. As a staunch Catholic, the resident sees her stay in the Home as part of God's larger plans, and it is likely that she takes comfort in knowing that the help she can render is for a purpose even greater than herself and her life on earth.

Similar sentiments were shared by another resident (R8) who used to volunteer by distributing Christian books at car parks in Singapore. *"I do all these for God,"* she said. Even now, she considers the nursing home environment as one in which she can continue to serve God, although in a slightly different way as she

can no longer evangelise. “I pray for the people… We have to save the souls for God. I pray for all my friends of all different religions… They don’t listen...But I pray for them.” As it is with resident R1, this relates to the knowledge that she (R8) is part of something which could transcend her existence on earth and which could affect the afterlives of her fellow residents, which is the concept of legacy in the Model of Dignity in Illness that will be elaborated on subsequently.

Yet another resident also attempted to find opportunities to engage in his previous role as an educator upon discovering that we were accounting students:

> *R9: “I studied ACCA. After that I went to a small audit firm to be an auditor, after that I went back to China to teach ACCA as a lecturer … We can share our knowledge (on accounting).... If you have any questions, you can bring your books here.”*

Furthermore, he also offered to provide free tuition for children who need help with their schoolwork while in the Home - *“... I can be a volunteer and teach them Chinese. Primary school Higher Chinese, Mathematics, Science. It will definitely be free.”* His palpable excitement on finding out that he could possibly coach us in a subject he is passionate about suggests that he strongly maintains his identity as a teacher and seizes any chance to impart his knowledge and learning to those who may need his help.

Even in the Home, residents continue to cling tightly to the roles they used to perform in the past, prior to nursing home entry. Many of these residents attempt to find opportunities through which they can continue to contribute using the skills they have acquired in the past within the constraints of the Home, although not all have been successful in this regard. This suggests that there exists room for the Home to provide more meaningful opportunities for the residents to continue to leverage on their existing skills, knowledge, and interests, which can contribute to the maintenance of a dignified life even in the presence of illness and a change in living environment.

Generativity/legacy. Generativity/legacy examines the occurrences of the residents taking comfort in knowing that something of value will be left behind that transcends their own existence. Hence, it probes into what the residents have done to benefit others throughout their lives, before and after nursing home entry. We analysed information pertaining to generativity and legacy through: (a) the residents’

own sharing about their efforts to help others and (b) the opinion of other residents staying in the Home.

On enquiry, many residents expressed their perceived legacy before entry into the nursing home. Such legacies are the product of their jobs and/or passion.

> *R6: "(I taught my tutees) basic things in school which they don't know. Whatever I learnt, whatever they ask, (I will try my best to impart to them and try to answer any questions that they ask)."*

> *R12: "Singing not only makes me happy but other people happy as well."*

In their responses, many residents looked back on their experiences and emphasized their ability to impact the lives of others through their jobs and/or passion. This may suggest that even though their physical conditions and the living environment now may not afford them the chance to continue in their roles, they take comfort in knowing that prior to their time in the Home, they had left behind a legacy and touched the lives of others.

Additionally, given that the Home is under the Catholic Welfare Services, many Catholic residents may achieve generativity/legacy through praying for others. As elaborated in the earlier section on Role Preservation, they view their stay in the Home as part of a divine plan, and the Home as a platform through which they can share their faith with others, even if it is through simple prayers for other residents.

> *R8: "I pray for the people when the nurses are not around … We have to save the souls for God. I pray for all my friends of all different religions…"*

> *R1: "God has a plan for you God has a purpose for you... pray for the residents, those who are not well, who are sick. I pray for them."*

For these residents, it is clear that they see the purpose of prayer as not merely for relief of their personal pain or that of their fellow residents, but as part of their duty and legacy as Catholics to encourage more people to know about the faith and be 'saved'. Some of the residents there also encouraged us to attend the daily chapel sessions with them to learn more about their faith, which in light of the Model of Dignity in Illness, may be seen as a manner in which they try to utilize their beliefs and the resources afforded by the nursing home environment to impact others' lives in a manner which transcends their own lives, and in so doing, maintain their dignity.

The concept of generativity/legacy can also be evaluated based on other residents' opinion about specific individuals in the Home.

> *R9: "R4 is very nice to me, he gives me things to eat, brings me water to drink. When he sees that I don't have water, he gives me water to drink. He's a good man."*

While it is likely that the need to leave behind a legacy does not always register on the minds of the residents as they go about their daily lives, the ability to capitalise on their passions, skills, and knowledge to impact the lives of others positively boosts their sense of self-worth and confidence as they feel valued even within the Home. This suggests that more can be done for the residents who are presently unable to find avenues to do the same in the Home, in helping them continue leading dignified lives.

Maintenance of pride. Maintenance of pride looks at the person's ability to maintain positive self-regard and self-respect in the face of diminishing independence — a result of the illness. The residents pride themselves on different dimensions which include personal qualities and past achievements that are defined by their own standards.

Within our sample, personal qualities identified include frugality, hard work, determination, and independence. Given the difficult times and working environments they experienced in the past, these residents take pride in their ability to overcome adversity and make things work for themselves.

> *R3: "Before I was working, so I saved my money, and I used it until now. Nobody can say I took 10 cents or 1 cent from my sisters or brothers or anybody. This is my motto… I saved my money and till now I am eating it. I said to myself, "I'm going to work and I'm going to look after myself."*

Even in her illness, this resident has a deep sense of satisfaction and takes pride in her frugality and continued financial independence from others, including her relatives. Perhaps because this has been her "motto" throughout her life and is something she is still reaping the fruits of even today, she is able to leverage on her exceptional thrift and frugality to maintain positive self-regard in the Home.

> *R6: "... I have been independent all the time. Even those work that I had to do, I was also independent… I was thinking that for one whole year I would*

concentrate and learn the syllabus… (the typewriter) was so difficult to use but I was determined... I told myself that I would do it... (and) slowly I gained more confidence..."

For this resident who has suffered from polio since he was a child, he similarly regards his independence from others very highly. His ability to continue to see himself as independent despite his physical condition, and his ability to overcome the various trials in his life has allowed him to maintain his sense of dignity even in the Home, as he believes other residents have not experienced similar challenges.

Additionally, residents also pointed out the various achievements that they were proud of during our interviews with them. These achievements range from the seemingly insignificant such as having many girlfriends, to the more momentous ones such as their skills or knowledge in a particular area, sometimes arising from the jobs and positions they held.

R5: "I had a lot of girlfriends."

R8: "I worked for the Government, for the diplomatic ambassadors' children… I got a scholarship from the Government... (and worked as a) governess... I learnt the most from working under a lawyer because she was a barrister... They wanted to employ me because I knew English."

R9: "My knowledge of accounting standards is not bad. FRS 1 Presentation of Financial Statements, 2 Inventory, 3 combinations, 4 don't know, 5 don't have. Any standard only need to consider three things – recognition, measurement, and disclosure… My calculations are strong… I was the best teacher in the school"

R12 (pertaining to her knowledge to keep herself healthy): "I spend a lot of time learning about how to keep myself healthy … I never bother to eat from outside, I always cook myself. That's why I'm healthy; otherwise I will have heart problem, cholesterol, high blood pressure and what not. I don't have any of that. And my diabetes has been going on for 48 years without medication and is under control."

R12 (pertaining to her ability to sing): "When I was in the church, there used to be people who come all the way to hear me sing. Some of the men also came to hear me sing in the auditorium."

It is evident that these skills and knowledge are sources of pride for the residents, as they recognise them as traits which set them apart from others and make them unique individuals. The residents rely on their memories of the times when their skills and knowledge were acknowledged by others and utilized, in maintaining their positive self-regard even after diagnosis and entry into the nursing home. It is thus heartening to note that they continue to see themselves in a positive light even in the face of illness. However, a significant part of dignity stems from one's ability to receive the requisite respect and recognition from others for his/her personal qualities or past accomplishments. Thus, this suggests that perhaps more could be done within the nursing home environment to facilitate the sharing of such experiences and knowledge amongst residents.

Hopefulness. Hopefulness explores an individual's belief that meaning and purpose in life can still be found through activities and events, in spite of the illness he/she is struggling with, or the change in living environment. Hence, it seeks to answer the question of "What else is still possible?" Activities done as a service to the Home or as a fulfilment of one's own desires can create hope and meaning in the lives of these residents.

Out of our sample of 13 residents, only one helps out with the Home's tasks. This provides her with something to look forward to and signals to her that she is still able to contribute and add value to the lives of others, despite her medical conditions. Moreover, this serves as a platform through which she has been able to reaffirm her existing skills in light of her medical condition:

R1: "So one of the staff told me they are having a staff meeting every Friday – case study. Then they told me they want me to help with the laundry. "Oh, go and help laundry ah?" Don't know whether can or not. With my little finger and towel like this. Aunty give me the square face towel. Now I can do pillowcase also..."

Additionally, other residents adopt a forward-looking perspective and have dreams of participating in activities that have more personal value to them, despite their current situation.

R9: "I am thinking how I can do a video and teach people, maybe I could put them online."

In contrast, others harbour no expectation of the future and adopt a wait-and-see approach towards their current lives.

R4: "I live one day at a time. (一天一天的过)."

However, some residents see the Home environment as a hindrance to conducting activities and participating in events that are of meaning to them:

R10: "I see doctor in a few months' time. The doctor from Tan Tock Seng say I okay, I straight away go back."

In particular, this resident longs to return home to follow her own daily routines and participate in activities she deems meaningful such as marketing and cooking, activities which she cannot engage in at the Home.

Therefore, these observations suggest that there remains a need for the Home to create more opportunities for residents to engage in activities which they deem personally meaningful, be it through the acquisition of new skills, the utilization of existing skills and passions or the pursuit of their interests, in order for residents to continue looking forward and recognising the meaning in their lives.

Autonomy/control. This category examines the residents' perception of their autonomy and control over what happens in their lives, notwithstanding their functional limitations. With reference to the Dignity in Care toolkit (Dignity in Care, 2016), autonomy and control in this context refers to the resident's independence and freedom from external influence in care, treatment, and planning decisions. Researchers have found that this relates to the residents' desire for self-determination, where they are given the right to choose and make their own decisions, in terms of being able to "do what I want" and having their voice heard in these situations (Rodriguez-Prat, Monforte-Royo, Porta-Sales, Escribano, & Balaguer, 2016).

In general, we have found from the responses of residents that they are generally granted a significant amount of autonomy in deciding whether they want to participate in the activities organized by the Home, be it exercise or leisure activities:

R2: "Every morning we do exercise. But now, I don't do anymore."

R5: "No (we don't play Bingo in the morning). This is for kids."

R6: "Daily just follow, but they don't force you to do anything. It's all free will."

However, we recognise that as an institutional environment, this freedom may often be constrained by the set timetable which the Home as a whole needs to abide by in order to maintain efficiency in their operations, and to ensure that all residents receive the care they require.

R10: "3 something in the morning they will bathe you. If you late, many people will rush to queue. You have no choice..."

R8: "Here you want to go toilet also cannot. One hour, two hour."

This may serve to impede on the sense of dignity of residents who may be more mobile, independent, and less reliant on full-time specialised care provided by the nurses. Many residents interviewed made mention of the time lag between the point when they made their requests known to the staff, and when their requests were acceded to or addressed, which could have resulted from the shortage of manpower in the Home.

Apart from the time lag, some residents also revealed their frustration of not even having their voices heard when decisions regarding their care were made:

R3: "I can't do without a hot cup of tea. And then they say you got to buy your own tea...Second time I also bought (but no tea was given). And then I was so mad."

R10: "That day they push me to go there (to another room). Last time I was not staying in this room… Depends on them. If they want to change, they will change."

The lack of explanation provided to them regarding decisions which were made on their behalf by the staff who are regarded as persons of authority, could also contribute to this perceived loss of autonomy and control in decision-making processes.

However, for some residents, they retain a sense of control from their perception of their ability to manage the symptoms of their illness (Sham, n.d.):

> *R12: "I have got diabetic so I won't take anything sweet, I only take water and non-sugar biscuits for tea… Even with my Diabetes, I learn to control myself… At least I know how to take care of my existing conditions."*

In particular, this is reinforced by the resident's personal knowledge of her own health circumstances. Yet, as pointed out earlier, many residents do not have a clear understanding of their health statuses, and rely on the nurses and staff at the Home to schedule their medical appointments and distribute their medications.

It is heartening to note that residents possess rather significant amounts of autonomy and control when it comes to making decisions about participating in the activities and programmes organized by the Home. However, more balance may be struck so that residents do not deliberately avoid strenuous physical exercises which are beneficial for their recovery, and more effort may be made to include the seniors within decision-making processes on their care and treatment, taking into account their physical capabilities and preferences, in order to help them lead more dignified lives within the Home.

Acceptance. Acceptance is the process of accepting the unavoidable nature of illnesses, which allows energy to be re-directed to more meaningful activities. The thought process behind the overall acceptance differs amongst the residents. We have identified three different thought processes.

First, the mindset of surrendering to a higher dimensional being and that all of one's lived experiences are part of a greater plan by God.

> *R1: "This is God's will… God has a purpose for you now."*

> *R3: "Over here, I just accept everything. Everything must surrender to God, all your senses."*

Secondly, the "resigned to fate" outlook is most prevalent amongst our sample. Life in the Home may not be the most desirable and often entails a difficult transition period, which varies from individual to individual.

R2: "I don't like this place (but) no choice… Yes I'm used to it; initially when I first came, I was not used to it. Now it's better, having been here for long."

R3: "I'm used to my life, and like to sit by myself and sometimes shed some tears."

R10: "Like don't like also have to eat, if not your stomach will dry up… Used to it already…"

R12: "I can say, first of all that I had no choice. Secondly, ok la, what to do? I can't control everything that happens in life."

Thirdly, there is another group of residents who chose to adopt a more optimistic perspective towards life in the nursing home. This group of residents accept their current situation by looking on the bright side and focusing on the positive aspects of living in the Home. This optimism is usually derived in comparison with the residents' previous living environments and experiences there.

R5: "Everything is good now, don't think so much… I don't wish to go back, it was very complicated back there. I prefer staying here."

R7: "I am happy here, I like it here, even when I first moved in, they all take care of me … Here is heaven, not bad."

R6: "...the life here is very simple, the nurses are all very caring and thoughtful. In fact, compare my previous life to here, this is nothing, very very simple."

R13: "There are people to look after me here, I am satisfied with the life here… And I have been here for so long, this is my home..."

Thus, it is evident that the perspectives and attitudes adopted by the residents have shaped their experiences in a nursing home. While this is largely a result of a culmination of their prior experiences, this also begets the question of how more could perhaps be done to encourage the residents to adopt a more positive outlook towards their stay in the Home, such that the Home becomes not only a place to stay, but can be regarded as "home", in all essence of the word.

Resilience/fighting spirit. Resilience and fighting spirit refers to the interviewees' ability to fight against illness-related concerns. This involves more than pure acceptance of their current lives, but greater mental strength governing their willingness to work towards regaining their strength and some semblance of life before the illness struck them. We noticed a stark contrast in attitudes within our sample of residents.

First, we look into the group of residents who are determined to overcome their symptoms and achieve a certain level of independence. They relentlessly try to perform the various ADLs without assistance.

> *R5: "Yes, in the morning, afternoon also, before sleeping also exercise... One hour each time… In the past, I couldn't crawl up, now I can eat on my own… I exercise using the grab bars at the toilet (He tries to get up from his wheelchair and walk on his own)."*

> *R1: "I so frightened also, will fall you know... How to walk by myself? ... So now, I learn how to get up the bed myself, go to toilet by myself."*

> *R13: "Last time I couldn't walk and talk... But I kept trying, I exercise every morning and every afternoon and now I can walk without assistance."*

Very often, this ability to rally against their illness-related concerns stems firstly from the residents' self-recognition that their life circumstances have changed, but also the possession of the belief that these changes are not permanent and can indeed be altered or improved through efforts of their own (Ho, et al., 2013).

However, in contrast, there are also residents who are less set on improving their physical conditions; they do not exercise on their own accord. Perhaps as the improvement process generally takes a long time to show results, some residents feel that the exercises organized for them have not helped them. Alternatively, with the improvement in their physical capabilities, residents may feel that the exercises are no longer advanced or challenging enough to be effective for them. Hence, they regress into a vicious cycle — as they feel that there is little that can be done to help them, they subsequently give up on participating in the exercises, which could lead to a stagnation or deterioration of their physical conditions.

R2: "I don't do (exercise) anymore (when asked if she feels that the exercise has helped her)"

R8: "They ask you to do the exercises, the floor exercises no point, wasting time."

While resilience/fighting spirit is generally innate, these observations suggest that the Home provides an environment which allows some residents to preserve and maintain their sense of determination in journeying towards greater physical independence. However, these responses also imply that more can be done to continue motivating those who are less inherently driven, in order to prevent a deterioration of their physical or even psychological states. It also highlights that a delicate balance has to be struck between granting the residents autonomy and supporting them in attaining a positive outlook, which encourages them to rally against their illness-related concerns.

Dignity-Conserving Practices

Living in the moment. Living in the moment is the practice of focusing on the present and finding something comforting that diverts the residents' attention from their illness and worrying about the future. Some of the most common forms of comfort include engaging with the world beyond the nursing home — be it physically or through interactions with family members. This allows them to momentarily focus on enjoying the present moment instead of worrying about what the future may bring.

The ability to go out, and get away from the nursing home either by themselves or with family members is a powerful source of comfort for the residents:

R10: "Go out and enjoy the day. One day, see all the things, finish then come back."

R13: "Every Wednesday and Saturday I go out, and the moment I'm outside, I forget all my troubles and worries from the Home…"

For residents who lack the ability to go out, the act of appreciating nature and the bigger world that they are a part of also serves to provide comfort for them:

R3: "I always sit here (by the window), can see the beautiful reservoir, everything... I sit here and daydream…"

The physical environment of the Home plays a big role in helping the residents to live in the moment — many residents enjoy looking out the windows at the greenery or sitting along the airy corridors and enjoying the breeze. It is also commendable that the Home organizes regular outings for selected residents which enable them — especially those without family members to bring them out — to experience life beyond the confines of the Home and take their minds off any physical discomfort they may be experiencing. This thus helps them to continue to maintain their sense of dignity in this regard.

Maintaining normality. Maintaining normality looks at seniors' efforts to retain some sense of the daily routines they had before the illness struck, by exploring the past activities that they enjoyed doing on a regular basis. These daily activities could include exploring Singapore, praying, singing, having intellectual conversations with others and even unhealthy habits such as drinking. Singing is an activity that can easily be carried out alone and without any additional resources. Hence, it remains the most common activity that continues to be carried out by the residents in the Home:

R12: "So now I sing high soprano. … I sing at my own place, at my bed and around here. At least I'm doing something that I like."

R6: "I used to love singing, (even now) I do sing."

Exploring Singapore was also an integral part of some of the residents' lives and continues to be as it is an activity which can be carried out independently:

R13: "I'm going out on Wednesday. Jalan jalan. I take bus to Seng Kang, then I go to Clementi. I come back to the Home nearly 4pm… I like window shopping."

Among our sample, this resident remains one of the most independent and mobile. For many of the other residents however, while they also express desire to leave the Home to carry out activities they used to enjoy on a regular basis — such as visiting their friends or volunteering — they are constrained by the regulations of the Home and are also unclear of the buses to take and worry about *"get(ting) lost"* (R8).

However, as a result of the lack of physical resources, space constraints, or even safety regulations, it may be difficult for some of the residents to carry out certain daily activities they enjoy such as reading books and cooking:

> *R9: "I like (reading about China's history). I don't read any of these anymore now because I don't have any books with me..."*

> *R10: "Everyday I go marketing… I cook once for the whole day… Here cannot cook, here they put and you take your own, one bowl of soup and rice."*

Social daily activities that require the right companions or "*kakis"* are also more difficult to be continued upon nursing home entry. This is in view of the diverse backgrounds and diverse physical and cognitive abilities of nursing home residents, and perhaps the lack of knowledge that there are other residents present who enjoy and are able to continue to participate in similar activities:

> *R3: "... and all the men and women even though we sleep in separate rooms, will come to the sitting room and talk. All are educated, old men. Nothing like here, you don't see a man… the men were all educated – accountant, and all those."*

> *R4: "I used to play (mahjong) in the past, now no more. No money. Not fun. A lot of people here have dementia ('xiao'), anyhow play."*

> *R4: "There's no one else to play (the dizi or Chinese flute) with. I wish there was other people to play with me but they all don't know how to play."*

This suggests that residents may benefit from being part of a larger community of residents who share the same or similar interests.

Lastly, the difficulty in continuing with significant activities of their daily lives may be compounded by the residents' weaker health status. This weaker health status may manifest itself in the form of physical restrictions or the inability to engage in guilty pleasures of the past due to the restrictions of living in the Home:

> *R4: "I like to blow the Chinese flute (dizi). That's my favourite (最爱) (but I don't play it anymore because) my fingers are not agile… (I brought) one*

big bag (of dizi to the Home) ... sometimes there are functions at the auditorium and I'll play, but not often."

R11: "I like to drink beer but we cannot drink here."

R13: "... I used to love singing too but now I have no more teeth and often run out of breath so I don't sing anymore."

There is an effort and desire of the residents to maintain some sense of the daily routines they had prior to admission into the nursing home. While this may be easy for those who engage in activities that can be conducted individually, those who require specific resources or the participation of other interested parties have found it more challenging to maintain this sense of normalcy. This suggests that more can be done by the Home to provide some of these basic resources. For instance, by connecting with external service providers, or providing platforms where residents with similar interests can gather.

Seeking spiritual comfort. Seeking spiritual comfort involves the coping mechanism of finding comfort within a spiritual belief system. Considering the religious nature of the Home, it is unsurprising that this is a common platform for the residents to seek solace from. Upon entry into the Home, residents are given the option to convert and be baptised. The following table shows a breakdown of the different religions of the residents in our sample:

Religion	Residents
Catholic before entry into the Home	R1, R3, R7, R12, R8
Converted Catholic after entry into the Home	R5, R4, R11, R13
Christians	R6, R9, R10
Others	R2

Table 4. Breakdown of sampled residents' identified religion

From our observations of their daily afternoon chapel sessions where one hymn is usually sung before the rosary is recited, we noted that a few residents from our sample are present for every session. These include those who were Catholics before entry into the Home and converted-Catholics. These residents tend to seek greater comfort in the presence of God, peppering their conversations with references to the divine.

Many of these residents regard God as a source of strength and help in times of difficulty, such as when they were required to adapt to their changing physical health conditions and had to re-learn how to perform ADLs independently:

> *R1: "I pray to Mother Mary to help me. Pray pray… that's why I ask God to give me the courage, the strength … I ask God to help me, I pray to the Lord, I ask Mary to teach me … I say I thank God for the gift of life."*

In some cases, residents also seek solace in God when they encounter conflicts or disagreements with the staff or fellow residents.

> *R7: "Our Lady, Jesus help me… I say Jesus, Our Lady, Peace to you. She don't take, I take (any unhappiness, difficulty etc.). After that my heart happy already..."*

One resident summed up the reason for her faith succinctly:

> *R8: "For Catholics, very important to go for mass. Must keep yourself spiritually strong… Really, we must have a strong faith. Until now I am not frightened. God says in the Bible what must have strong faith, no fear... I don't care, I don't need people, everything I tell God… I go for mass every day because the pope always says must go for mass before you do anything else, because if you die, then God will ask you which one you choose…"*

For these three residents, their belief in a divine being allowed them to tide over periods of difficulty, and leave behind their fears to find peace, courage, and happiness. For some, their faith was fuelled by a sense of obligation that they will eventually be answerable to God when they die. However, it must be noted that among those who were Catholic prior to entry into the nursing home, their level of commitment and devotion differs. For one resident (R3) who was born a Catholic, she does not seek as much comfort in her spiritual belief system and is satisfied with her level of knowledge in the faith:

"Yes, I'm Catholic, but I don't go to the chapel everyday. I'm not as pious, it's just what I know which is very little, but I think it's good enough. Why do you need to know so much, that's for the priest and all."

For converted-Catholics, they believe that God had a role to play in their recovery upon their entry into the nursing home and their faith continues to provide them with a sense of hope and assurance:

R4: "Yes. Last time I wasn't a Catholic. I pray to the gods last time for food to eat and for protection – I pray to Guan Yin and the Sky God. I prayed with my mother. Now I pray to Jesus/ God. After I pray, some of the things are solved. He protects me, and he helped me in my recovery. My heart feels more at peace after praying."

R5: "I told God, please save me, I will change and be a good person … God helped me to get better. I feel more peaceful now. I told God I want to get better, I don't want my girlfriends, I want to be a better person."

R13: "I go to the chapel every morning; God helped me to recover and now I can walk again."

While the Catholic and Christian faiths bear some similarity, residents who were Christians before entering the nursing home have differing stances about the relationship between Catholicism and Christianity. Some residents believe that their Christian faith may be transferable to the Catholic context:

R10: "I'm Methodist. Methodist can join Catholic, but Catholic cannot join Methodist. Sometimes I go to church"

On the other end of the spectrum however, some residents strongly believe that there is no room for Christianity in Catholicism:

R9: "Yes (I'm Christian), but I don't go to the chapel. I don't go because I'm a Christian (and not a Catholic)."

In spite of the differences in their religious beliefs, residents who are Christians also regard their Christian faith in the same light, and draw strength from their belief in God to carry them through difficult situations in life.

> *R6: "Luckily I am a Christian. Because of my belief in the Christian method, I learnt to thank God… It was a good thing that I came to know God at an early age because that helped me to gain my perspective and helped me through various situations in life."*

However, due to the Home's connection to the Catholic faith, seniors who choose not to be converted to Catholicism are unable to practice their preferred religion in the Home:

> *R2: "No (I don't go to the temple to pray anymore). You can't pray here. People who pray cannot stay here."*

The faiths and spiritual beliefs of residents are typically looked upon as sources of strength to help them tide through difficult periods, whether these may be at the point of diagnosis or within the Home in terms of the residents' interactions with fellow residents and the nurses. For those Catholics who are more religious, it is reassuring to note that the Home provides them with an avenue to practice their faith. For the non-Catholics however, it may be more difficult to do so, although they may visit the Church or temple outside the Home, as one Christian resident (R6) is doing every week.

Social Dignity Inventory

The social dignity inventory explores social issues through the external environment and relationship dynamics that may have an impact on dignity.

Privacy boundaries. Privacy boundaries examines the extent that the residents' personal space and privacy are being infringed upon by nurses and staff in the course of rendering care, or by other residents due to the nature of a nursing home.

First, we noted that there has been a recurrence of residents sharing about how their personal belongings, such as money, food and clothing, have gone missing in the Home. The following comments highlight the phenomenon:

R13: (That day,) I had an ang bao (red packet) on my bedside table but someone stole it and left the red packet behind. Only left $2 inside.

R3: "That day my nephews came from Australia, they brought me Cadbury dark chocolate. I put in the fridge and it disappeared. Everything disappeared. Put your name also, but they take."

R8 (she wheels her bags of belongings around on the wheelchair): "My cupboard is broken because they all got the new cupboard. They all steal my clothes, my pyjamas, even when I put behind my bed, they also take. I must walk around with it if not the nurse take, night time they take and cut all see… That time my friend gave me the Gardenia bread; that also people steal. Because they have the keys to my cupboard, the staff nurse."

As such, there is an evident sense of distrust amongst residents in the home toward each other and the staff; the loss of their personal belongings have contributed to the inevitable loss of privacy. The resulting loss of dignity is compounded by the fact that many believe that they have to resign themselves to this and that there is no one whom they can report these incidents to:

R13: "They (the nurses) cannot do anything. You go and complain also nothing. Here cannot leave anything."

R8: "The nurses all scheming one, they are all in cahoots with each other."

Additionally, the issue of the lack of clear ownership over personal belongings is common. As undifferentiated items such as wheelchairs and walking sticks are used by most residents in the Home, confusion may arise concerning whom these items belong to, leading to potential conflicts between residents in the Home. The residents' sentiments pertaining to this issue are documented in the following comments:

R7: "After one of the other residents finished performing, because she finished first, she took my wheelchair. Fight and fight cannot get. I told her, that's my wheelchair…That time I was very weak and couldn't walk so far, so I must have the wheelchair. Then the other resident was saying why I take her wheelchair. I told her, "The wheelchair got my name. Why you so bad, make everyone angry with me?""

R9: "I used his walking stick and he (referring to another resident in the same ward) got angry, so he hit me. He thought it was missing and when he realised it was with me, he hit me."

R10: "Actually this one is my chair. They take my chair. I asked the man (the boss) for it last time, and when I want to go back I can sit. Then I put there and they go and take it... My chair they go and take it. This is not the way, never ask permission whether this chair got people take. I asked the man to put my name, never put my name even, for one year, now over two years already never put my name. Then people can take it away. Then you have no choice, you fight for it."

This intrusion of privacy could also manifest itself when staff of the opposite gender enter the residents' personal spaces, such as their rooms, giving rise to a sense of discomfort.

R8: "My room like unisex all the male nurse come in."

The many incidents of dignity violations which have occurred as a result of privacy intrusions, as recounted by the residents suggest that this is an area which requires more attention. Presently, there is a deep sense of distrust amongst residents towards one another and towards the healthcare professionals in the Home. Many do not have ownership over their personal belongings, negatively affecting their sense of dignity as they continue to reside in the Home.

Social support. Social support refers to the availability of support networks, be it from other residents in the Home, the nurses, or family members.

We adopt a two-pronged approach in our analysis of social support: support from within the Home and support external to the Home.

Support from within the Home:	
Description	**Residents**
Those who make friends in the Home	R4, R5, R13, R11, R7, R1
Those who say that it is hard to make friends in the Home	R2, R3, R6, R8, R12, R9, R10

Table 5. Breakdown of sample residents' perspective of social support in the Home

From Table 5, majority of residents from our sample concur that it is difficult to make friends in the Home. Reasons stated for this include:

> *R8: "...because they are all-dialect speaking and they say all the bad words... I just hello hello, when people got their own things of course you don't interrupt."*
>
> *R9: "Because they don't speak Mandarin, they speak dialect, so they don't understand me."*
>
> *R12: "... because they click you know, Chinese and Chinese will click together."*
>
> *R3: "I prefer like that, sit by myself than get into trouble. I know nothing, I see nothing."*
>
> *R2: "Over here, we don't talk. When we talk, it's very noisy, then we might fight. If we talk, everyone will listen and it's too noisy. If we don't talk, it's better."*

A recurring theme that has emerged is the inability of residents to click with one another due to language barriers. Residents may be more comfortable interacting with people who are of similar cultures and who speak the same language. Many residents also relate the act of interacting with others as potential points of conflict and "trouble" and prefer being alone than engaging with others.

On the other hand, some residents have been able to find support amongst other residents in the Home, by forming friendships as reflected in the comments below:

R5: "All of us are good friends. Here you can't fight, so we just be friends."

R11: "So long as I have friends in the Home, it's ok. I have one friend who is from China. Last time I have another friend but he passed away already, about the same age as me."

We managed to talk to a pair of friends (R4 and R13) who have been friends for more than ten years and documented their interaction as follows:

R4: "...we eat together (in the same room), but at different tables"

R13: "We're very good friends. We've been friends for many years."

Next, we turn our attention to the external support that has been provided to the residents.

External Sources of Support	
Description	**Residents**
All alone with occasional visits from family or friends (typically once a year)	R3, R4, R5, R6, R9, R12, R8, R13, R7, R1
Received more frequent family visits	R10, R11, R2

Table 6. Breakdown of sampled residents' perspective on external sources of support

From the table above, majority of residents only receive occasional visits from their families, typically once a year:

R4: "I have one elder sister, she comes to see me once a year during Chinese New Year. She doesn't bring me out, she's very busy with housework and looking after her grandchildren. I have three children, two girls and one boy. My children live with their mother, they don't visit me."

R3: "They (her nieces and nephews) moved to Australia but they come to see me, they are very good."

R5: "Sometimes he (his brother) comes to visit me. He has kids, so he is very busy. My brother's kids brought me out during Chinese New Year."

R9: "I called (my wife) before. She's very busy… She doesn't come often. Occasionally we call each other."

R13: "Sometimes my brother come and visit me and give me some money, but not often."

Apart from family members, some residents from our sample also get visits from their friends and the church:

R1: "...my friends visit me. Some of the old girls, teachers… Sometime when they have free time they will come. Then when they go holiday they will come back, once in a while they will come."

R8: "Once in a while (my friends visit). They got leg pain all that. They are about my age. They all got family, grandchildren."

R6: "My church also brings me out for very serious Christian talks, just for Christian fellowship."

Moreover, volunteers who work with the Home also provide a source of support to some of the residents, giving them something to look forward to weekly. This is described by the following two residents:

R3: "One European lady used to come here, every week. I don't know how she took a liking to me, but every week she comes to see me. Talk to me, (for) one hour two hours."

R1: "The two volunteers will come on Saturdays, when they're free they come to help with feeding the residents."

Although a minority, some residents are fortunate enough to get frequent visits from their family members:

R2: (referring to her son) "We go out to buy clothes, eat something. I like it, otherwise it'll be very dull here. He comes every two weeks."

R10: "One week three times… My brother comes and brings me out. We go to Ang Mo Kio by bus to have lunch… When we go out together, I don't need to use a single cent. He pays for everything, he eat what I eat what. He asked me, "you like this?" I said, "yeah", then he will buy for me."

R11: "My older sister and 2 younger brothers come to visit me. They usually come every Sunday or when they are free but they never bring me out. Just come and talk to me."

However, even with visits from family and friends, some of them inevitably feel alone at times, thinking about their companions who have left this world:

R3: "... feel very sad, all of my family gone, I'm the only one left."

R2: "I'm very sad, everyone I know is dead (我很惨啊，什么人死掉), I'm all alone. I don't have anything, no mother, no husband, every one of them have passed away. I am all alone now."

R12: "No children and my husband is in heaven now. He passed away 21 years ago ... what to do?"

Although the thought of having lost past confidantes to death inevitably evokes feelings of sadness and loneliness within these residents, most are able to find some form of social support — be it through other residents, volunteers, family, or friends outside the nursing home.

Care tenor. Care tenor explores the attitudes and behaviours of caregivers who interact with the residents, how they are treated and if their treatment undermines their sense of dignity. In this section, we consider the residents' perceptions on how they have been treated by the staff at the Home.

There are residents who are grateful for the support and assistance provided by the nurses in their various daily activities. R7 appreciates the work that the nurses do:

"... they all take care of me. The nurses do God work. Sometimes the nurses are worried that I will fall down while using the pot beside my bed at night, so they will wake me and put the pot beside me."

Nurses in the Home are described to be *"very friendly and helpful"* (R10) as well as *"very caring and thoughtful"* (R6). In addition, R13 acknowledges that the nurses do not have an easy job and mentioned that the *"turnover is very high. Almost every month we get two new nurses because our previous nurses left."* R4 agrees that nurses in the Home are going beyond their required job scope to help the residents as a particular nurse helped him to purchase a new watch outside of her working hours.

On the other hand, residents do have their fair share of dissatisfaction with the nurses in the Home as well. Through our interviews, we identified 2 main reasons for their dissatisfaction. First, the most common complaint is that the nurses either take a long time to attend to their requests or do not adhere to their requests and needs, undermining residents' sense of dignity as they perceive that their needs are not being met.

R2: "... when we call the Missy, very smelly, the Missy takes very long to come. ... they are short on nurses."

R3: "... over here, you want to eat something, even a tiny biscuit, you cannot get... There are distinctions amongst the people here, there is no such thing as equality and all here."

R9: "We have food to eat, but when you want to drink water, they don't give you water to drink."

R10: "You want to drink one water, ask her (the nurse), will be very slow. Take one cup of water, wait for so long, your throat all dry already."

Secondly, there are also comments that the nurses are not doing a thorough job with helping the residents with their various ADLs, such as bathing and transferring, which has left them feeling uncomfortable.

R10: "They bathe not clean – here didn't put soap, shampoo a bit, just rinse, never scrub, bathe what? The dirt never wash away. I say you bathe

what, you never scrub my head, how to be clean? The next day then want to rub for me. Anyhow bathe one. They all bathe lousy one."

R7: "She (nurse) pushed me into the lift and in order to fit more people, she pushed me even further, very forcefully (Used hard gestures to demonstrate) without telling me."

R9: "If you don't listen, the nurses will abuse you. For instance, your foot may be on the floor and not on the leg rest on the wheelchair, but they'll still push you. Your foot will be very painful."

Beyond the care treatment provided by the nurses, the management of the residents pertaining to their rooming has also led to considerable dissatisfaction as they have limited say on the rooms they are posted to.

R9: "Sometimes the staff is stupid, for instance the both of us have very bad tempers, so we shouldn't be placed together in the same room. Two bad tempered people placed together – is this purposely cause fighting? For example, people with bad tempers should be separated. This is very basic."

R10: "That day they push me to go there (her current room). Last time, I was not staying in this room… They say an old lady wants to sleep in my place… If they want to change, they will change."

Some residents have also expressed their unhappiness with being denied a voice in the Home. In some cases, they do not voice their concerns due to fear of retribution.

R9: "They only listen to what the staff have to say, they don't listen to what the residents have to say. Only residents are wrong, staff are not wrong… the boss is biased towards the staff. If you speak to the boss, maybe he will revenge you."

Beyond the care within the Home, the staff also organize trips and celebration events for the residents such as outings to Chinatown during Chinese New Year as well as monthly birthday celebrations. These events and outings enable the residents to remain connected and aware of the events occurring beyond the physical boundaries of the Home and also serve as a temporary distraction for the

residents from the Home environment, helping those who are unable to travel independently to live in the moment:

> *R5: "Every year the exercise people (at St Theresa's Home) will bring us out to Chinatown."*
>
> *R6: "I also go out for the outings the home organizes, even the volunteers (will organize)."*
>
> *R7: "I like it here, every time people will ask us to go out for outings. The sisters invited me once, two tables and one nurse had to follow me."*
>
> *R1: "Saturdays, he will choose from the wards, those who never go out one, go to Shunfu Market… Before the Chinese New Year we went to see the light-up at Chinatown. But before that, last year December, we went to see Orchard Road. Light-up, Christmas. The volunteer the physio staff, all help them."*
>
> *R4: "We take turns (to go out). I have been to the zoo and the botanic gardens, I like going to the zoo more. The animals are very big."*

While there may be consensus that some residents get to go out and enjoy the outings, not all residents from our sample have had this opportunity:

> *R11: "They don't bring me out… Can your school arrange to bring us out? Anywhere will do. Can we go to visit your school?"*

Moreover, some residents have experienced being told by the volunteers or staff that they have been selected to go for outings, only to find out that in reality they have not:

> *R1: "(In recalling her conversation with another resident) I said, "Don't cry. Don't cry." She's so upset she didn't get to go to the zoo. You know they choose all the names - those who can talk, standard, those who can eat, but she can walk. "So bad, they never call me to go to the zoo. People can go, I cannot go.""*

The apparent disappointment of the resident in failing to be selected for the outing to the zoo reflects the intangible importance of such activities in providing comfort and a momentary distraction for the residents. Further, it highlights the

importance of ensuring that the communication channels in the Home are clear, such that only information which has been verified and confirmed by the staff are disclosed to the residents, in order to avoid disappointing them and putting them through unnecessary distress.

Burden to others. Burden to others relates to the distress residents experience from having to be dependent on others, arising from their concerns that their care may be burdensome to others now or in the future. In general, these concerns arise because the residents do not simply consider the nurses as healthcare providers whose function are to provide a service, but recognise them as human beings with their own health-related concerns and emotions.

This has resulted in the residents becoming especially sensitive to the emotions and mannerisms of the nurses, with whom they interact daily. Flashes of unhappiness by the nurses trigger concerns in the residents that their care is causing unnecessary distress and posing an excessive burden on the nurses:

> *R3: "I don't like to give trouble to people. You know they (the nurses) don't like to do these things, you can see on their faces, you can see on their gestures, you can observe."*

> *R7: "There's one lady (nurse) here, every time she see me only, she gets angry. My heart very pain… I ask her, "Why are you angry with me?... You must tell me, you tell me I will do."*

> *R1: "...put diapers I cannot, nurse help me. I have to call them, "sorry nurse"."*

As mentioned earlier, the apologetic nature adopted by some of the residents when interacting with the nurses suggest that they regard the care they require as an inconvenience to the nurses.

Although this was not commonly expressed, the residents' worries that their care is burdensome to the nurses is heightened by their worry that the physical demands of such care might be detrimental to the health of the nurses in the near-term:

> *R3: "I saw once or twice how troublesome it is for other people to carry you, to put you in a bus. Oh my goodness me, I refused to go… A lot of*

trouble for other people to push the wheelchair, very very hard … That day, someone (a female nurse) already complain that her back is giving her trouble, strong healthy girl."

However, it must be noted that not all residents share similar sentiment. Some believe that it is the duty of the nurses as paid employees of the nursing home to provide a level of care which is satisfactory to them.

R8: "Over here, the nurses are paid and they have times to rest - they sleep from 12pm to 4PM, three times a week."

This suggests that a balance needs to be struck in terms of how both nurses and residents view their relationship. While we acknowledge that the job of nurses is indeed demanding and there are indeed frustrations both physically, mentally and emotionally especially with caring for the elderly residents who may not always be cooperative, it is also unhealthy for residents, in terms of their sense of dignity, to see themselves as a burden to the nurses. At the same time, it is also unhealthy for residents to take the view that they are entitled to the care and concern of nurses simply by virtue of them staying in the Home as this could result in aggressive and uncooperative behaviour being exhibited towards the nurses.

Recommendations

Based on the interviews conducted with Category II and mild Category III residents and the analysis above, we have identified several key aspects and have provided some recommendations below which we hope can improve the experiences of residents in the nursing home to help them continue leading a dignified life. These recommendations seek to preserve and improve residents' sense of dignity, even in the face of their illnesses and change of living environment. This may be done by (a) empowering residents to enhance their dignity-conserving ability, and (ii) changing the social climate of the Home to improve the social dynamics. However, it must be noted that owing to the demographics of residents interviewed, these recommendations may be more suitable for the cognitively sound Category II and mild Category III residents.

Empowering the Residents

Empowerment, autonomy, and control are at the heart of Chochinov's Model of Dignity in Illness. The effects of empowerment on nursing home residents' sense of dignity and health have been highlighted by the *Turn Back the Clock* experimental documentary. The documentary produced by Channel NewsAsia, seeks to challenge Singapore society's perceptions and attitudes of the elderly as frail and helpless. In particular, a group of nursing home residents were given the opportunity to take charge of re-designing their communal living space. As a result, they experienced improvements in their cognitive, emotional, and physical well-being. This suggests that there needs to be a paradigm shift in the way we perceive the residents in nursing homes. It is important to ensure that they do not become victims of a self-fulfilling prophecy and cling on to the helplessness we have come to expect of them simply because it is expected (Koh, 2016). Empowerment, and the giving of a voice to the residents in terms of the amenities they would like is also fundamental within the care model adopted by most nursing homes in Japan. For example, in Ginmokusei Nishiarai — a private residential facility — a traditional candy shop was even established in response to a request from a lady with dementia (Tai & Seow, 2016).

In the context of St Theresa's Home, we believe that the residents may be empowered in the following ways:

Care and treatment. Although the need to obtain information is usually most critical at the point of a patient's diagnosis — which may sometimes occur beyond the nursing home environment — the lack of sufficient information even after admission into the home can result in undue distress, fear and uncertainty. A lack of a clear understanding of their physical health statuses encourages residents to become overly dependent and reliant on the nurses and staff to schedule their medical appointments, and to distribute their medication throughout the day. This makes the residents passive recipients of care, significantly reducing their level of autonomy and control.

Apart from the provision of medical information, the residents may be better empowered as agents of their own care if there are available platforms through which feedback can be provided. Feedback provided by residents on their perceived quality of care in the Home is essential in granting them ownership of their own care, and crucial in enabling the Home to continue to provide dignified care for its

residents. Several members of our sample had grievances that the staff and nurses at the Home were not doing a thorough job in helping them with their various ADLs. While some had made this known to the nurses, it is not known how frequently such incidences occur within the wider nursing home population, and whether any actions have been taken to address such issues. Several residents interviewed had also voiced concerns about incidences of theft and other intrusions of privacy, such as the violation of the single-gender policy in wards. However, some fear retribution or *"revenge"* (R9) as a consequence of reporting such incidences to the top management. This mindset might prevent them from giving feedback that is crucial to improving the standard of care in the Home.

Moreover, the group of seniors who fall within Category II and mild Category III are typically more mobile and able to complete all six ADLs independently, requiring only occasional assistance from the nurses and staff. Yet, in order to ensure that all residents' basic standards of living are met, they are often subjected to the same regimented timetable as majority of the other residents who require more assistance. For instance, all residents have to wake up at 4am in the morning to bathe in order to avoid the longer queues at later times even though this group of residents can bathe on their own and could possibly have done so at other times of the day. Another rule which residents are subjected to is that they are unable to leave the home unaccompanied. Most who are able and desire to leave the Home to participate in activities outside, such as shopping or visiting their friends are thus unable to do so. Thus, their sense of dignity suffers while they reside in the nursing home and many are simply 'resigned to fate'.

Therefore, residents may be empowered, and granted more autonomy and control over their care by improving the communication and feedback channels between the top management and the residents, or providing more flexibility in the Home's timetable. In so doing, residents are no longer relegated to silent observers and passive recipients of others' assistance, but become active participants in decision-making with regards to their care and treatment.

Proposed strategy: Communication. In order to improve communication between the nurses, staff and residents of St Theresa's Home, the Home could hold weekly or monthly sessions with each resident — especially those who are cognitively sound — to update them on their medical conditions, the appointments they are going for and the medications they are taking. These sessions may be held

on Fridays, when the staff usually meet to discuss the case files of several selected residents.

During these sessions, residents may also voice their concerns about the perceived quality of care they have been receiving. However, as these issues raised may be in relation to a particular nurse, staff or resident, these feedback sessions should be conducted in confidence between only two parties — the top management and the resident lodging the complaint or providing the feedback. By investigating these reports and following-up consistently with the relevant parties until the matter has been resolved, residents are reassured that they have been given a voice and that their concerns have been accorded sufficient respect.

On a daily basis, the communication and interaction between nurses, staff and residents may be improved by providing the nurses and staff with the appropriate training. Communication between these three parties are generally neutral and task-oriented rather than reaffirming and personal. In some cases, due to insufficient communication between them, misunderstandings and potential conflicts related to their care and treatment may arise.

We acknowledge that such training sessions are time-consuming. However, studies have shown that brief training sessions which focus on encouraging nurses to use "short instructions, positive speech and biographical statements" can be conducted in a relatively short period of time. Based on the Communication Enhancement Model, such communication seeks to encourage healthcare providers to take on new roles as partners in the healthcare process, rather than as authoritative figures in the traditional hierarchical model, and residents themselves are encouraged to become active participants rather than passive recipients in healthcare-related decision-making (Ryan, Meredith, Maclean, & Orange, 1995). This grants the residents a voice as well as greater autonomy and control. Apart from enhancing the dignity of the residents, studies have shown that this is also effective in reducing caregiver distress as residents perceive that their voices are heard, and are less aggressive and irritable towards the nurses and staff as a result.

Furthermore, to protect the nurses from verbal and physical abuse, and aggression from the residents, it is essential that the staff speak to these residents individually to ascertain the cause of any such undesirable behaviour, and teach them how to communicate their demands with respect.

Proposed strategy: Flexible scheduling. Other than improved communication, the Home could look into designing more flexible schedules for the handful of residents who are more independent and require minimal assistance with ADLs. For instance, these residents may not need to have scheduled baths so early in the morning, and other more physically-advanced, or cognitively-engaging activities may be planned for them while fellow residents participate in the Home's exercise programme. Timetables have been identified as the "most common factor(s) affecting quality patient care" (Stratton, 2007), as the need to conform curtails individuality.

Flexible timetabling has been piloted by nursing homes under the Green House Model, which was first conceptualised as a means to combat the depersonalising effects of nursing homes by de-institutionalising them. Nursing homes under the Model focus on person-centred care and do not prescribe a fixed schedule for their residents; they are allowed to direct their own waking, sleeping, meals and relaxation, thus granting the residents control over certain elements of their lives. Instead of fixed activity schedules, the philosophy of the Green House Model is centred on "meaningful engagement", and residents are supported in their engagement of meaningful, self-initiated activities throughout the day. The doing-away of rigid timetables has also been practiced by nursing homes under CaSPA Care, a not-for-profit organization in Melbourne, Australia. Residents at the homes are allowed to wake up when they choose and go about their days without the constraint of a fixed schedule — they may choose to assist in chores, cook or engage in other social activities of their choice (CaSPA Care, n.d.). Thus, by adopting such an approach in the care of residents who do not require as much specialised assistance from the nurses, these residents are granted more freedom to express themselves, allowing them to have more autonomy and control over their care.

Interests, skills, and passions. Although residents may no longer be as functionally capable or mobile, many elements of their past selves remain intact, unaffected by their illnesses or entry into the nursing home. Many continue to enjoy the things they did in the past — the company of others, taking pride in their external appearances, and activities such as listening to music and cooking. For many residents, even their food preferences have remained unchanged. Moreover, many continue to retain the wealth of knowledge and skills they acquired in the past through the jobs they held, and the spiritual gifts which they believe were given to them. However, some who are eager to share their interests, skills, and passions — perhaps due to a desire to leave a mark as part of their own personal legacies — have

found that there is a dearth of opportunities within the confines of the Home to leverage on. Some reasons for this scarcity might be due to the absence of the appropriate target audience, or something as fundamental as logistical constraints.

As a result, these elderly residents are subjected to generic activities and programmes such as playing Bingo and Mahjong, or watching television to pass the time. Not only do many find these activities uninteresting, the inability to tap on their expertise and knowledge means that they do not receive acknowledgement and recognition from others in that regard. This might cause many of them to not be able to see the meaning and value of their lives as they continue residing in the Home. Therefore, by recognising the residents as individuals and developing a more in-depth understanding of their personal histories, modifications may be made in the existing activities and programmes of the Home, and more avenues may be provided for the residents to capitalise on their interests, skills, and passions.

Proposed strategy: Communication. Nurses and staff may also rely on the weekly or monthly meetings proposed above to learn more about the personal histories and backgrounds of the elderly residents, such as the skills they may possess, and activities they found meaningful prior to nursing home entry and would like to continue even in the Home.

Given the present shortage of manpower faced by the Home, with the high turnover rates of nurses, the Home may also look to volunteers to bridge the communication between nurses, staff and residents about the latter's personal interests and passions. Regular volunteers could be provided with a set of generic questions which they could enquire about when interacting with the residents. Pointers such as residents' preferences for food, and activities, as well as residents' specialised skillsets and knowledge should be noted down and communicated to the staff.

Other than gaining insight into the abilities and interests of the elderly residents, the improved communication between the nurses and residents through the utilization of strategies taught during the training sessions (as elaborated above) may enable nurses to request for residents' help with daily chores, such as folding and hanging laundry. Presently, only one resident in our sample is involved in assisting with the daily chores of the Home, while others did not appear to be aware of such opportunities where they could render their assistance. By helping out with simple chores, the residents may not only gain new skills — as espoused by the

interviewed resident — but also gain a sense of satisfaction and pride which contributes to their ability to see their lives in the nursing home as meaningful.

Proposed strategy: Profiling and the creation of interest groups. Beyond the functional categorisation of elderly which considers the ability of residents in performing certain ADLs, profiling residents at the point of nursing home entry will help nurses and staff to understand the residents more personally, and categorise them according to their interests, areas of expertise and knowledge. This is similar to the approach adopted by various nursing homes or *tokuyo* in Japan. Interviews are conducted with the elderly and their family members before they are admitted, to better understand the personalities, hobbies, and preferences of the elderly. Specific arrangements may be made to accommodate these unique characteristics, to enable the elderly to adapt better to their new living environment (Tai & Seow, 2016).

Residents with similar interests and spoken languages should ideally be warded together or in close proximity to increase the chances of interaction. Providing residents with opportunities to share about these aspects of their lives enables staff to better understand them as people rather than as patients. This is at the heart of patient-centred care, which has been defined by the Institute of Medicine as care that is "respectful of, and responsive to, individual patient preferences, needs and values" (Oneview, n.d.). By giving residents a voice, and acknowledging and catering to their individual needs, residents are granted with more autonomy and control. Such information may allow staff to tailor their activities and care of residents to them, focusing their attention on the present rather than worrying about the past or future and helping them to retain their sense of dignity.

In utilizing information gathered from the residents' profiles, the staff and nurses may wish to set aside time during the week where residents with similar interests come together to do activities which they are passionate about such as singing, or crafts, or activities which are deemed to be in their area of interest and knowledge. These interest groups provide residents with a platform to find connect with other residents, which in turn could create a support network for them. Establishing this sense of community and social support within the Home helps residents to preserve their sense of dignity, create a more home-like environment (Hoof, et al., 2016) and aid in addressing residents' sense of loneliness, and other possible psychological issues such as depression. Staff members or volunteers should be on-hand during activity sessions to aid the elderly who have sensory

impairments or functional impairments, and make adjustments to help include them in conversations or activities (Moss, 2007).

In addition to residents' interests, skills and passions, personality-related characteristics — such as hot-temperedness — should also be noted while the profiling is being carried out. Residents who may potentially clash should not be placed together in the same ward, in order to avoid unnecessary tension and improve the care tenor of residents.

Proposed strategy: Engaging the wider community. Some of the residents we spoke to are looking for opportunities where they can contribute to the community using their existing skills and knowledge. In most cases however, their skills and knowledge may be tapped upon in ways which are more useful to parties outside the Home than within the Home, such as through teaching, tutoring or providing caregiving services for young children. Thus, in granting the residents opportunities to leverage on these skills and prevent the deterioration of their cognitive acuities and functional capabilities, the Home could collaborate with partners in the wider community to organize programmes which these residents could participate in. This is similar in nature to the annual performances which some residents of the Home currently participate in, in collaboration with a local church. Through these platforms, the residents may continue to feel valued and useful as they are still able to perform the roles they had and participate in activities which they found to be meaningful even before admission into the Home. Continuing to engage in the community may also facilitate the reintegration process should the residents later be discharged from the Home back into their own communities.

Moreover, continuing to engage in the wider community beyond the nursing home may enable the seniors to feel less isolated from the wider Singapore society. One resident likened the current location of the Home to be a "jungle...far far away (from everything else)", while many also expressed their fear of travelling outside the Home due to their lack of familiarity with the landmarks and the bus routes. Engaging nursing home residents is critical as Singapore moves towards becoming an inclusive society, and as nursing homes here attempt to shed their image as stuffy institutions tucked away from the wider community.

Changing the Social Climate

The social climate of an environment is defined as the "perception" of a social environment which is typically shared by a group of people (Bennett, 2010), which in the context of the nursing home would refer to nurses, staff, and the residents.

Apart from the ease of forming friendships and finding common areas of interests with other residents, as mentioned above, this section will focus primarily on two aspects of the social climate within the Home: (a) the culture of care and (b) the culture of (dis)trust.

Culture of care. During our interactions with residents, some of them spoke about certain actions that could potentially undermine their dignity, had been taken by the nurses at the Home. These included being aggressive while transferring the resident from place to place, and shifting the resident from one room to another at the request of another resident without the provision of further explanations. These incidences had been a source of misunderstanding and unhappiness. Residents were particularly affected by the subtle mannerisms, expressions, and perceived attitudes of the nurses. Many residents even adopted an apologetic tone and expressed shame at having to rely on the nurses to perform tasks such as the changing of diapers and sponging; they saw themselves as burdens to the nurses.

Proposed strategy: Communication. Good and effective communication lies at the heart of our recommendations. We believe that many of the misunderstandings and feelings of ill will, especially of the residents towards the nurses, could have been avoided if the nurses and staff had provided simple explanations to the residents as they carried out their tasks. Such communication on a daily basis may be framed using the Communication Enhancement Model which nurses and healthcare professionals in the Home may gain exposure to during their training sessions, as proposed above. The Model emphasizes the recognition of residents as persons with unique identities and needs which must be considered in the process of communication. Conversations should also be conducted in an affirming tone, and residents may be provided with reassurances that they are not a burden to care for.

This fosters mutual respect between the residents and their caregivers as residents become aware why their needs may not be tended to immediately, or why

certain decisions had to be made on their behalf. The residents are also comforted by the knowledge that their presence is not imposing on their caregivers, perhaps making them less embarrassed about their increased dependence and reliance on others.

Moreover, it is also important to ensure the accuracy of information disseminated from the staff, nurses or even volunteers, to the residents when establishing a culture of dignified care within the Home. This largely relates to the name list of residents who are scheduled to go for each outing; residents are selected on a rotational basis, and also on the basis of their functional capabilities. Staff and volunteers who are involved in the planning process should not divulge any information to the residents before they are finalised, to avoid causing undue distress and disappointment. In the event where the wrong information has been transmitted, or where changes have been made, staff and volunteers should speak personally to the affected resident to explain why these changes were made, while also providing information on a future outing which the resident would be scheduled for.

Proposed strategy: Staff welfare. While much attention has been paid to meet the needs of residents in the Home, it is equally important to consider the needs of the staff and nurses, particularly in establishing a culture of care within the Home. Given the dearth of workers within the nursing home industry, particularly due to the comparatively lower pay and the demanding nature of the job where nurses "see the same residents day in and out with the same problems" (Tay, 2017), it is little wonder that a study by the Lien Foundation and the Khoo Chwee Neo Foundation has revealed that many nurses are overworked and underpaid. This could inevitably affect the attitudes of nurses and on occasion, the nurses may flare up or show glimpses of their dissatisfaction while caring for the residents. Although we are unclear of the exact situation at St Theresa's Home as we did not speak to the nurses or staff, some residents mentioned occasions where they believed the nurses expressed unhappiness while caring for them. The high turnover rate of nurses at the Home was also pointed out. This suggests that a key to improving the social climate within the Home would be to ensure that the welfare of nurses and staff are attended to.

We understand that the management of St Theresa's Home has implemented various measures such as rotating shifts and a separate dormitory to ensure that the nurses receive adequate rest and are not harassed by the residents. Moreover, we are heartened that the Home has designated a welfare officer that

looks into the welfare of the nurses and other staff members to ensure that they are fairly treated by the residents. However, we propose that more can be done to help the nurses and staff adapt to living in Singapore. Many of these healthcare providers are not local. Not only do they face the stress of having to adapt to life in a foreign country, they have to cope with the physical and psychological demands of their work. Hence, various outings and events with staff from the same home country can be organized to ease bouts of homesickness and provide them with a family away from home. This may be done in collaboration with other nursing homes to provide nurses with an opportunity to expand their social support network. Psychological support, in the form of counselling can also be made available to these nurses.

Moreover, the management can look into implementing more long-term incentives to encourage nurses and staff to work in the Home for longer periods of time. This may prove healthy to both the residents and nurses in view of the familiarity between both parties, where the nurses have knowledge of the personalities of individual residents and how to deal with difficult residents, and the residents may be more trusting and friendly with nurses who have been working in the Home for a period of time. Perhaps long-term incentives such as long service awards or a more defined career progression scheme may be put in place.

The knowledge that they are valued for the work they do and are able to find support from their colleagues could drive an improvement in the staff and nurses' attitudes, thereby enhancing the quality of care received by the residents.

Culture of (dis)trust. Our interactions with the residents have revealed that there is a general sense of distrust amongst residents, and between residents and nurses and staff. This may be viewed in the context of privacy intrusions such as the loss of personal belongings and the lack of ownership over these belongings.

Proposed strategy: Big data. Apart from the establishment of a sense of community within the Home, and the feedback mechanisms proposed above where residents can report cases of theft and privacy intrusions without fear of retribution, the problem may be addressed through the use of data analytics. Utilizing information derived from the feedback channel, the management may identify trends, such as in the types of items stolen, the locations where these items were allegedly stolen or the times at which these incidents allegedly occurred, in order to identify the perpetrators more effectively. Announcements may be made by the management as to the ongoing investigations so as to serve as a deterrent to the

perpetrators who recognise that their actions are being monitored and that the penalties for such crimes will be severely dealt with.

Implementation: An Evaluation

Due to the limited eldercare options presently available, many elderly who fall within Category II and mild Category III but do not have the privilege of home care by family members or foreign domestic workers are housed in nursing homes together with those who suffer from severe impairments. A similar situation may be observed in St Theresa's Home. It is heartening to note that the Home has taken steps and is continually making improvements to improve the quality of care and the experience of its residents. This may be facilitated through our proposed recommendations listed above.

However, we acknowledge that the realities facing St Theresa's Home and other nursing homes in Singapore may make it difficult to follow through completely on several of these recommendations.

The first is with regards to the development of more individualised/ personalised activities and programmes. While activities and events are currently scheduled on specific days in the Home, efforts have been made to allow the elderly residents more freedom in deciding whether to participate in these activities or not. However, with no alternative activities other than watching television, we propose setting up interest groups to engage the wider community with their interests, skills, and passions. However, given the large numbers of residents in the Home, and their varying physical capabilities, it may not be logistically feasible to cater to the demands of each resident and some of their interests may still end up overlooked. The shortage of manpower further exacerbates this problem as there may be insufficient care providers to go around. It is often simpler to provide the residents with generic activities such as a game of Bingo.

Furthermore, while maintaining their connection with the wider community through their knowledge and expertise is essential in enabling the residents to derive meaning from their continued existence, this may be limited in success as they are typically not allowed to leave the Home. It may be difficult to keep account of the residents if a large number of them — especially those who are less mobile or suffering from mild cognitive impairments — leave and enter the Home as and when they please.

Moreover, the strategy of flexible scheduling of daily routines may also face some implementation challenges in the context of a nursing home as the Home needs to cater to many residents, majority of which are Category III and IV residents who would require more dedicated care and assistance. Hence, a certain amount of order and operational efficiency through some form of fixed scheduling still needs to be maintained in the Home.

In contrast, such recommendations may be more comprehensively implemented in an Assisted Living Facility (ALF). St Theresa's Home is setting aside 200 beds to explore the ALF model as they move to their new site in Lorong Low Koon in 2020. The ALF model is looked upon today as the industry 'best-practice', where the autonomy and control of residents over their own care is encouraged (Zimmerman, et al., 2003). It is a social model of care that allows for the easier introduction of humanistic concerns for higher-order needs such as dignity, self-growth, and privacy.

Although variations in the model exist (Zimmerman, et al., 2003), an ALF typically runs on a much smaller-scale as opposed to a nursing home, with between seven to ten elderlies within a home (Oliver Wyman, Lien Foundation, & Khoo Chwee Neo Foundation, 2016). Each resident generally has his/her own bedroom, access to a bathroom, and a communal living and dining room. Residents there generally fall within Category II and mild Category III and do not require much assistance with ADLs but benefit from the availability of healthcare services around the clock. As such, care personnel within ALFs have more time and ability to provide more personalised and individualised care to the residents (Koh & Yap, 2016), including supporting the different interests of residents and their various self-initiated activities. Group activities between elderly residents who share the same interests may be facilitated more easily given that most of them have similar levels of functional capabilities; it may also thus be possible for these activities to be carried out more frequently. The lower ratio of staff to resident also facilitates the fostering of more intimate relationships between staff and residents, promoting communication and understanding between both parties.

Moreover, ALFs emphasise the maintenance of social connections (Mitchell & Kemp, 2000). Not only are friends and family encouraged to visit, seniors within the residential facility have the freedom to leave the compound and engage meaningfully with others through activities they deem meaningful, unlike in nursing homes (Toh, 2016). Given the scale of an ALF as opposed to that of a nursing

home, and the fact that many ALF residents are ambulant and able to move around with no or minimal assistance, it is thus more realistic for ALFs to form long-term partnerships with external organizations, and for residents to leave the facility to participate in events where they share their knowledge, skills, and passions, and/or develop them further, as was the desired outcome from our proposed strategy.

The provision of a flexible timetable for the more independent and mobile residents may be facilitated within an ALF. At present, it is gratifying to note that the Home grants its residents with a significant amount of freedom when it comes to participating in activities. However, residents' waking hours, bath, meal, leisure, and exercise times are still dictated by the Home. This sense of regularity may be important for some residents who feel disoriented and un-purposeful without a regimented schedule. It is also essential in ensuring the Home can meet the basic needs of all residents in the most efficient manner. Given the manpower shortage within nursing homes and the varying needs of residents whose functional capabilities stretch across a spectrum, it would be very difficult to manage the Home with groups of residents who run contrary to the set schedule. Staff may lose track of which resident has eaten, bathed, or even taken his/her medications. In contrast, flexible scheduling may be implemented with greater ease in an ALF given the demographics of residents and the small scale of the facility. The close personal relationships shared by staff and residents within the ALF also enables staff to keep a closer eye on the activities and routines of residents.

Therefore, this broad comparison of nursing homes and ALFs suggests that for Category II and mild Category III residents who desire to be more independent in terms of pursuing the activities of their choice, continuing to engage with the wider society and designing their own daily routines, the environment afforded by the ALF is perhaps more suitable, and offers many intangible benefits. The autonomy, control and social support offered by ALFs may contribute positively to these seniors' sense of dignity, as opposed to the sense of hopelessness and boredom many of them experience in the Home.

In recent times, there has been a robust debate on the adoption of the assisted living model in the eldercare landscape in Singapore. However, progress has been halted on the basis of cost — it is simply too expensive to build single or double-bedded rooms because of the additional space required (Toh, 2016). At present, many of the arguments have focused on the physical aspect of such living facilities, but it is important not to be too caught up with such logistical concerns. It

is also important to recognise the possible intangible benefits which the provision of assisted living facilities to elderly falling within Category II and mild Category III can bring — particularly in terms of enhancing their sense of dignity. This may be particularly important moving forward given that future generations of elderly will be vastly different from the present generation of elderly. A survey by the Lien Foundation and NTUC Income has revealed that many adults aged between 30 to 75 years old value facilities which have well-trained staff, provide them with a sense of privacy and boast a variety of activities and therapy sessions (NTUC Income & Lien Foundation, n.d.).

Limitations and Future Research

A key limitation of this study concerns the interviews conducted with nursing home residents. Out of the 13 residents surveyed, eight were pre-selected by the nurses, creating a selection bias. However, the extent of such bias appears limited considering that these residents contributed a diversity of views with regard to life in the nursing home. The small sample size of 13 residents and the singular focus on St Theresa's Home could also limit the applicability of our study to the wider nursing home landscape as each nursing home is unique in terms of the physical infrastructure, programmes, activities and demographics of residents.

Thus, future studies could explore this concept across the broader nursing home landscape by conducting similar studies in other voluntary nursing homes and private nursing homes, and examine if there are significant differences in the levels of dignity amongst the residents living in these facilities. In the course of doing so, perhaps future research can develop a method of systematically selecting residents which may be more representative of the demographics in the various nursing homes. Further, studies could also look to interview the staff and nurses of various nursing homes to understand their perception of the concept of dignity in the care of elderly residents. By comparing the views of residents and staff, possible gaps may be identified and mitigated.

Conclusion

Dignity has been and should continue to be at the heart of eldercare. As the Singapore population ages rapidly, and the demand for care facilities increase, it is all the more critical to ensure that the present and future residents of nursing homes

will continue to enjoy dignified care. Through the deductive approach adopted for this study, we have determined that Chochinov's Model of Dignity in Illness is relevant and applicable in the context of St Theresa's Home; residents' sense of dignity are indeed influenced by their illness-related concerns, their dignity-conserving repertoire, and their social dignity inventory.

Although St Theresa's Home has been portrayed as a model of dignified care for nursing homes (Ministry of Health Singapore, 2014), our study has revealed that improvements still have to be made within it to quell any anxiety arising from residents' illness-related concerns, and to enhance residents' dignity-conserving repertoire and their relationship dynamics with other residents, nurses and staff. This ensures that all residents continue to perceive their lives in the nursing home as meaningful, and that the nursing home is more than just a residential facility but truly "home", in all essence of the word. Additionally, more can be done to cater to the need for dignified care of those who fall within Category II and mild Category III but are unable to be cared for at home by family members or caregivers, and yet do not require the specialised care of the Home. As St Theresa's Home moves to develop a more holistic model of care which can cater to the differing needs of its resident population, it must also look to the future and continue to generate solutions which meet the needs and demands of future residents.

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Appendix A: List of guiding questions

Note: As we were looking to conduct semi-structured interviews, these questions served as guidelines for our interview and were adapted to the situation on a case-by-case basis.

Introduction

1. How are you feeling today?
2. Introduce ourselves
3. Will you be okay with us doing an audio recording of the interview?

Understanding the Elderly

1. What is your name?
2. How long have you been living in St Theresa's?

Physical

1. Do you have any physical discomforts?
2. How did these physical discomforts come about?
3. How long ago were you diagnosed with the medical condition?
4. Did this condition affect you in other ways?
5. Do you go for physio now?
6. How do you feel after going for these sessions? Do you think you are getting better?

Social

1. How do you like it here at the nursing home? Do you get along well with other residents, nurses doctors, staff, volunteers?
2. What is your daily routine like in the Home?
3. What did you enjoy doing previously, before you were diagnosed?
4. Did your medical condition/diagnosis/pains affect the way in which you carried out these activities? Can you still do these activities in the Home?
5. How did you feel about these changes?
6. What was life like before you got sick?
7. Has your family been supportive?

Environmental

1. How do you like the environment here (such as the infrastructure)? Do you think it meets your needs?
2. How does this compare to the environment in which you were living in last time? Which do you prefer more?

Personal Attitudes

1. What is your outlook on life now? How has it changed from the time you entered the nursing home?
2. Is there something that you look forward to everyday?

Mapping the Needs and Aspirations of Middle Income Pre-Retirees in MacPherson, and Recommendations for Overcoming Social Isolation

BIAN RUOYI, NG XU JIE, LIM TING SARAH

Abstract

As Singapore's population ages, there is an increased possibility of social isolation amongst the elderly. This is indeed a worrisome phenomenon as social isolation has been found to result in clinical depression and early death among the elderly. Our project attempts to address this issue by examining the motivations and aspirations of pre-retirees as they approach retirement age. This was done through observations, conversations, interviews and surveys with elderly residents in MacPherson, a mature estate in Singapore with a sizeable number of senior residents. Our findings suggest that there are gender and socioeconomic differences in perceptions of retirement, and that activities planned for retirees need to take into account this diversity. Based on these findings, we propose the following recommendations: (i) create block champions, (ii) leverage organically formed subgroups, (iii) challenge existing locations of facilities, and more importantly, (iv) reframe retirement. While this project does not aim to directly tackle social isolation, it provides a first step in understanding the needs and aspirations of the mature residents so as to understand how the MacPherson CC/RCs or other social organisations can better engage them to prevent social isolation in the elderly.

Introduction

Background

Singapore has a rapidly ageing population. In 2010, 9% of the total population in Singapore comprised of elderly aged 65 years old and above, a significant increase from 3.4% in 1970 (Chua, 2011). In 2030, it is predicted that one in four Singaporeans will be aged 65 and above, resulting in almost one million citizens in that age bracket ("Older Singaporeans to Double by 2030"). With such a rapidly ageing population, one worry is the increasing number of elderly facing social isolation.

Social isolation refers to the physical separation from living alone, and *loneliness* refers to the subjective feeling of being alone and separated from others as a result of a discrepancy between the desired and achieved levels of interpersonal relationships (Tomaka, 2006). According to Ageing Gracefully Asia, a one-stop resource portal empowering Singapore and Asia Pacific seniors to age gracefully and live a good and fulfilling life, social isolation and loneliness can increase the risk of dying early among seniors by 19%. In addition, it was stated that "seniors with weak social networks outside the home are twice as likely to suffer from clinical depression as those with strong social networks". The increase in social isolation in the elderly is contributed by various factors, including the dissolution of the traditional family and the aging population in Singapore ("Social Isolation - Ageing Gracefully Asia").

Motivation and Purpose of Study

Being a mature estate, MacPherson houses a significant number of senior residents. According to a census of the population in 2010, there are 3,796 (12.6% of the population) pre-retiree elderly aged 55-64 and 4,495 (15.0% of the population) senior residents who are aged 65 and above (Singapore Department of Statistics, 2011). Residents who are in their pre-retirement and retirement age makeup 27.6% of the total population in MacPherson. The number of elderly in MacPherson alone make it imperative that we understand and find ways to reduce social isolation among the ageing population.

Even though the MacPherson Community Centre (CC) and the various Residents' Committees (RCs) have been actively engaging the more mature residents through a series of events, activities and initiatives (such as the Wellness Corner @ MacPherson CC), we found a general lack of participation and interest by the residents we interviewed. Hence, this project aims to understand the needs and aspirations of pre-retirees living in MacPherson so that the MacPherson CC/RCs can better engage them to prevent future social isolation of this target group. Four blocks (Blocks 96, 99, 102, 104) were suggested by MacPherson Constituency Office to be the focus of this research.

Figure 1. Delineated area of study within MacPherson SMC. Source: streetdirectory.com. Note: Door-to-door interviews were conducted at the blocks labeled with a red star

Literature Review

In this section, we review existing literature to form the theoretical basis of our research methodology and recommendations for MacPherson Community Centre in order to increase the social engagement of senior residents in MacPherson Community Centre. We first examine the various types of social provisions needed by seniors to prevent social isolation. Next, we explore different levels of social engagement and participation, and how this can be effectively facilitated. Together, these shed light on the possible ways to increase engagement among elderly in a community setting. We also examined four successful case studies of meaningful engagement for senior residents from both overseas (Baring Foundation and Age UK) and Singapore (GoodLife! Makan and Bedok Community Centre). These case studies have employed various methods to decrease social isolation of elderly and were used as a reference to formulate recommendations.

Social Isolation

According to Weiss (1973), there are two forms of social isolation — emotional and social loneliness. *Emotional loneliness* refers to the lack of close, intimate attachments to another person. On the other hand, *social loneliness* refers

to the lack of a social network sharing common interests. Different types of relationships meet different types of needs for one to feel socially connected. Having any of these needs unmet will likely result in different kinds of loneliness.

Prevalence of social isolation. Studies have shown that men who are single through divorce or widowhood are more likely to be socially isolated at all stages of life because they tend not to create intimacy in their relationships outside of their spousal partnerships. Hence, the lack of social integration reinforces and perpetuates the feeling of isolation and loneliness in the aged (Cloutier-Fisher & Kobayashi, 2009).

Another research done by Medvene et. al. (2016) also showed that elderly under home care based services (HCBS) face the most social isolation. The elderly are restricted to the home compound due to disabilities and the only interaction they have are with their caregivers. The study has showed that elderly under HCBS are at greatest risk of attaining elderly depression – an illness with severe effects on wellbeing and health. In addition to the decline in their physical status and cognitive ability, many of the elderly also lose their sense of self-worth as they can no longer contribute actively and meaningfully to their community like before (Cloutier-Fisher & Kobayashi, 2009). Some aged adults also experience a sense of hopelessness and loneliness when they are unable to find the help they require, or know who to approach to seek assistance from. These findings shed light on why the elderly are often more vulnerable to social isolation. Furthermore, the reduction in household size as a result of demographic trends has resulted in older adults living alone and having fewer social contacts (Chilpala, 2008).

Solutions to social isolation. Weiss (1973) suggests that there are six types of social provisions that a social relation could meet in order for an individual to feel socially integrated and connected: (1) *Attachment*: The feeling of attachment to someone who is significant to the individual (e.g. parents or a spouse) that gives rise to a sense of safety and security; (2) *Social integration*: The sense of belonging that usually arises through interaction with friends; (3) *Opportunity for nurturance:* The feeling of responsibility for another individual such as a child; (4) *Reassurance of worth*: The sense of competence and the feeling of being able to contribute meaningfully; (5) *Reliable alliance*: Individuals being able to provide assistance when another individual (usually a closely related family or friend) requires it; and (6) *Guidance*: Having a trustworthy and authoritative figure who can provide assistance to the individual in times of difficulty.

Social support can also serve as the antidote to social isolation and loneliness in the form of tangible or emotional support. *Tangible support* is the actual physical, financial assistance or any other support that is useful for problem solving. *Emotional support* is the sense of belonging and the feeling of being cared for by someone else. The experiences of social isolation are related to negative health consequences while social support promotes the overall well-being of individuals (Taylor et al., 2016). In particular, social engagement can be an effective way to provide emotional support to seniors suffering from social isolation.

Social Engagement and Participation

A research done by Hsu (2007) in Taiwan showed that there is indeed a positive correlation between social participation and delayed mortality and cognitive impairment. In addition, the results showed that there were distinct gender differences in the types of social participation. Specifically, delayed mortality and cognitive impairment were found among women who participated in religious activities and men who participated in political activities. These differences could be due to the traditional gender social norms—wherein the role of women was confined to certain boundaries and spaces.

In David Wilcox's *Guide to Effective Participation* (1994), he suggests a framework for thinking about participation. Five different levels of participation are proposed in the guide. See Figure 2.

Levels of Participation	Brief Description
Information	Telling people what is happening
Consultation	Offering options and listening to feedback
Deciding together	Encouraging others to provide ideas and join in deciding the best way forward
Acting together	Forming a partnership to act
Ownership and Control	The community takes charge of the agenda, plans, and action.

Figure 2. Framework for participation. Source: Wilcox, 1994.

These different levels of participation correspond to different levels of engagement. Ideally, a community would be optimally maximised when its stakeholders take ownership and control of community challenges and issues.

But how to effectively facilitate engagement? The "Participation Chain" model by Birchall and Simmons (2004) may provide some answers. Links in the chain are factors that increase engagement levels when strengthened. The model has a number of chains, namely: (1) *Resources*: In "Engaging with Older People Evidence Review" by Age UK – UK's largest charity working with older people – the most important resources for participants have been found to be: confidence, skills and time; (2) *Mobilisation*: This entails offering participants the opportunity to participate in issues that interest them; (3) *Motivation*: People need reasons to participate and these reasons will constitute their motivations. Strengthening their motivations will increase the longevity of engagement; and (4) *Dynamics*: Dynamics occur between interactions between the organisation and the participants. A tokenised form of interaction, as described in the "information" level of participation will create an unhealthy dynamic between both parties. In contrast, a participation which makes the participants feel important and valued will certainly increase engagement levels.

Case Studies on Social Engagement

To better understand how to effectively engage the pre-retirees and retirees, we reviewed four case studies that focused on the social engagement of the elderly. We provide a short summary of each case study and the corresponding lessons learnt in Table 1.

Case Study	Summary	Lesson(s) Learnt
1. The Baring Foundation	The Baring Foundation collected 6 case studies of best practice of engagement with older men in UK and published a "Handbook for Cultural Engagement with Older Men".	● Creative activities are gender casted and associated with females by the older men. As such, the best way to market cultural and creative activities to this target group is by emphasising on their functionality rather than their aesthetics. ● The best way to reach out to older men are through family members, word-of-mouth from peers

Case Study	Summary	Lesson(s) Learnt
		(especially those already involved in the activities) and community leaders whom the older men are familiar with. ● Invest time in knowing the diverse needs, skills and abilities of each participant. One good way to engage a diverse group of participants is to separate tasks and roles. For instance, if a handicraft project is not something that a particular participant likes, there are other roles available in the project such as photographer, project manager and marketer etc.
2. Age UK's Engaging with Older People Evidence Review	The evidence review by Age UK is produced in order to provide evidence that serves to underpin decision-making for people and organisations involved in commissioning, service development, fundraising and influencing in the community.	● It is important to be sensitive to the needs of older people, especially with regards to their needs and access issues. For example, for a participant with dementia, the staff would write notes about their discussions, and give her these notes to take home in case she forgets them. Another group would be the frail older people who live in their own homes and cannot traverse longer distances due to mobility, sensory, or cognitive decline. Hence, staff went to visit the segment of frail seniors instead. ● Older people like it when senior managers visit them personally and conduct interviews. This is because the act represents to older people that senior managers actually cared and they wanted to show the managers the reality of their situation.
3. GoodLife! Makan	Located at Block 52 Marine Terrace, GoodLife! Makan is a community kitchen	● The center provides an interesting example of how traditional Voluntary Welfare Organisations (VWOs) serving older people can

Case Study	Summary	Lesson(s) Learnt
	which offers a place for stay alone seniors to prepare, cook and share their meals with one another. The center also serves as a space for conversations, learning and companionship.	engage seniors in meaningful participation with the community. It also serves as a powerful example of empowerment and an Assets Based Community Development (ABCD) mindset. (For a more detailed elaboration on ABCD, see below in *Methodology*.)
4. Bedok Community for All Ages	A masterplan — Bedok Community for All Ages - was launched, and close to 3000 elderly were surveyed to better understand their needs (physical, emotional, social, and financial) (Heng, 2014). The elderly were also invited to town halls to discuss and debate about existing facilities and their practicalities. These findings were then consolidated into a master plan that consists of different plans to suit the different needs of the different age groups.	• It is important to adopt a ground-up and participatory approach in planning all-inclusive community. Giving the residents voice in policy making provides empowerment and thus greater sense of ownership and citizenship in their community. This also ensures that the new measures implemented would be effective in meeting the needs and aspirations of the residents.

Table 1. Summary of case studies on social engagement of elderly

Methodology

Our research was primarily driven by four approaches: (1) Asset-Based Community Development, (2) Appreciative Inquiry, (3) Participatory Action

Research, and (4) Grounded Theory. Below we describe the four approaches and how we have incorporated them into our methodology.

Asset-Based Community Development (ABCD)

Asset-Based Community Development (or ABCD, as it is commonly known) is a tool for sustainable community development (Mathie & Cunningham, 2003: 475). This methodology was first introduced by Kretzmann and McKnight (1993) as an alternative to a 'need-based' approach to community development. ABCD's strength lies in its core principle of identifying the assets of the community and leveraging those assets to meet the needs and aspirations of the community, rather than relying on third parties such as external agencies and social service organisations for help. This allows the community to create a "positive action of change" rather than focusing on particular needs and/or problems. We incorporated this into our study by identifying assets, needs and aspirations of the residents we interviewed, in order to see how we can make recommendations to engage them by leveraging their assets for the needs and aspirations of the community.

Appreciative Inquiry

We also drew on the Appreciative Inquiry approach for our study as well. The Appreciative Inquiry framework is based on five main principles (Reed, 2007): (i) The Constructivist Principle, (ii) The Principle of Simultaneity, (iii) The Poetic Principle, (iv) The Anticipatory Principle, and (v) The Positive Principle. Connecting the five principles together, the key propositions of this framework argues for inclusivity and a focus on positivity.

Participatory Action Research (PAR)

We aimed to conduct our research through the Participatory Action Research (PAR) framework as well. This involves engaging the elderly as our co-worker in the research process; the decentralisation of power and enabling them to be change-makers as well (Mathie & Cunningham, 2003). During our interviews, we always asked if they knew anything about their neighbors as well as consulted them about their opinions on how things could be done better.

Grounded Theory

Grounded theory is an inductive methodology which means that the theories are constructed from the data collected during the research process and not the other way round (Creswell, 2013). Researchers do not initiate a research with a theoretical lens but develop a theoretical explanation of the phenomenon they studied through the set of data collected during the research. The researcher will first collect data before analysing it, which will form the basis for the subsequent data collection. A few cycles of data collection and data analysis would be carried out throughout the entire research process. Each cycle of data collection and analysis contributes to the development of the theory and thus the resulting theory is an "accumulation and representation of all the [data]" (Corbin, 2017). In this research, we employed grounded theory when conducting door-to-door interviews so as to elicit a more holistic and reliable response from the informants.

Data Collection

In order to obtain a preliminary understanding of why some senior residents are motivated to participate in activities and to establish more connections with seniors on the ground, we visited the Wellness Corner multiple times. During those visits, we interacted with the elderly participants and the person-in-charge, Miss Corinne (name has been changed to protect her identity), and gained insights about the elderly's motivations, aspirations and needs in their old age.

Next, we conducted door-to-door interviews with residents who were living in Blocks 96, 99, 102 and 104 Aljunied Crescent. These four blocks were suggested to us by the Constituency Manager of MacPherson Community Club as the residents from those blocks were identified as potential participants for the study. Prior to the interview, with the assistance of the Block 96 Residents' Committee, we put up a recruitment advertisement on the notice boards of the blocks nearby (see Appendix A). This enabled us to raise awareness for our study among residents and maximise our chances of speaking to as many residents as possible.

The interviews were semi-structured in nature, and were conducted in a conversational manner to understand the "complex behaviours, experiences or opinions" (Longhurst, 2009: 582) of the elderly residents. The interview was divided into four parts: (1) obtaining basic information about the participant, (2) understanding social isolation, (3) understanding their needs, assets and aspirations,

and (4) understanding their utilisation of CC facilities. Appendix B indicates the list of questions asked during the interviews. We were accompanied by Miss P, the RC Manager, for some of the interviews. This was useful because some of the residents recognised her and were more willing to participate in the interview. This is in line with some of the case studies showing that residents feel valued when someone of importance is at their doorstep and interested in their thoughts and opinions.

Sample

A total of 27 interviews were conducted with pre-retirees and retirees living in MacPherson, and one interview was conducted with the daughter of a retiree who shared information about her parent. In total, 12 elderly males' and 16 elderly females' views were represented. 27 out of 28 participants were Chinese, and one participant was Indian.

Findings and Discussion

In this section, we share our key finding and discuss the implications of these findings. Notes taken during the interviews with the participants can be found in Appendix C.

Lack of Retirement Planning, Especially for Females

Even though we had 28 respondents, only 20 of them clearly answered the question on whether or not they had a retirement plan. Of these 20 respondents, 11 were female and 9 were male. Among the males who were already retired, all of them indicated that they had a retirement plan. However, among the males who were still working, only 3 out of 7 of them indicated that they had a retirement plan. Surprisingly, all of the female respondents regardless of whether they were retired or employed, all indicated that they had no retirement plan (as can be seen in Figure 3).

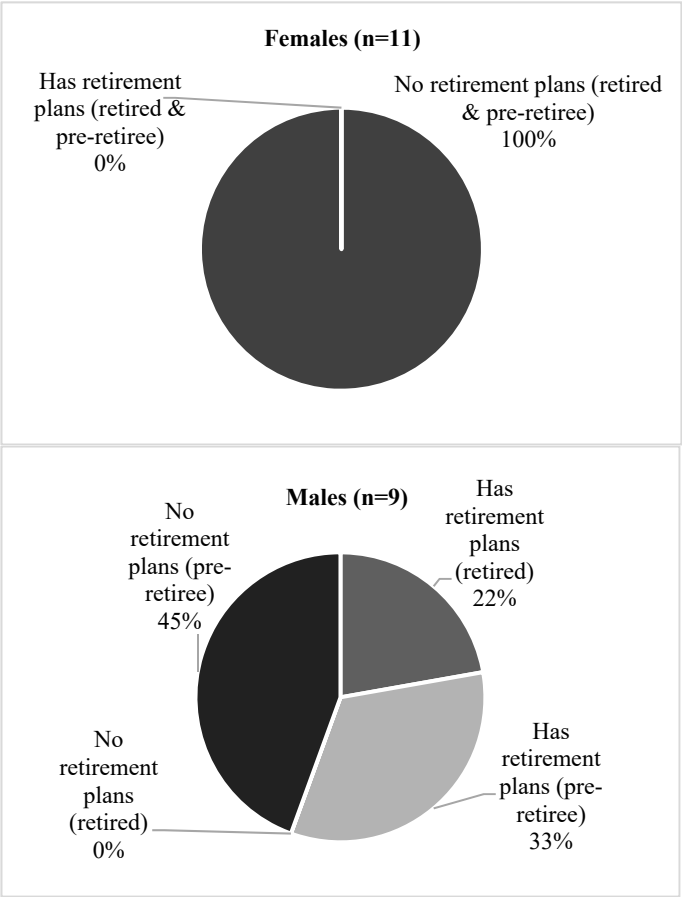

Figure 3. Percentage of respondents who have a retirement plan

One possible explanation for the male-female difference in having a retirement plan could be the perception of "retirement" by both genders. It is notable that our interviewees were baby-boomers, born between the post-war period from 1947-1957. The males and females in that generation grew up having certain expectations about the tasks and roles that are assigned and expected of each gender. For a male, the set of tasks and roles entail working and making money for the family. For a female, the corresponding responsibilities would include childbirth and homemaking, sometimes in addition to employment. Therefore, while a male's responsibilities can theoretically conclude when he reaches the retirement age and ceases employment, a female's responsibilities on the other hand do not really

conclude even past the retirement age. Indeed, some of our female interviewees indicated that they were still very much involved in performing household chores and taking care of their grandchildren even when employed, suggesting that they will never really reach retirement due to continuous homemaking activities.

Most Respondents Who Do Not Have Retirement Plans are still Working or Plan to Work

Figure 4. Word cloud of respondents' responses

There is a general absence of retirement plans across 14 (70%) of our interviewees. Out of these 14 interviewees, 10 of them (71%) are working. From Figure 4, a visual representation of the frequency of words appearing in the 14 interviewees' responses, words that appear the most frequently are "job" and "work" (notwithstanding common English verbs like "want" and "still", which were used by the respondents to indicate their desires). This provides support for the hypothesis that the lack of retirement plans are due to the respondents' intentions to work. There are however, different motivating factors behind the respondents' intentions to work beyond the retirement age. Drawing from our interactions with them, we identified two main reasons behind their intentions: (1) lack of financial stability, and (2) working as a retirement lifestyle.

Lack of financial stability. Many of the respondents we spoke to still have a full-time job and were working at least 5 days a week. Some of them cited "needing to work and take care of their children" as the main reason for not retiring. Common sentiments among respondents were about "not having enough money" and "only retiring when I am unable to stop working". Hence, it is possible to conclude that they lack the sufficient financial resources to be even thinking about retirement in the first place.

Working as a retirement lifestyle. Among the respondents who did not want to retire or had no retirement plans, many also indicated that they were looking for a part-time job and that they would only stop working when they could not physically do so anymore. Therefore, we concluded that these respondents did not define retirement as the point from which one stops working. Instead, working might be viewed as a retirement lifestyle.

Common Interests among the Residents

One prominent observation is that neighbors on the same floor and in the same block tend to share similar interests or hobbies. Many households in Block 96 are observed to be involved in horticulture. We noticed that certain levels have significantly more households having potted plants along the corridor than others. This phenomenon is common throughout the four blocks we have visited (Blocks 96, 99, 102 and 104), suggesting the possibility that neighbors have the power to influence one another through their lifestyle habits, especially so for the more visible ones like gardening.

We also generally noticed a greater number of residents, aged from 40 to 60, being more engaged in horticulture compared to the younger residents who are in their 20s or 30s. The more senior residents reflected that they like to garden as they see it as a "pastime" or a way to "relax". Many residents also find a sense of accomplishment and pride through gardening as they witness the plants growing under their care. Beyond just a way for residents to spend their free time more meaningfully, gardening can also be seen as a unifying factor to draw residents together through their common interests and knowledge sharing.

Common Jobs among the Residents

A handful of residents who are in their 50s to even 70s are employed at the Paya Lebar Post Office. This is, according to the residents, due to the proximity of the workplace from their residence. Many of the senior residents (above 60 years old) are also involved in part-time low skilled and physically demanding jobs such as dishwashing, cleaning or working in nearby renovation companies.

General Responsiveness of the Residents in the Blocks

The residents in Block 96 seem to be more open and friendly as compared to the residents of the other three blocks. We managed to obtain 14 interviews from Block 96 compared to 6 from Block 99, 5 from Block 102 and only 2 from Block 104. The residents in Block 104 seemed to be less open and responsive to our interviews.

The openness of residents in Block 96 could be due to a greater number of elderly residing in the block. They are more likely to leave their front door open, allowing us as outsiders, to easily access and interview them. At the same time, opening up their front door also symbolises their openness towards their neighbors, allowing for organic interactions to arise when their neighbors walk past their doors. Some of the residents even share food with one another when they cook. Many of the senior residents also mentioned that they used to live in the kampung — where "chit-chatting" with their neighbors on a regular basis is a norm and they would constantly look out for each other. Hence, by leaving their doors open in their HDB flats they are mirroring the way of life they had in the kampung and attempting to get closer to their neighbors.

Blocks 99 and 102 were observed to be quieter and less open during our visits on a Sunday afternoon. Significantly fewer households leave their front door open and they are less willing to be interviewed. This could be due to two reasons: (1) we visited both of the blocks on a Sunday afternoon when some residents might not be at home, and (2) there are younger residents residing in these two blocks who might be less inclined to interact with their neighbors.

We received the least responses from Block 104 and households in the block also appear to be more isolated from each other. This could be due to the physical design of the block as there is an absence of long common corridors and instead the apartments are physically separated from each other, limiting human

interactions through daily encounters. Hence, beyond the demographics of residents, the physical design also plays a pivotal role in encouraging or limiting the amount of social interactions between neighbors.

Lack of Aspirations/Hobbies

When asked what they want or like to do in their free time, most of the respondents could not clearly articulate a clear response. Many of them would hesitate and end up shaking their heads as they are unable to think of what they enjoy doing. “I don’t know what I like to do” or “I am too busy to think of what I would like to do” are some of the common responses we elicited throughout the four blocks. Likewise, when asked if they would attend RC/CC activities, most respondents replied that they would not.

It was difficult for most of the residents to verbalise their aspirations or hobbies as they spend most of their days working, and are often too caught up with making ends meet to think about anything else. Most of the working respondents would spend their off day(s) “doing nothing” (resting) or “doing housework” at home. Therefore, financial constraints seems to be a common worry among the residents, preventing them from having or achieving their personal aspirations.

Limitations

Racial and Language Barrier

Firstly, as our group is composed of three Chinese members, we faced language barriers with residents who spoke Malay and Tamil. When we conducted our primary research, there were some eligible residents who were willing to be interviewed, but due to language barriers, we could not interview them. In addition, there were also Chinese residents who could only communicate in dialect, thus restricting our ability to interview and understand them on a deeper level. As only non-Chinese residents who could speak English were interviewed by us, concomitantly, a ‘filtering’ of respondents occurred. This could have reduced the reliability of the primary research in portraying the eligible residents’ thoughts and feedbacks. Nonetheless, our respondents still consists of a mix of different ethnicities, although it may not be a true reflection of Singapore’s racial proportion. Moving forward, projects that require primary research amongst mixed race

residents should aim to have group members of different ethnicities to reduce possible language barriers.

Participation based on Volunteers

Secondly, our group observed that not every resident was open to being interviewed as this research was purely on a voluntary basis with no other incentives involved. As such, we have noticed that residents who have the potential to be classified as 'socially isolated' would have rejected our interviews. From our field studies, we noticed that there were two residents who were living alone and rejected interviews. Based on conversations with their neighbors, we found out that they were closed off from the neighborhood as they do not like interacting with others, and are currently living alone. Therefore, without any form of motivation and habitual solitude, there was no opportunity for us to interview them and understand their inclination for detachment, and possibly social isolation.

Insider-Outsider' Concept

Thirdly, the sociological 'insider-outsider' concept (Court & Abbas, 2013; Kerstetter, 2012), has further limited our research in certain areas. On the surface, when we are interviewing eligible residents, the 'insider-outsider' concept emerges. As we interview residents outside of their house, we naturally take on the persona of an 'outsider'. Since we do not live in MacPherson, we are 'outsiders' of their community and thus as Kerstetter (2012) argues, this creates a power tension between 'us' and 'them'. This power tension may result in them divulging less truth in our interviews, as interviewees tend to not reveal much information to people whom they are not close to. However, scholars (Merton, 1972; Kerstetter, 2012; Simmel & Wolff, 1950) have counter-contended that the 'outsider' doctrine enables researchers to engage interviews in an objective, neutral and detached manner. We agree with the latter argument on the 'insider-outsider' tension, as during our fieldwork, we were able to maintain neutral and objective point of views. In future research, researchers should bear in mind this underlying tension, and mitigate it through building rapport with interviewees. By building rapport, interviewees tend to trust interviewers and will more be more likely to share truthfully.

Asymmetrical Power Distribution

Fourthly, expounding on the idea of a power tension, there were also traces of asymmetrical distributions of power within our studies. With the backing of

Residential Committees (RCs), some interviewees may have deemed us as more 'powerful' and thus replied us cautiously. However, our group also contends that with the backing of RCs, our research was legitimised and thus eligible residents would be more willing to converse with us. In addition, our group managed to build rapport with residents over time. This was observed in the respondents' actions towards us, which included opening their doors over time, asking if we wanted to enter their house, and offering drinks to quench our thirst.

Recommendations for the Community Centre

Our recommendations stem from feedback gathered through responses from eligible respondents, our observations during our field studies over the course of a few months, as well as case studies done in our literature review. We have also attached a Recommendation List in Appendix D.

Recommendation #1: Identify Block Champions

Firstly, we recommend creating block champions or leaders to initiate events for their own neighbors and friends. This suggestion was suggested to us by a resident's daughter. She alluded this suggestion to her time spent in her university hostel. She felt that having block champions or leaders would allow a familiar face to constantly engage different residents in participating in self-initiated RC and CC events. In addition, this resident has suggested the possibility of introducing an award system that encompasses friendly competitions, thus motivating residents to take part in the different events to possibly win the 'Best Block'.

Recommendation #2: Leverage Organically Formed Subgroups

Secondly, further expounding on the idea of block champions or leaders would be to leverage organically formed subgroups (i.e. workers from the same company) within the blocks to promote and/or market activities to increase engagement. For example, from our observations, we noticed that if a resident of a floor participates in horticulture, many other residents of the same floor would participate too. Thus, they have formed organic sub-groups where they will share with their neighbours horticultural tips. In addition, there is a potential to explore where such sub-groups exist and what binds them together. Members of such groups will often feel more at ease with their friends, thus leveraging these organically formed groups may enable the CC and RCs to engage a wider range of residents and minimise the possibility of social isolation.

Recommendation #3: Challenge Existing Locations

Next, our group suggests that instead of having events only at RC centers and CCs, they could also be held at unconventional places like the void deck of every block. Many residents feedback that the CC is too far and it is either: (i) too far for them to walk over, and/or (ii) they are interested to participate but their children does not allow them to, fearing that they may fall while walking over. Similarly, the idea of 'accessibility' was brought up in our 2nd case study. Thus, by moving events closer to residents, it creates greater motivation for them to participate. Furthermore, by moving events over to the void deck of a particular block, it has the potential of increasing each individual block's camaraderie, creating more opportunities for inter-floor bonding. Hence, we believe that moving activities closer to residents have far more benefits than costs, and possibly recreating the much-talked-about *kampong spirit* that once filled our communities in Singapore.

Recommendation #4: Reframe Retirement

Lastly, our interviews have revealed that there is a common misconception of the term 'retirement' between males and females. As discussed above in the discussion section, there is a dichotomy in perception between the sexes and socio-economic background about retirement and its relevance. Thus we posit that there is a need to reframe the idea about retirement through education. Due to socioeconomic variability, there were distinct differences between how one envisioned retirement to be. For instance, a male in his 50s, who lives in a 5-room flat spends his retirement playing golf with his friends. While another male in his early 60s, who lives in a 3-room flat keeps himself busy with work and does not think much about retirement. On the other hand, similar trends were observed between the different socioeconomic groups of women interviewees. Many stated that they do not have the luxury of planning a meaningful retirement due to household burdens that come in the form of chore work or caring for their grandchildren. Thus, our results displayed 'gendered' differences in perception of retirement, where the males tend to have different aspirations due to their differing socio-economic background.

In light of this, we argue that there is a need for educating pre-retirees about 'retirement'. 'Retirement' should not be a luxury that favors the 'better off' and instead should be a season of life that everyone has the ability to enjoy. Therefore, our group posits that retirement should be reframed and incorporated with the idea of financial management. CCs and RCs could plan different types of events to suit

the different needs of the diverse profile. For example, for the middle-income group, there were a number of residents who voiced concern over financial stability or lack of income if they retired. A meaningful way to engage them could include having financial management courses prior to their pre-retirement, creating job fairs that could possibly allow them to find part-time jobs after retirement, and a support group within the block. Another way to meaningfully to engage pre-retirees is to encourage them to incorporate activities typically associated with retirement (i.e. exercises, enrichment classes) into their daily lives.

Conclusion

Through our research, we found that gender plays a role in retirement planning as there is a greater proportion of female respondents who have not planned for their retirement compared to their male counterparts. However, a significant number of respondents do not have concrete retirement plans due firstly to the need to continue working in order to financially support themselves or their family and secondly, because they treat working as part of their retirement plan to keep them active. We also found out that residents in certain blocks do share some commonalities such as having similar hobbies of gardening and working in similar types of jobs which the CC could keep in mind when planning events for them. Different blocks also exhibit various level of responsiveness and openness. Block 96 seems to be the most open to strangers and to their neighbors while Block 104 seems to be more socially isolated. In addition, we also found out that it seems to be difficult for citizens to verbalise their aspirations and interests due to their hectic work schedule and thus the lack of time, energy or resources to pursue them.

We also acknowledge several shortcoming of our project and the data collection process. Racial and language barriers served as the biggest limitation as it constrained our ability to converse deeply with certain respondents. Despite these factors, our group has tried our best to make sense of the data and came up with a few recommendations that the MacPherson CC and RCs could consider when planning events or activities to better engage the senior residents and to meet their needs to prevent social isolation. We hope that these recommendations will enable MacPherson CC and RCs, as well as other CCs and RCs in Singapore, to take into account the diverse needs and aspirations of pre-retirees and retirees when planning activities for those entering or enjoying retirement.

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Appendix A: Field visit poster

Appendix B: Interview questions

General Objectives of the Interview

1. To tease out possible factors leading to social isolation
2. To understand how isolated/connected the elderly in the MacPherson neighborhood are
3. To understand how the elderly in the MacPherson neighborhood perceive aging
4. To understand the perceptions of the elderly toward Community Centres

Section A: Basic Information about the Informants

Interview Question	Rationale / Purpose of the Question
How are you? Do you live here? How long have you been staying in MacPherson? How old are you?	Break the ice, general information

Section B: Understanding Social Isolation

Interview Question	Rationale / Purpose of the Question
How do you usually spend you day?	To understand what the elderly usually engage in and how we can help them to age-in-place.
Do you live alone? How often do you see your family?	Possibility of social isolation (Identifying possible factors for family isolation under Lubben Social Network Scale)
When you need help, who do you usually approach (family, friends)	Possibility of social isolation (Identify possible factors for family/friends isolation under Lubben Social Network Scale)
Since you stayed in MacPherson for so long, you must have friends living around you? How often do you meet them?	Possibility of social isolation (Identifying possible factors for friends isolation under Lubben Social Network Scale)

Section C: Understanding Aspirations and Assets

Interview Question	Rationale / Purpose of the Question
What were your previous jobs? What do you like to do in your free time?	Understand their skills/assets **(Resources)**
How would you envision your retirement to be?	Understand their aspirations
How can the CC help you to realise your aspirations in your retirement?	Realising their aspirations
What are some of the challenges you are facing/your friends are facing or you foreseeing happening in your retirement?	Understand how seniors would identify challenges from their perspective; identify possible partners
How do you think such challenged can be negotiated/dealt with?	**Mobilisation-** offering participants the opportunity to participate in issues that interest them

Section D: Utilisation of the CC facilities

Interview Question	Rationale / Purpose of the Question
Where do you usually meet your friends?	To understand how and where do they socialise so that more activities can be suggested at their preferred locations
Do you usually go for events/activities held by the MacPherson community centre? Why or why not?	To understand how frequent elderly utilise Community Centre facilities and attend events. To understand the reasons why do they attach or not so as to better cater to their needs.
Are you aware of the Wellness Corner in MacPherson CC? Do you attend or would you be interested to attend?	To raise awareness of the Wellness Corner and to understand the reasons why elderly are interested/not interested to utilise such facilities.
What kind of events will appeal to you or motivate to you to engage more in CC?	Understand what motivates them **(Motivation)**

Appendix C: Interview notes

Interview Date: 4 March 2017
Block 95

No.	Gender	Race	Age	Marital Status	Interview Notes
1.	Male	Chinese	-	Single	● In oil rig family-owned business ● Not sure when will retire ● Has friends who stay in MacPherson ● Taking care of handicapped brother ● Wants to migrate overseas (Australia) ● Does not take part in RC activities because busy ● Likes to do nothing when he's free
2.	Female	Chinese	50+	Widowed	● Still working; no retirement plans ● Stays with son and daughter-in-law; husband passed away; stayed for 10+ years ● People are not very friendly nowadays ● Has a few friends (i.e., Neighbors) ● Has tea together nearby ● Does housework, take care of dogs when she's free ● Has not set retirement age, will only stop when she's unable to work ● Likes to play mahjong at her friend's place (they play on a daily basis) ● No time to go for RC activities

No.	Gender	Race	Age	Marital Status	Interview Notes
3.	Female	Chinese	58	-	● Semi-retired ● Been staying here for 20+ years ● Living alone ● Was caregiver for her brother who has passed away ● Hasn't gone back to work since then ● When she's free, she will meet up with her ex-colleagues -> drinking session because her company used to deal with alcoholic drinks ● Volunteers at Dover Park Hospice because her brother used to stay there ● Exercise around the estate - walk in the morning ● Join events by National Stadium at times ● Really like active ● Doesn't really go for RC activities except at times ● Does karaoke at her place ● Asks her niece & grandniece to join activities ● Meets her family members quite often ● Intends to do part-time job ● Going to move out in 1 year, downgrade to 2 rooms flexi in Whampoa
4.	Female	Chinese	52	-	● Still working; haven't thought about retirement ● Very busy with work ● Never attend CC & RC activities because very busy ● Works 6 days a week

No.	Gender	Race	Age	Marital Status	Interview Notes
5.	Male	Chinese	67	-	● Going to retire in June ● Cleaning work at Hitachi ● Does not have enough sleep ● Walks up at 4am and goes to work at 6am, ends at 4pm ● Works on a daily basis ● Personal activities - play Dizi, horticulture & fish rearing ● Very busy with work and too tired from work, do not want to go CC ● Haven't thought about what exactly he wants to do if he's free when he retires
6.	Female	Chinese	Young	-	● Mum is 50+, retired ● Busy taking care of sister's children ● Friends around and goes out to interact
7.	Female	Indian	68	Married	● Works everyday part time (Singapore Post) and still wants to work ● Currently lives with her husband ● Watches TV when she's free ● Doesn't join events downstairs ● No hobby or interests but like plants
8.	Female	Chinese	-	-	● Stays at home ● Going to retire ● Helping daughter to take care of grandchildren ● Close to neighbors because they've been staying here for a long time ● Meets friends around this area

No.	Gender	Race	Age	Marital Status	Interview Notes
9.	Male	Chinese	50+	Married	● Works every day except Saturday ● When he's free he does housework ● Stays with his wife ● Does not participate in CC activities
10.	Female	Chinese	73	-	● Participates in the elderly corner at Block 98 ● Tan Tock Seng used to come for community outreach and teach elderly how to exercise ● Sometimes her children come
11.	Female	Chinese	50+	-	● Still working and no retirement plans
12.	Female	Chinese	73	-	● No interest in joining RC ● She joins the elderly activity corner ● Works at SingPost ● Interested in horticulture
13.	Male	-	58	-	● 20 over years in MacPherson ● He is staying alone ● Has 2 children. 1 grandson - they stay in Seng kang, couldn't get flats. ● Interests - he thinks it's up to individual preferences - he likes music and going out with friends to coffee shop chit chat and go to Malaysia to chill

No.	Gender	Race	Age	Marital Status	Interview Notes
14.	Female	-	55-60	Married	• Stays with husband who is working • She only does part-time jobs; says she can be considered a retiree. • Has children and grandchildren, and she goes to her house to take care of her grandchildren. • Does not really have hobbies, just likes to walk around. Her husband likes to go to temples but she does not like.

Interview Date: 5 March 2017

Block 99

No.	Gender	Race	Age	Marital Status	Interview Notes
15.	Male	Chinese	Early 60s	-	• Very busy at work and does not know when to retire nor does he have any retirement plans • Not very keen to go for CC/RC events as he is quite busy at work • Only walks around occasionally
16. and 17.	Female and Male	Chinese	-	Married	• Couple who are going to retire soon • Will walk around the estate during their free time • Participate in the monthly RC event to go for trips ($3/trip)

No.	Gender	Race	Age	Marital Status	Interview Notes
18.	Male	Malay	68	-	• Still working to support children who are still studying • Does not know when to retire • He would spend time with family when he is free • Will join for some CC/RC events when free, e.g., cycling , badminton, more inclined towards sports
19.	Female	Chinese	50+	Married	• No plans to retire soon as children are still young and schooling • Work and housewife when she is free • Not much time to participate in CC/RC events due to her busy schedule • However will hang out with friends to talk occasionally
20.	Male	Chinese	68	-	• Living alone and looking for a job • Likes to watch TV and gamble (play mahjong) • However does not want to go to CC/RC to play mahjong because he likes to gamble • Will occasionally go and look at some of the events at RC but will not participate as he does not want to interact with a lot of people • Likes to drink • Used to like swimming and judo

No.	Gender	Race	Age	Marital Status	Interview Notes
21.	Female	Chinese	79	-	• Living alone and goes to work every day at Changi Cargo (4 hours daily) • Her children would visit her twice every week • She likes to cook and share it with her neighbors • She could still take care of herself and would like to continue working as long as she is healthy and capable to do so

Interview Date: 12 March 2017

Block 102

No.	Gender	Race	Age	Marital Status	Interview Notes
22.	Female	Indian	50+	-	• Still working • Never think about retirement because not enough money • Government does not support them
23.	Male	Indian	66	-	• Just retired doing part time work • Go to residents' corner to talk to Neighbours/chit chat • Participates in monthly brisk walking • Occasionally goes to CC
24.	Female	Chinese	60	-	• Stays with children • Too busy doing household chores • Does not meet anyone else

No.	Gender	Race	Age	Marital Status	Interview Notes
25.	Male	Chinese	70	-	(interview was done with his daughter) • Used to be a teacher • After retirement, does ad-hoc • Takes care of daughter's children • Meet friends (ex-colleagues) • Elderly does not like to go to elderly corner -> because of the name? (Suggested to rebrand elderly facilities) • No one advocating • Her dad would prefer to hang out with his friends due to convenience and more comfortable to be with people that he is familiar with • Can be quite daunting to go CC alone • She suggests having block events instead • Having block champions to lead activities • When she was young, there used to be carnivals at void deck which are very good for bonding • Now the CCs only have posters of events around and little advocacy for them • She also commented that newer estates are more open and more closer to each other (most of them would be young families) • More mature estates have too much dynamics of people belonging to different races/countries of origin and age groups

No.	Gender	Race	Age	Marital Status	Interview Notes
26.	Male	-	59	-	• He retired to take care of his mum • Just retired for 12 days • Have been living there for 30 years • Does not like to mix around and does not want to be engaged in cc/rc • Due to some health issues, he could not run but he acknowledges the need for him to exercise more

Interview Date: 12 March 2017
Block 104

No.	Gender	Race	Age	Marital Status	Interview Notes
27.	Male	-	50+	-	• Plays golf and goes gym often • Stays with daughter who is currently in poly • Does housework • Plays guzhen • Knows that very important to keep the brain engaged and active • No interest in joining CC/RC events
28.	Female	Chinese	60	-	• Doesn't work • Takes care of grandchildren

Appendix D: Issues identified and recommendations

Issue Identified	Suggested Recommendation(s)
1. Lack of retirement planning, especially amongst women.	a. Introduce what 'retirement' entails to residents through talks. It does not necessarily encompass 'no work, and enjoy life', but it could also include attending classes at CC/events at RC.
2. Employment is still top-of-mind for many. • Citing financial stability • Working as a retirement lifestyle	a. As a complement to educating what 'retirement' means, lessons on financial management will be helpful. b. Co-creating retail spaces (i.e., cafes) with social entrepreneurs. For example, in Bukit Batok, the creation of a cafe run by seniors for seniors could be a useful guide. This will ensure there is employability amongst residents as well as creating a physical space to engage them.
3. Unable to verbalise their aspirations and hobbies.	a. View above recommendations for Issues 1 and 2.
4. Unable to attend CC events due to lack of companion/family members' restrictions.	a. Engaging schools nearby (as a form of CIP) in bringing the elderly across/and back to and from the CC for activities. b. Having events (i.e., block competition) at void decks to increase each block's camaraderie. In addition, engaging a block champion who will rally residents and recreate the kampong spirit c. Bringing CC events over to void decks will minimise any potential accidents the elderly may face while going over to the CC.

Issue Identified	Suggested Recommendation(s)
5. Common interests and occupation amongst residents.	a. Creation of interest groups and having events (i.e., horticultural talks - how to grow fruits along void deck) surrounding similar interests. b. Having activities (i.e., massage) for residents who engage in similar employment (i.e., laborious work).

Creating an Evaluation Framework for Highpoint's Secular Reintegration Programmes

HO KAI LING PHYLLIS, RAAG SUDHA SANJAY

Abstract

The objective of the four-month study with Highpoint Halfway House was to develop an impact evaluation framework that could be adopted by Highpoint's management to determine whether and how its recently launched secular reintegration programmes had provided psycho-emotional support to its residents. Two out of the four programmes that included weekly support groups and monthly house meetings were examined. A framework to evaluate the impact of these programmes were formulated based on interviews, observations, and a review of existing literature on desistance, therapeutic communities and learning evaluation models.

Highpoint Halfway House

Highpoint is a secular halfway house that assists male ex-offenders in securing employment and permanent housing. Its residents also undergo an in-house reintegration programme, where the programme's core components entail weekly Support Groups, monthly House Meetings, counselling and casework sessions. These are administered by the management, seven full-time recovery coaches, two housemasters and several volunteers. In addition, Highpoint offers auxiliary programmes such as the 90-day Early Recovery Treatment Programme (ERTP) involving intensive supervision, group work and additional counselling.

Highpoint provides accommodation for a rent of S$100 per month, and a monthly laundry fee of S$40. Ex-offenders learn about the halfway house through Highpoint's sharing sessions conducted in prison, and apply to Highpoint prior to their release. However, the application pool also comprises referrals from the Singapore Prison Services and the Institute of Mental Health. Highpoint conducts highly individualised screening for prospective residents to assess their needs and willingness to engage in Highpoint's reintegration programme. The management — which comprises of clinical psychologists — then customises a treatment programme for every admitted ex-offender.

Upon admission, residents sign a behavioural contract with Highpoint to abide by house rules, that is, to refrain from MMA (an acronym for Mind-altering substances, Mood-altering substances and Anti-social behaviour.) Contravening these rules warrants immediate expulsion. Residents are discharged once they secure housing and sustain employment for a minimum of two months.

History of the Organisation

Formerly known as Highpoint Community Services Association, HCSA Community Services was established in 1995 as a Christian halfway house by Pastor Don Wong. Highpoint Halfway House is one aspect of this multi-service Voluntary Welfare Organisation.

From 1995 to 2015, Highpoint's reintegration programmes were faith-based. Residents of various religious affiliations followed Christian practices, including morning worship services held within Highpoint's premises. Its current secular programme was introduced only in September 2014, and by December 2015, the faith-based programme was completely phased out. According to Highpoint's director, this change follows the all-Christian management's decision to adopt a more "respectful and humanistic" approach emphasizing freedom of choice, notwithstanding the freedom to engage in or opt out of religious practices.

Residents' Profile

As of 2 February 2017, Highpoint had 37 male residents. Overall, residents are high-risk ex-offenders with a 50 to 70 per cent chance of recidivism within two years of their release from prison. Over 90 per cent were convicted for drug-related offences. The majority were in their early 40s to 50s with secondary school education. Following Highpoint's secularisation, its ethnic makeup shifted significantly. Previously, Highpoint had a Chinese majority; today, the current ethnic makeup is more reflective of Singapore's prison setting, comprising an equal proportion of Chinese and Malay residents, with a small number of Indian residents.

Literature Review

To help us design an effective impact evaluation framework for Highpoint's secular reintegration programmes, we conducted a literature review of (1) rehabilitation approaches such as the Therapeutic Communities (TCs) model and

desistance, (2) programme evaluation designs such as Saunder et al.'s (2005) framework for process evaluation, Kirkpatrick's learning evaluation model, and other evaluation models used in ex-offender reintegration settings, (3) data collection methods, and (4) data analysis methods.

Rehabilitation Approaches

Therapeutic Communities model. The Therapeutic Communities (TC) approach views addictions as a symptom of broader problems associated with individuals' psyches and backgrounds. Instead of treating addictions such as physical addictions, substance dependencies, drug use by focusing on the addiction itself (as in the case of drug rehabilitation centers), this approach views the addiction *as a "disorder of the whole person" (Leon, 1995, p. 1607), where drug use is a* symptom of "psychological and *behavioral disorders", rather than the* essence *of the disorder (*Lipton, Pearson, Cleland, & Yee, 2002, *p. 45). Given that addiction is just a symptom of the bigger problem, abstinence is a "condition of entry, not a goal of treatment."* This approach was used in Highpoint through milieu therapy – a form of psychotherapy often used in drug rehabilitation for addictions. This approach can also be observed in the behavioral contract prohibiting MMA, and the 90-day ERTP.

The mind-set, behaviours and lifestyle that were promoted via Highpoint's policies and programmes were grounded in "Right Living," a set of principles integral to self-help and recovery. These principles entail an individual commitment to both "positive social values" as well as "positive personal values" (Lipton et al., 2002, p. 45). "Positive social values" relate to work ethic, social productivity and communal responsibility. "Positive personal values" relate to values such as honesty, self-reliance and responsibility to self and others. Indeed, "Right Living" promotes the notion of self-help, where ex-offenders are responsible for eradicating negative mindsets and unhealthy lifestyles. This, in turn, grants them a sense of control, newfound self-respect and competence (Wexler, 1995, p. 59).

Highpoint's support groups and house meetings were also intended to enable residents to form support networks and co-create house culture respectively. This is reflective of TCs' strategic use of the community as a primary method for enabling socio-psychological change in individuals. TC-oriented programmes focus on "strengthening the perception of community" in the TC itself. Their rationale is that sustained interaction and support from individuals engaged in similar challenges

and struggles in recovery would enhance individual receptivity towards long-term recovery (Leon, 1995, p. 1611).

Dimensions of desistance. Highpoint's intervention strategies also have theoretical foundations in existing academic literature on criminogenic needs and desistance. Similar to McNeil's (2006) ideas on desistance, Highpoint does not view recovery as a binary event that results in only two outcomes, desistance or recidivism. Rather, recovery is viewed as a developmental process towards desistance. Echoing Leon's (1995) ideas and the views of Highpoint's management, this process involves restoring the wholeness of the person. In that respect, desistance is positioned as a by-product of this restoration.

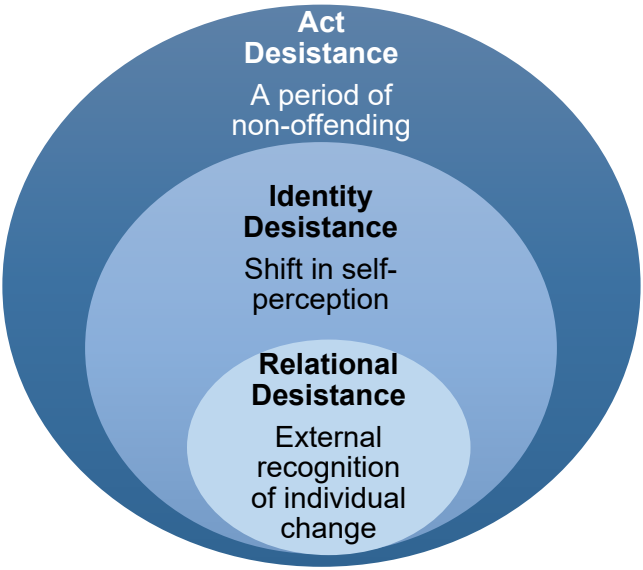


Figure 1. Summary of Maruna et al's (2004) dimensions of desistance

Given that desistance is the long-term outcome of Highpoint's reintegration programmes, we sought to incorporate Maruna and Farrall's (2004) model of desistance to our evaluation framework for support groups and house meetings. Summarised in Figure 1, Maruna et al's (2004) model comprises three dimensions, namely, *act desistance* (or primary desistance), *identity desistance* (or secondary desistance) and *relational desistance* (or tertiary desistance). Simply put, act desistance entails a period of non-offending. Identity desistance entails a shift in self-

perception and self-identity, where ex-offenders cease to label themselves as addicts or offenders incapable of change. Relational desistance entails an external recognition that the ex-offender has demonstrated behavioural change. It also entails the ex-offender having a newfound sense of belonging to his community or support network (Nugent & Schinkel, 2016, p. 570).

Programme Evaluation Designs

Saunder et al.'s framework for process evaluation. The International Center for Alcohol Policies recommends process evaluation to be incorporated into impact assessment frameworks for training programs. Process evaluation can determine if the programme was implemented as intended. The premise is that programme delivery also shapes programme effectiveness. Saunder, Evans and Joshi's (2005) process evaluation plan provides a useful framework for process evaluation. Summarily, the framework examines seven elements: fidelity (quality), dose delivered (completeness), dose received (exposure), dose received (satisfaction), recruitment (participation), reach and context (aspects of the external setting that may influence programme execution).

However, subsequent informal interviews with three recovery coaches (RCs) led us to focus solely on designing an outcome evaluation. A process evaluation is potentially problematic given different facilitation styles adopted by the different RCs, arising from different group dynamics. For example, RC A shared that he collates feedback on the lecture and actively encourages residents to speak up. On the other hand, RC B does not do so because group membership fluctuates often in her case. Given that group members are less familiar with one another, residents prefer to speak with her in private. Operating under wholly different group conditions, facilitators are fundamentally unable to conduct discussions in a uniform way. By implication, process evaluation is less relevant in assessing programme effectiveness.

Kirkpatrick's learning evaluation model. The unfeasibility of process evaluation leads us to focus on outcome evaluation instead. Kirkpatrick's model (1994) disaggregates programme outcomes into four successive levels, such that each level warrants its own evaluation instrument. This model is predominantly used to evaluate the "effectiveness of training" and "the value of the training to the organisation" in question (Kirkpatrick Partners, 2009). The model's four levels are summarised in Figure 2.

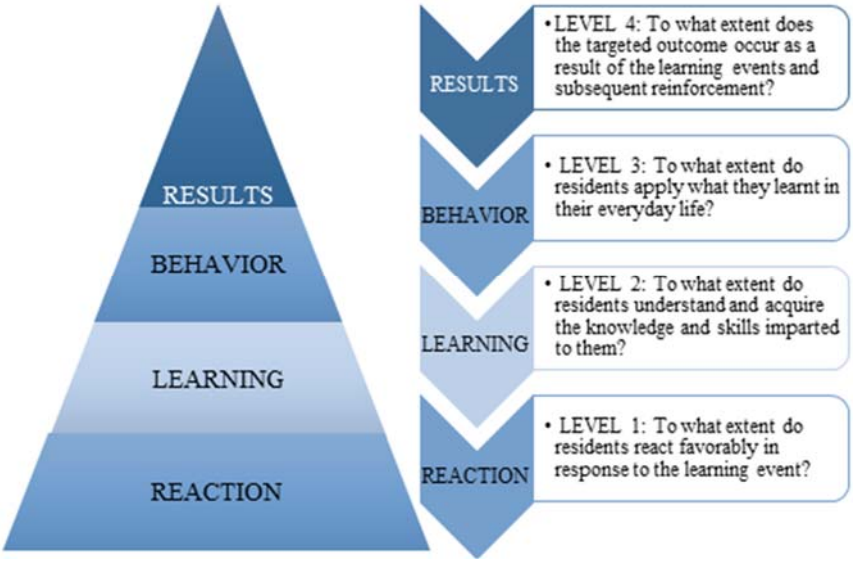


Figure 2. Summary of Kirkpatrick's learning evaluation model

Level 1 (Reaction) measures programme satisfaction in the form of participants' reactions towards the programme. Measuring reaction is important because it reflects the individual's extent of motivation and contentment with the learning environment. This, in turn, determines the extent to which individuals can learn and benefit from the programme. Measuring reaction requires researchers to first determine what constitutes positive and negative reactions towards the programme, after which quantifiable metrics can be devised for the assessment.

Level 2 (Learning) measures the occurrence of learning, a prerequisite for behavioural change. To determine if learning has occurred, the framework must measure the extent of change in attitudes, skills and knowledge as a result of attending the program. This requires assessors to be aware of the knowledge that the programme seeks to impart.

Level 3 (Behaviour) measures the occurrence of retention and application of knowledge as a result of programme participation. The main focus of this level is to ensure that there is a transfer of learned and retained skills from the programme to everyday life. Finally, Level 4 (Results) measures the extent to which the programme meets expectations and achieves organisational goals. In Highpoint's

case, this would refer to the prevention of recidivism which all programmes work to attain.

Although Kirkpatrick's model is widely adopted for a wide range of training programmes, we believe it remains an appropriate model for evaluating TC-oriented programmes such as Highpoint's support groups and house meetings. For one, Kirkpatrick's model allows us to determine if Highpoint's programmes have contributed towards Maruna et al's (2004) three dimensions of desistance discussed in Section 2.1.2. This is because different dimensions of desistance can be mapped to different levels of Kirkpatrick's model. Hence, measuring the various levels in Kirkpatrick's model effectively allows us to understand the effect of the programmes in question on the various dimensions of desistance.

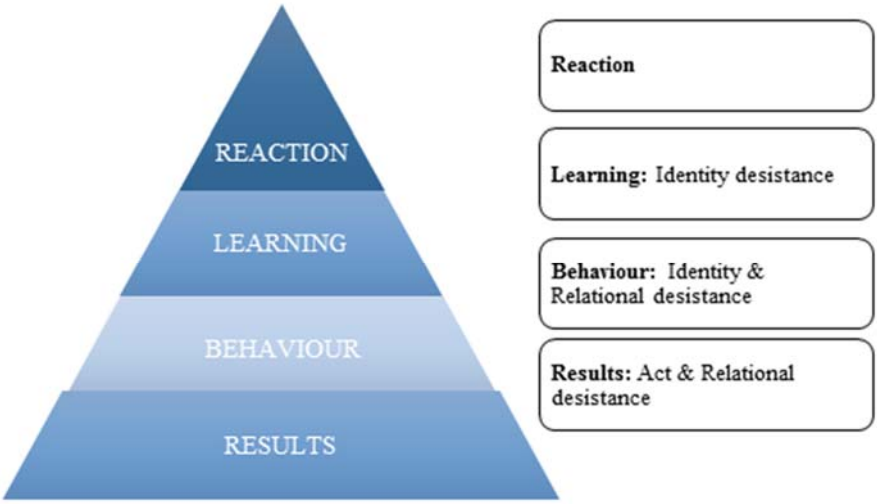


Figure 3. Mapping dimensions of desistance to Kirkpatrick's learning evaluation model

As reflected in Figure 3, *identity desistance* maps to the Learning and Behaviour stages because the occurrence of learning is necessary for a change in self-perception. In addition, such change is also manifested in behavioural conduct. Meanwhile, *act desistance* (non-offending) corresponds to the Results stage, since it embodies the organisational goal of preventing recidivism. Lastly, Highpoint's programme can also be said to have contributed to *relational desistance* if there is evidence of behavioural change and results. This is because behavioural change and

non-offending are precisely what produces external recognition of positive change in the resident.

Indeed, Kirkpatrick's model is systematic and conceivably covers all bases. However, actual learning does not necessarily conform to the linearity presented in the model. Moreover, programme effectiveness aside, Highpoint required a framework that could detect any unintended effects of the support groups and house meetings. These considerations will be incorporated in the proposed framework outlined in Section 4.

Existing evaluation frameworks for ex-offender reintegration programmes. Our literature scan was unable to locate any previous studies that assessed the effectiveness of ex-offender rehabilitation programmes in Singapore. Overseas studies tended to adopt one of the following two evaluation approaches listed by Grinnell, Gabor and Unrau (2015): black-box evaluation and evaluation research.

Black-box evaluation uncovers programme effects without prior identification of program inputs. By implication, it neither detects nor explains the aspects of the programme that account for programme effectiveness (Grinnell et al., 2015, p. 29). An example would be Kras' (2012) study of mandated substance abuse treatment. It uncovers offender experiences and perceptions but not aspects of the programme that account for these outcomes. This approach is conceivably incompatible with Highpoint's organisational needs and, by extension, our research aims. On the other hand, evaluation research looks at general program effectiveness, and tends to address this by comparing the variable of interest between a "treatment" and "control" group (Grinnell, et al., 2015, p. 30). In other words, the studies withhold treatment or programs from some ex-offenders to produce results. For example, Farabee, Zhang and Wright (2014) randomly assigned ex-offenders to an employment-focused re-entry program, so as to compare their recidivism rate with ex-offenders who were not randomly assigned to participate in it. This is "potentially unethical" and inadmissible given that Highpoint's programmes are intended for all residents (Dervley, Perkins, Whitehead, Bailey, Gillespie, & Squire, 2017, p. 47).

Data collection methods

Self-report questionnaires. Most studies we encountered have utilised a variety of existing psychometric questionnaires. Common ones include the Locus of

Control Scale, Eysenck Impulsivity Scale and Stages of Change Scale that assess personal responsibility, impulsivity and willingness to engage in change respectively (Gobbett & Sellen, 2013, pp. 461-462; Beech & Chauhan, 2013, p. 233). In fact, some studies wholly rely on such questionnaires to determine programme effectiveness. Generally, they equate programme effectiveness with "cognition, attitudes and thinking styles" (Gobbett et al., 2013, p. 454)

In the context of our framework, reliance on such questionnaires is problematic for several reasons. Foremost, this methodology confronts the problem of overlapping causality, given that Highpoint's core programmes do not possess mutually exclusive aims. Rather, they reinforce one another, ultimately seeking to address factors that account for recidivism. Administering psychometric questionnaires prevents us from attributing changes in residents' attitudes and behaviours to a specific programme. In that respect, the utility of data is limited. Indeed, psychometric questionnaires can help to uncover "specific positive effects" in an individual that can inform programme development (Gobbett et al., 2013, p. 470). However, the data only reflects how an individual thinks – it does not indicate whether the programme has shaped behaviour (Gobbett et al., 2013, p. 457).

Semi-structured interviews. Several ex-offender studies conducted semi-structured interviews as part of programme evaluation, as well as personality and needs assessment. Interviews range between 30 to 90 minutes, and we have yet to encounter studies featuring group interviews. Interviews are largely conducted without administrators or staff present. A case in point would be a prior investigation into the effectiveness of the InformPlus programme targeted at sex offenders (Dervley et al.,, 2017). Dervley et al. (2017) interviewed programme administrators, programme leavers and their next-of-kin. Reproduced in Appendix A, the questions serve as a useful reference for our current study.

Semi-structured interviews are useful because they accord some level of structure and consistency whilst allowing interviewees to "fully express themselves" (Kras, 2012, p. 128). The probability that their responses will be biased by leading questions is thus reduced. Nevertheless, there remains a need to control for socially desirable responding (Dervley et al., 2017, p. 49). This can be accomplished by assuring anonymity and participation on a voluntary basis. The chief limitations of semi-structured interviews lie in their time-consuming nature and the availability of interviewees. These constraints will be addressed in our proposed evaluation framework.

Data Analysis Methods

Analysing qualitative data. Thematic analysis is commonly used to analyse qualitative data. It entails the identification, analysis and presentation of themes within textual data (i.e. interview responses). Braun and Clarke (2006, p. 6) posit that the process of identifying and classifying data into themes in itself compels the research to interpret and make sense of information. Although there are no established standard procedures to this, the authors outline a six-phase approach, comprising "in-depth reading, initial coding, grouping codes, refining themes, defining themes and final analysis." Attride-Striling (2001) have also suggested that researchers can move from "basic themes" derived from the transcript itself to "middle-order" and "super-ordinate" themes that essentially show how the basic themes exemplify the larger concepts of interest.

On the other hand, *content analysis* entails the coding of textual data to derive quantitative data. Using manual or computer-assisted techniques, researchers tally terms and phrases in textual data and formulate interpretations based on the frequency of their appearance. Therefore, conventional content analysis is similar to thematic analysis in the sense that researchers do not pre-identify categories, but formulate categories based on what is presented in the analysis (Hsieh & Shannon, 2005, p. 1279). However, other forms of content analysis, namely directed and summative forms, have also emerged. In short, directed content analysis pre-identifies the categories, whereas summative content analysis goes beyond tallying words to interpreting the lexicons themselves (Hsieh & Shannon, 2005).

Indeed, conducting these two qualitative analyses of the semi-structured interviews can prove useful in Highpoint's case. Themes, or categories, can be identified from content analysis. The themes can then be further interpreted to determine if programme objectives are met. Themes that do not fit into programme objectives can also be synthesised to understand any unintended effects of the programmes, which are of interest to Highpoint.

However, such qualitative analyses are potentially problematic on an operational, practical level. The frequency of programme evaluation means that Highpoint staff will be operating on a tight schedule, on top of their existing

workload and manpower shortages for some programmes (i.e. support groups)[1]. To perform such analyses, interviews must first be transcribed. Following the analysis itself, Highpoint would then have to determine and implement necessary changes to their programme, to be assessed in the next round of evaluation. By implication, the next round of evaluation is highly likely to yield similar outcomes given that residents will not be exposed to any new modifications for as long as Highpoint is still preoccupied with processing the responses from the previous evaluation cycle.

Moreover, content analysis can prove challenging because interviews have to be conducted in the language that residents are comfortable with (i.e. Mandarin, or Malay, depending on availability of Malay-speakers). This can present complications for manual coding due to the subjectivity of certain terms and expressions that would be lost in translation. During our pilot interviews, we also found that residents do not use common vocabulary to articulate their learning outcomes and attitudes. Rather, evidence for Reaction, Learning and Behaviour is often anecdotal and requires further inference, whereby residents describe particular events or observations. Given these circumstances on top of time and manpower constraints, it would be more effective to design an evaluation framework that features simpler ways of analysing data.

Analysing quantitative data. Regression analysis and means difference test feature prominently when it comes to collecting and analysing quantitative data in social science. Substantively, means difference test requires us to assign residents to "control" and "treatment" group, and withhold treatment. As explained earlier, this is unfeasible and potentially unethical. Meanwhile, regression analysis is conceivably useful in allowing researchers to compare the causal effect of elements of the programme on the intended outcomes across different rounds of evaluation. However, regression is not an appropriate method in Highpoint's context, given that a small sample prevents the generation of meaningful quantitative data.

[1] In the case of support groups, the lecture syllabus currently lasts six months. Hence, Highpoint has to conduct programme evaluation of support groups at least once every six months.

Introducing the Logic Model

Based on preliminary ground sensing and conversations with the management, we developed Logic Models for the support group and house meetings. In so doing, we mapped out the outcomes, inputs and activities of each programme.

Admittedly, a Theory of Change (ToC) would be more appropriate for programme evaluation models. In linking specific outcomes to specific activities, a ToC explains the mechanisms for the changes (outcomes) that the programme intends to generate (Clark & Anderson, 2004). Therefore, with a ToC, programme owners (i.e. Highpoint's management) can determine which programme aspects have to be strengthened or introduced to achieve the desired degree of change. However, a ToC is inadmissible in this context, for the following reasons. Firstly, there is little to no research on the effect of secular reintegration programmes on Singapore's ex-offenders. Secondly, both support groups and house meetings have only been introduced for less than three years, and have not been subjected to prior evaluations. Hence, we have insufficient information to gauge just how much of a programme aspect is required to produce a particular outcome. As such, we decided that Logic Models would be more appropriate for a first-time programme evaluation. However, we believe that the results of subsequent evaluations would enable us to formulate a ToC for each programme.

Figures 4 and 5 comprise the Logic Models of support groups and house meetings respectively. In these figures, causal arrows indicate the hypothesised relationships between outcomes and activities that can be verified through future research and programme evaluations. Referring to Kirkpatrick's model, measuring output in the Logic Model allows us to determine whether Reaction and Learning have taken place. On the other hand, measuring short-term outcomes entails measuring evidence of Learning and Behaviour. Lastly, measuring mid-term and long-term outcomes entails measuring Behaviour and Results respectively.

Logic Model for Support Groups

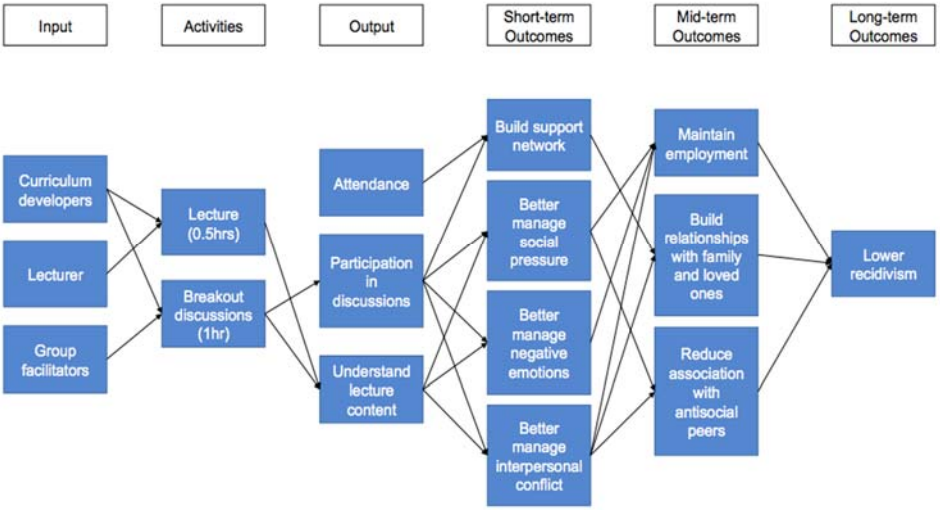


Figure 4. Logic Model for Support Groups

Input and activities. Launched in March 2016, support group sessions are held every Tuesday, 8pm to 10pm. Prior to the session, residents have dinner with their RCs. Residents aside, Highpoint also involves its alumni (former residents who have been discharged) and non-Highpoint residents who have expressed interest in the support group.

The director begins the session by inviting new residents to the front to introduce themselves. Following which, he reiterates house rules and encourages residents who have relapsed during the course of the week to inform the management. This is so that the management can assist with the necessary rehabilitative follow-up (e.g. counselling). Following which, alumni and residents are invited to share about any positive event or development that happened to them over the past week.

The support group begins proper with the director's 30-minute lecture on the weekly theme. The lectures provide three brief, practical pointers that can be applied at work and in relationships. Conceptualised by the director himself, the current lecture syllabus spans six months. Its themes are recovery-focused, covering issues such as emotional management, conflict resolution and exercising self-control.

The lecture is followed by breakout group discussions facilitated by the director, a counsellor, RCs and occasionally volunteers. The alumni belong to a fixed group every week, while other residents are allocated groups depending on manpower availability. RCs encourage residents to discuss based on the question prompt posed during the lecture. When the group is dismissed, all facilitators gather for a quick debrief to share the concerns of particular residents, which can be addressed during one-to-one counselling sessions.

Output and outcomes. Attendance is compulsory for all residents, but personal contribution to the post-lecture discussion is optional and dependent on the RCs' facilitation style. However, all RCs interviewed do use the time to ensure that residents understand lecture content.

In Phase 1 (10 weeks), attendance and participation in support groups (10 x 2 = 20 hours) ensure that residents interact regularly and facilitate the sharing of experiences and opinions amongst them. Hence, they are necessary to enable residents to establish a support network within the halfway house. In Phase 2 (around 6 months), the ability to build and sustain such relationships translates to the ability to build relationships with loved ones, especially for residents who are estranged from their families.

Meanwhile, the lecture and discussion sharing touch on themes that equip residents with knowledge on managing social pressure, negative emotions and interpersonal conflict. These short-term outcomes facilitate relationship-building. Moreover, the ability to manage pressure and conflict contributes to the maintenance of employment and reduced association with antisocial peers. Ultimately, lowered relapse is the long-term outcome that support groups are envisioned to deliver.

Logic Model for House Meetings

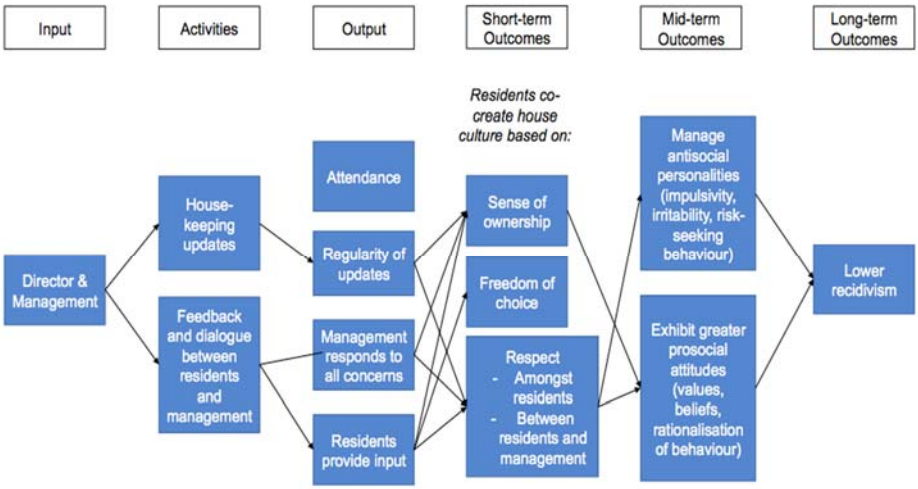


Figure 5. Logic Model for House Meetings

Input and activities. House meetings take place approximately once every three weeks, from 7.30pm to 9pm. As per support groups, house meetings begin with the self-introduction of new members and a recap of social graces (i.e. respect). This is followed by updates and housekeeping announcements and a Question and Answer session. Questions range from trivial housekeeping issues to the rules and decisions of the Management.

Output and outcomes. Attendance is compulsory and residents are encouraged to provide feedback or pose questions for the management to address. The director does not recall making drastic amendments in response to feedback. Instead, he communicates the need to respect rules regardless of whether one agrees or not, to emphasise that respect is a necessary pre-requisite for relationship-building.

Highpoint believes that communicating such values and displaying openness to address residents' concerns contributes to the co-creation of house culture. Specifically, the house culture is characterised by sense of ownership, freedom of choice, and respect on two levels - amongst residents, as well as between residents and the management. The accordance of respect, in turn, will help to

manage anti-social behaviours whilst inculcating pro-social attitudes in the mid-term. As affirmed by Highpoint's management, these developments will restore the wholeness of a person, with the long-term outcome of lowered relapse being a side effect of these changes (Van den Berg & Wilderom, 2004).

Evaluation Framework (Support Groups)

Following our literature review and formulation of Logic Models, we sought to develop a framework that is in line with Highpoint's requests, specifically one that:

1. Is easy to administer;
2. Provides insights into programme effectiveness, usefulness and unintended effects, and
3. Allows Highpoint to conclude whether the recovery message has been communicated.

In this section, we outline our thought processes, the evaluation procedures, as well as considerations for assessors. Two main instruments are used to measure the effectiveness and usefulness of support groups, surveys and semi-structured interviews. The evaluation process is summarised in Table 1. For the support group, our framework is designed to measure the first three levels of Kirkpatrick's model, namely Reaction, Learning and Behaviour. Results; a long-term outcome, will not be measured because the evaluation will only be conducted amongst existing residents who have neither relapsed nor contravened MMA thus far. The evaluation will not obtain data pertinent to residents who have been discharged or expelled.

Moreover, the framework only focuses on short-term outcomes (within six months of programme exposure). Mid-term outcomes (within twelve months of programme exposure) are not measured as it is prohibitively impossible to measure the extent to which residents have achieved sustained employment, built relationships with loved ones and reduced association with anti-social peers *once they have left Highpoint*. The same applies to long-term outcomes. It is also unviable to measure these outcomes whilst residents remain in Highpoint, seeing as Highpoint assists with the job search and the curfew necessarily limits residents' capacity to associate with anti-social peers. Furthermore, whether residents can improve relationships with their loved ones is an outcome that is also heavily dependent on the latter's receptiveness and existing relationship with the former. By implication,

it would be inappropriate to include this outcome as an indicator of programme effectiveness.

Evaluation Instrument	Frequency	Duration	Data analysis	Assesses
Survey	Weekly	5-10 min	Every 4 weeks	Reaction, Learning
Semi-structured interviews	Phase 1: Every 10 weeks	20 min	Every 10 weeks	Reaction, Learning (Identity desistance)
	Phase 2: Every 6 months	30 min	Every 6 months	Learning, Behaviour (Identity and Relational desistance)

Table 1. Evaluation framework for support groups

Weekly Survey

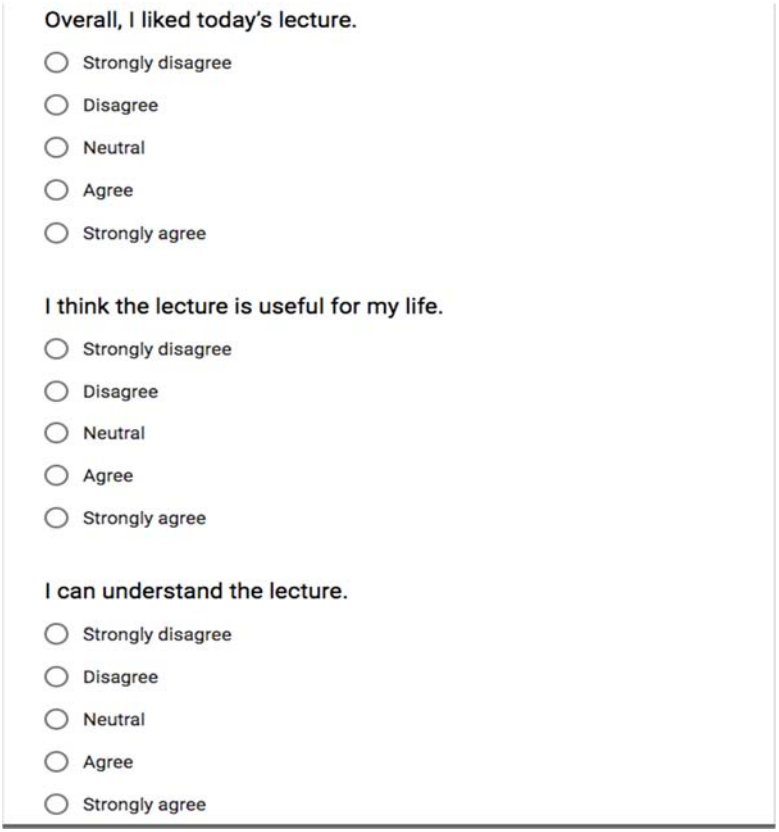
Surveys were chosen to measure reaction and learning during the lectures. They can be administered weekly to each existing resident, immediately after the lecture and before the breakout discussion. This allows Highpoint to capture any variation in the level of reaction and learning across sessions. Hence, the surveys provide insight into residents' degree of interest in every topic and, by extension, Highpoint's syllabus. To prevent socially desirable responding and facilitate data analysis, surveys will be administered using Google Forms. Highpoint should also assure residents that their responses are anonymous.

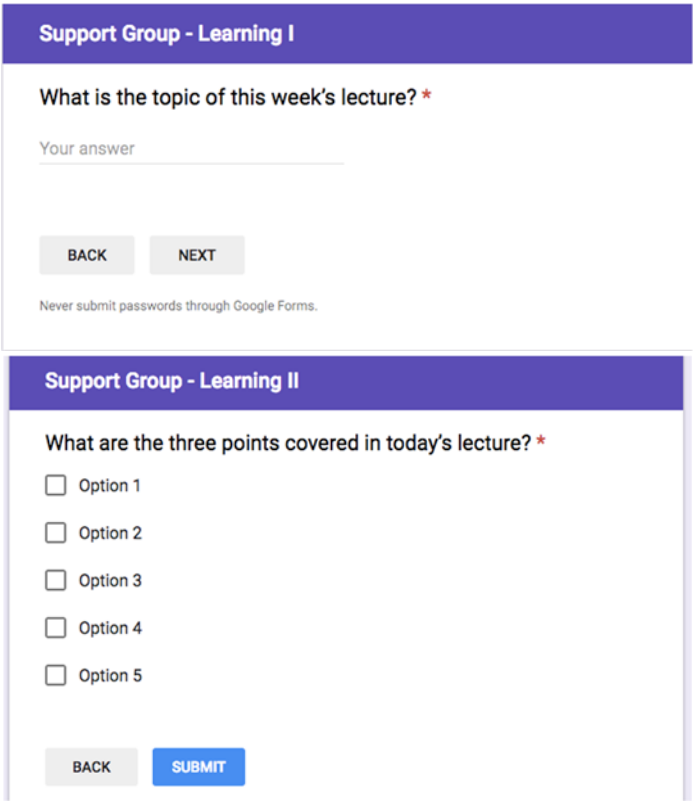
As most residents own smartphones, Internet accessibility is arguably a non-issue. However, given that some residents are monolingual or speak little English, the questions should also be presented in Mandarin and Malay. RCs can also assist residents in simplifying the questions, especially for Question 5, which requires some amount of reading. The questions are as follows:

1. Overall, I liked today's lecture.
2. I think the lecture is useful for my life.
3. I can understand the lecture.
4. What is the topic of this week's lecture?

5. What are the three points covered in today's lecture?

Questions 1 to 3 aim to examine reaction, and are adapted from Ritzmann Hagemann and Kluge's (2014) Training Evaluation Inventory (TEI). They are assessed using a five-point Likert scale. For our framework, we simplified the questions in the TEI to test the "subjective enjoyment," "perceived usefulness" and "perceived difficulty" of a programme.





Figures 6 to 8. Screenshots of the sample survey form

Questions 4 to 5 aim to measure learning. In Question 5, residents are given five short statements. Three statements relate to the three learning points from the lecture that week. The remaining two statements can be made up by the assessor or be adapted from other lectures. To ensure that residents cannot derive the answer for Question 4 from Question 5, the Google form will be divided into three segments, such that residents cannot view Question 5 until they have addressed Question 4.

Data analysis (surveys). As reaction and learning are better classified as short-term outcomes, the data can be assessed every 4 weeks. Based on the average number of residents in Highpoint, the data would comprise some 120 to 160 responses.

To view the distribution of responses for Questions 1 to 3, assessors can refer to the infographic that Google Forms auto-generates. Should assessors want to examine the response for a particular week, they can view and download the auto-generated Google spreadsheet, and generate tables or calculations based on the data collated during that week. As for Questions 4 to 5, which are learning-oriented, the maximum score attainable is four. Question 4 is worth 1 point. Question 5 is worth 3 points – assessors code 1 point per correct statement selected, and zero points for wrong statement(s) selected.

Given the possibility of typos and the fact that residents are open to respond in their preferred language, there is no standard answer for Question 4. Thus, assessors should process the data each week, so that the average scores can be tabulated after 10 weeks. This entails replacing the textual responses in the spreadsheet with either '0' or '1'. The coding of questions 4 and 5 is estimated to take about 10 minutes per week.

Assessors code '0' for absent or incorrect responses, and '1' for responses that demonstrate some measure of awareness of the topic. For example, if the resident indicates "forgiveness" or "asking for forgiveness" when the theme is "restitution," the responses should still be coded as '1' although restitution goes beyond seeking forgiveness. However, "getting along with others" or "changing mindset" will be coded as '0' as the terms lack precision and direct relevance to the topic. Similarly, for question 5, assessors would tabulate the number of correct statements selected by each resident every week, to derive a numerical score for each response.

Semi-Structured Interviews

Semi-structured interviews are administered at two junctures. Phase 1 is conducted 10 weeks into the start of the lecture series, amongst residents who have attended between 10 to 12 sessions thus far. Phase 2 is conducted 10 weeks after Phase 1, amongst the same group of residents, who should have attended over 20 sessions at this point.

Enlisting the help of interns, volunteers or individuals unaffiliated with Highpoint to conduct interviews would be more appropriate, instead of having RCs or Highpoint's management serve as interviewers. Aside from time constraints faced by RCs and the management, there are two reasons for this.

Firstly, as shared by one of the RCs, several residents are averse to participating in support group discussions because they do not see a point in rehashing events or circumstances that RCs are already aware of. Secondly, given that RCs are in a position of authority, it would be harder to control for socially desirable responding. Residents may also have more reservations about sharing their views. This is informed by our conversations with some residents over the support group environment - when asked about why they chose not to inform the management about the audio issues in the chapel (where house meetings and support groups are held), they shared that it was "*because this is our personality... no one will do this*."

In contrast, the RCs observed that residents enjoy speaking with new people. Indeed, we also found residents to be highly open to sharing their views, despite not having spoken with them prior to our informal conversations. Thus, overall, having non-Highpoint staff serve as interviewers might be more effective in uncovering the programme's unintended effects and learning outcomes. However, if Highpoint prefers that RCs conduct the interviews, it would be good if RCs interview residents that they are less familiar with.

Overview of procedure. Prior to the interviews, interviewers should be introduced to residents at either a house meeting or support group. Residents should also be informed about the purpose and format of the interviews, which entails a casual conversation that can be conducted in the computer room, or over meals. Moreover, anonymity is assured - there will, however, be an audio recording of the interview session for documentation purposes. Both interview phases should adopt an interviewer-interviewee ratio of either 1:1 or 2:1, and take no more than 30 minutes per interviewee. Taking notes while conducting interviews should also be done with discretion as it could make residents self-conscious and render the session more formal than it was meant to be.

The guiding interview questions are reproduced in Table 2, together with the aspect of Kirkpatrick's model that the question seeks to uncover. As mentioned, the questions were adapted from Dervley et al's (2017) study on the InformPlus programme (see Appendix A for the original interview questions).

Phase 1 (10 Weeks)	Phase 2 (Around 6 Months)
1. Do you find the support group session environment helpful? (Reaction) a. Name one aspect that is helpful 2. Do you find any part of the support group sessions content difficult to deal with? (Learning) 3. Do you feel comfortable taking part in the support group lecture/discussion? Why/why not? (Reaction) 4. If you could change something about the support group, what would it be? (Reaction/Learning) 5. Are there any aspects of the support group that you find particularly useful? (Learning)	1. Are there any aspects of the support group sessions that you find particularly useful? (Learning) 2. Did you begin to think differently as a result of the support group? (Learning) 3. Have you made any practical changes to your life as a result of the support group lecture/discussion? (Behaviour) 4. Has the support group lecture/discussion helped you with: a. Building a support network; b. Managing negative emotions; c. Managing social pressure; d. Conflict management?

Table 2. Interview questions for support group evaluation

Further considerations. Notably, interviewers are neither required to ask the questions in sequence, nor to adopt the exact phrasing. Rather, questions should be rephrased and modified to ensure clarity. More importantly, interviewers should constantly emphasise that questions pertain to support groups, as residents tend to speak of the halfway house environment as a whole. Interviewers should also make a distinction between the lecture and discussion segment of the programme, as some residents indicated that the latter is markedly more useful than the former. Should time permit, interviewers can repeat the same questions after a period of time as we realised that some residents elaborate more the second time round.

Particularly where residents are more reserved, interviewers should also make it a point to probe further to extract richer, more nuanced data. Some common, generic follow-up questions include:

1. Why do you think/say so?
2. Do you share these thoughts with Highpoint/other residents/your loved ones?
3. How do you feel towards ____?

4. (In what way?) Could you give an example?
5. Do you think that other residents think the same way? Why/why not?

Moreover, depending on the openness of residents, interviewers can also ask questions about their relationships with loved ones later into the conversation. Following which, they can then ask if support groups have assisted residents in these relationships. These conversation topics often provide greater insight into residents' attitudes. However, if residents are uncomfortable with sharing about their families, interviewers can ask about their relationship with friends, fellow residents or co-workers. That said, interviewers should not merely pose generic questions every now and then as standard practice. Ideally, they should identify specific points for further probing. For example, in one occasion, a resident mentioned:

> *"The small group is better, more exciting. I'm not sure how it's like with other groups though. But the small group depends on the counsellor. Whether he is friendly, how he speaks…"*

At this point, we decided to probe further concerning the RCs, as it might provide insight into residents' Reaction and Learning during the group discussions. The conversation is reflected below:

> *(So Highpoint all the counsellors not the same...?)*
>
> K: Highpoint ah…
>
> W: You see the cigarette also got long got short. Not the same.
>
> K: But there are some counsellors who like to judge you based on one statement you make. You say one thing, and they treat it as your habit. Such counsellors really turn me off...so when I meet these counsellors, I seldom interact with them.
>
> ...
>
> *(the RCs in Highpoint?)*
>
> ...
>
> K: Highpoint okay. All the counsellor is okay.

(But you said everybody different. Then what would you prefer…)

W: It's hard to say.

K: I haven't met any counsellors one-on-one thus far. The support group discussion is good. The counsellor will recap the lesson and allow us to develop it. The counsellors in other programmes will keep asking you questions... Sometimes we don't even want to speak.

As a result of probing further, the follow-up dialogue allowed us to rule out the likelihood that the RCs' conduct had hindered learning and induced a negative reaction towards the programme. Therefore, it is crucial for interviewers to be selective about asking follow-up questions. Notably, they should also consider the richness and utility of the information that they seek to obtain, to prevent a saturation of unnecessary detail.

Data analysis (Phase 1). Phase 1 supplements weekly surveys that provide a broad, generic overview of whether Reaction and Learning has occurred. It uncovers the factors that affect Reaction and Learning. By implication, Phase 1 allows us to determine whether – and how – support groups have contributed to identity desistance. The data generated (i.e. feedback) can then inform future cycles of the programme.

A highly simplified thematic analysis is in order given the absence of pre-defined categories for the responses. Summarily, the assessor derives themes from the interview responses, before including them in a *common editable document* available to all assessors. As reflected in Table 3's example, if the feedback that a particular assessor obtains is already reflected in the table, the assessor will add to the tally count accordingly. Else, the assessor establishes a new input category. Depending on the sample size, feedback on a particular issue can be disregarded at the end of the analysis, if it had only been raised by less than 25% of residents interviewed.

Question 4: If you could change something about the support group, what would it be?			
Positive input	*Tally Count*	*Negative input*	*Tally Count*
1. More support group sessions per week	I I	The venue is very noisy (Environment)	I I I I I I I I I I I I I I I I I
		Group size is too large (Group size)	I I I I I I I I I I I I I I I I

Table 3. An example of a common editable document to compile feedback

Data analysis (Phase 2). It is preferable for data analysis to be conducted by RCs, with two assessors per interview response. If RCs are interviewing residents (instead of external parties), one of the two assessors ought to be the interviewer himself or herself. RCs can conduct the evaluation using the audio recording of the interviews from the interviewer(s). This would be more appropriate vis-à-vis evaluating as the interview is ongoing, given the likelihood that questions might be repeated in later parts of the conversation, or yield other responses that must be examined holistically.

Indeed, the four short-term outcomes listed in the Logic Model are not mutually exclusive. However, they should still be examined separately as they emphasise different aspects of desistance and reintegration. For each outcome, assessors will code 0 or 1 to indicate whether the outcome is present or absent respectively.

Aside from having casual conversations to determine the viability of our interview questions, we conducted full interviews with three Chinese residents and one Malay alumnus. Table 4 includes some excerpts from our interviews. To guide the coding decisions of future assessors, subsequent paragraphs outline the rationale behind our coding decisions for these excerpts. Admittedly, we found that residents may give seemingly contradictory responses within the same interview, for example, citing an instance of behavioural change, before citing the persistence of certain habits. In these cases, assessors ought to code 1 to indicate the programme outcome has been present. This is because recovery is not a binary event, but a developmental process towards desistance. Hence, insofar as residents have demonstrated some

progress following support group participation, the programme's short-term goal has arguably been met.

Outcome	Examples
Builds support network within Highpoint	Response A: I thought, mostly last time six month or three month ah, I go out. Go inside prison again. That's why I said, alamak, this time when I know this place, change me a lot. That's why. Some more, the support …group support. Then I said, better like this. *(on Arjun, former Highpoint resident and Helmi's current housemate)* We work together. He's a driver, I'm a cooker, and then we stay together. Very good friend. That's why anything he tap my shoulder, "Eh you ah, like this like this.
Better manages social pressure	Response B: If not, for me, Geylang is my place, my black area place, that's why. Ya, really, last time I don't know ... that's why I always go Geylang mix with all the black, make fast money. Then I know here change me a lot ah. I change a lot. I feel like very nice ah. Some more put on weight. If not ah, really you know sometimes I go out with Arjun. We go Geylang makan, see our friend smoke then become skinny. I say, "Eh why your body like this?" …See the body ah, last time like this. Then become very skinny.
	Response C: W: Actually the things that Highpoint taught us... I've heard a lot of it already. The main thing is that Highpoint teaches us how to handle stress. K: How to manage pressure. We need to run the moment we see drugs, not give in to that pressure. ... *(Where did you see people smoking (drugs)?)* K: Where I work. So, sometimes, when the two of us see it, we will ask each other whether we have thoughts about wanting to smoke or not. W: If he start, we will follow. *(Why?)* W: This is a very natural thing.

Outcome	Examples
Better manages negative emotions	Response D: Really really nice lah this place, really make me change a lot. And then I think about my wife say something that against with my stepfather. She said, “Who said Helmi can't change? One day he will change.” That one, I keep inside my heart. Even I langah also. I smoke I also still keep that word. One day I will change. That’s why, until now, see…
	Response E: One week, you struggle, and that’s it…I don't know how to say it. If we struggle when we step out of here, we can’t possibly knock on the door in the middle of the night and ask them to let us in again. We must find something to numb ourselves. So we try not to… People like us, people with our kind of background, we’ve been in and out a few times, we know what we’re like...Once we’re not happy we’ll find something to numb us for a bit. And it will happen. *(So do you feel this place is helpful in-)* This place really helps me. Because I can’t go anywhere....So (Highpoint) ties me up. If I have my own house, I will use (drugs) … when I stay alone, there’ll be no one to guide me.
Better manages interpersonal conflict	Response F: *(Did Highpoint teach you about conflict management during the support group?)* Yes, Highpoint always teaches such things. *(Do you find it useful?)* Yes, it’s useful ...sometimes Highpoint mentions things that you’ve never considered. *(For example…?)* Many things. When I went for classes (in prison), they told me about the 4 modes of communication. Voice, body language… Voice and volume are the most important. If you cannot articulate well, your tone will hurt people easily. These are useful lessons. *(Did you use these in your daily life?)* Of course la...and here, and with people outside too, with strangers. Sometimes, when I am angry, my attitude changes. Normally, when I’m talking to co-workers or asking strangers for directions, I'll apply it.

Table 4. Outcomes and examples

Builds support network within Highpoint. Response A is coded '1' as the resident (now alumnus) undoubtedly regards his fellow resident as a source of support and a positive influence. Not only does the latter provide companionship, he also keeps the resident accountable by chiding him for certain behaviours.

Better manages social pressure. Response B is coded '1' because it reflects a mindset change. The resident mentioned that "last time [he didn't] know" why he mixed with the wrong company, but Highpoint's programme has enabled him to interact with friends who are still addicted to drugs without feeling inclined to join them. In contrast, response C was coded '0.' As Kirkpatrick's model affirms, residents' disengagement and dismissal of the programme ("heard a lot of it already") reflects a negative reaction. Negative reaction prevents them from learning and, by extension, behavioural change. More importantly, while residents know that they are to "run the moment [they] see drugs" and the addicts at work are a source of negative peer pressure, they still believe that succumbing to social pressure is a "very natural thing."

Better manages negative emotions. We coded '1' for Response D and '0' for Response E. In D, the resident mentions that he draws strength from his wife's support when he feels discouraged over relapsing. That said, it appears that the support group has facilitated this development. While the resident could not articulate how he had changed as a result of the programme, it can be inferred that the change has made him more convinced that quitting drugs is possible. In other words, the programme has made him more inclined to adopt a positive self-perception, and hold on to his wife's affirmation with greater conviction. Contrastingly, in E, the resident continues to believe that all addicts will never be able to overcome their addiction, and asserts that the only reason why he remains sober is due to Highpoint's rules. Thus, we conclude that the support group has not helped him with managing negative emotions and self-perception.

Better manages interpersonal conflict. Although the resident in Response F mentions that he has learnt many things about managing conflict from the support group, we coded '0' in this case. Such is because the resident could not recall a particular learning point from the support group or an event where he applied what he had learnt, even after probing further later on. However, the same resident was able to do the above with regards to a prison programme without prompting. This instance is marked out in purple. Therefore, we would code '1' only if residents are able to demonstrate instances of learning, behavioural change, or both.

Unintended effects and feedback. Accounts and anecdotes that do not correspond to the four outcomes can be classified as (1) unintended effects or (2) feedback. Feedback can be harnessed by Highpoint to come up with measures to improve Reaction and Learning.

Feedback. Feedback refers to the accounts that may be brought up by the residents in passing. If the feedback is repeated consistently by residents, the Highpoint management can utilise it to come up with measures that will improve the residents' perception of the programme, which will (by extension) improve their Reaction and Learning. This can be done by compiling the feedback into a common editable document and tallying the recurrence of feedback similar to the example in Table 3.

Evaluation Framework (House Meetings)

House meetings seek to provide regularity and structure to the residents' stay at Highpoint by allowing residents to co-create house (organisational) culture. Surveys are a cost-effective and convenient method of evaluating programme effectiveness in promoting house culture. Ideally, surveys should be implemented every 3 months, and distributed to all residents who have attended at least 3 house meetings prior to the evaluation period. Following Kirkpatrick's model, our survey questions are modified from Cameron and Quinn's (2006) Organizational Culture Assessment Instrument (OCAI). OCAI was chosen because it was designed to evaluate both corporate and non-corporate organisational cultures. Moreover, it contains detailed psychometric questions across various dimensions of organisational effectiveness.

The questions adapted from OCAI seek to measure Reaction, that is, whether residents respond positively or negatively to house meetings. Admittedly, our framework does not measure subsequent levels in Kirkpatrick's model, that is, the occurrence of Learning or change in Behaviour. Foremost, such is because any behavioural change is unlikely to be a direct outcome of house meetings that are only held monthly, vis-à-vis more sustained, frequent intervention strategies (e.g. ERTP, support groups). Moreover, unlike the structured lecture-discussion format of support groups, there are no specific learning outcomes tied to house meetings. As Highpoint mentioned, the programme largely adopts a "therapeutic angle" of providing a "safe space" for residents to voice out their concerns. This, in turn,

achieves the overriding short-term goal of enabling residents to co-create a house culture based on mutual respect.

Table 5 outlines the survey questions that were simplified and contextualised to the programme. The OCAI questionnaire featuring the first two questions contained the phrasing "I believe [the organisation] would be more effective if …" Such is appropriate in an organisation-employee context, but not in the context of Highpoint, as residents are unlikely to have a clear, uniformed perception of what constitutes an "effective" house culture. Hence, we replaced the OCAI prefix with "I would like house meetings more if…" so that the findings can provide insights into residents' Reaction toward house meetings. The first two questions seek to assess residents' perception towards the purpose behind house meetings. Questions 3 to 6 measure residents' perception of the management. This perception, influences residents' receptivity toward house meetings and by extension, the prospect of house meetings generating the therapeutic effect that Highpoint had intended.

I would like house meetings more if:						
S/N	Question	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1	I have more freedom to do what I want.					
2	I know more about the purpose behind house meetings.					
I believe that:						
3	There is two-way communication during house meetings.					
4	Highpoint understands what I need.					
5	Highpoint gives me enough information.					
6	The information given during house meetings is believable.					

Table 5. Survey for the evaluation of house meetings

Procedure

Similar to the weekly surveys included in the evaluation framework for support groups, the survey questions for house meetings can be made available on Google forms, preferably in three languages (i.e. English, Chinese, Malay). Surveys can be administered during the course of support group sessions or house meetings, after Highpoint's management or the RCs communicate the survey's rationale to residents and assure the anonymity of responses. RCs might have to assist residents in clarifying the questions being asked. In terms of data analysis, Highpoint can refer to the infographic auto-generated by Google forms, to determine the overall degree of receptiveness toward house meetings. The presumption is that a favourable perception of the programme and the management translates to greater programme effectiveness.

Limitations and Future Directions

Data Collection

In our proposed framework, we posited that external parties (e.g. interns, volunteers) are better-positioned to conduct interviews. However, the richness and usefulness of the data obtained via interviews is contingent on the interviewers' facilitation and interview skills. These skills are usually honed and refined only after gaining experience of interviewing. Hence, future research can be dedicated towards providing a more detailed guideline on how to implement effective interviews with residents.

Data Analysis

The evaluation framework for support groups was envisioned to be a simple instrument that can provide a definite conclusion as to whether the programmes are effective and useful in reinforcing the recovery message. However, the parsimonious nature of the framework prevents us from maximising its potential to collect rich data.

Notably, one short-term outcome of interest entails determining whether the programme has helped residents to better manage negative emotions. As negative emotions are not disaggregated and assessors only code '0' or '1' for each aspect, Highpoint is unable to conclude whether the programme has helped residents with

managing all negative emotions, or only a handful. Therefore, we believe the framework can be refined further after the first round of evaluation, to achieve a better balance between ease of implementation and richness of data.

For now, interviewers can mitigate this trade-off by breaking down the idea of negative emotions when posing questions. While the response may not be presentable in the current framework, it will nevertheless be conveyed to RCs assessing the data. These insights can inform the programme syllabus or other aspects going forward.

Additional Considerations

Our study was accompanied by a concurrent needs assessment of Highpoint, conducted by another group of CTPCLP fellows. Indeed, programme objectives may be modified in response to the findings. By implication, the outcomes that our framework seeks to measure might have to be slightly modified in future to reflect these changes.

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Appendix A: Interview questions for InformPlus evaluation (Participant Interviews) by Dervley et al (2017)

1. How did you first decide that you wanted to take part in Inform Plus?
    a. Was there a particular thought or moment that played a big part in your decision?
    b. Did anyone else influence your decision?
    c. What were your motivations at the time for joining Inform Plus?

2. Did you have any expectations of the course before attending, whether it be how you thought you might feel, how you would relate to others or how they would relate to you, your reaction to the kind of content that would be covered?
    a. Were these expectations met?
    b. If yes, in what way did the course meet these expectations?
    c. If not met, in what ways do you think the course failed to meet these expectations?
    d. Was it a good thing or a bad thing that these expectations were met/not met?

3. Were there any aspects of the course that you found to be particularly useful?
    a. Why do you think you found this useful?
    b. Did you find anything about the course or content difficult to deal with?
    c. Were you ever uncomfortable taking part?

4. Did you hear about any other kinds of help while on the course or since finishing?
    a. How did you hear about this additional form of help?
    b. Did you make use of it? Was it helpful?

5. How did you find the experience of meeting other men who had offended in a similar way?
    a. Was it helpful to speak to these other people?
    b. Were there any other positives or negatives about meeting other people?
    c.
6. Do you think that you experienced any changes as the course progressed?
    a. Did you begin to think differently about things?
    b. Did you experience any changes in mood or behaviour as the sessions progressed?

c. Did you experience any changes in mood or behaviour as a result of any particular sessions?

7. Do you think being on Inform Plus has had an impact on your day to day life?
    a. Have you made any practical changes to your life as a result of Inform Plus?
    b. Do you think your attitudes have changed since being on Inform Plus?
    c. In what way do you think the course helped you to make these changes?

8. Have you experience any changes in your relationships with significant others since finishing Inform Plus?
    a. Can you describe these changes? Were they positive or negative?
    b. Do you think Inform Plus helped to make these changes happen? Do you think or feel differently about your offending behaviour as a result of Inform Plus?

9. Do you think being on Inform Plus has impacted upon your perceptions of your risk of reoffending?
    a. Have you identified any significant risks for reoffending as a result of Inform Plus?
    b. Have you taken steps to make changes to avoid these risky behaviours? Do you think Inform Plus helped you in making these changes?

10. Do you think being on Inform Plus affected your willingness to talk about your offending behaviour?
    a. Do you find disclosing your past behaviour any harder or any easier?

11. How did you find no longer attending Inform Plus once the course finished?
    a. Did the course ending affect you in any way?
    b. Did you take any steps to manage these feelings or deal with these changes?

12. Do you think the course prepared you for life after Inform Plus? Do you feel optimistic about your future?

13. Do you think Inform Plus played a part in achieving an optimistic outlook? Would you make any changes to the course for the benefit of future users?

Appendix B: Ritzmann et al's (2014) Training Evaluation Inventory

Subjective enjoyment			
S/N	Item	Question	Score
1	Enjoy 1	Overall, I liked the [Description of course type — *e.g. training*].	/5
2	Enjoy 2	The learning atmosphere was agreeable	/5
3	Enjoy 3	The learning was fun	/5
Perceived usefulness			
4	Useful 1	I find the [Description of course type — *e.g. training*] useful for my job	/5
5	Useful 2	Investing time in the [Description of course type — *e.g. training*] was useful	/5
6	Useful 3	I can apply the content of this [Description of course type — *e.g. training*] in my job	/5
7	Useful 4	I derive personal use from this [Description of course type — *e.g. training*]	/5
Perceived difficulty			
8	Diff 1	The contents were comprehensible	/5
9	Diff 2	The language used was comprehensible	/5
10	Diff 3	I kept up thematically in the [Description of course type — *e.g. training*]	/5
11	Diff 4	The time was sufficient for the themes covered	/5
Subjective knowledge gain			
12	Knowl 1	I have the impression that my knowledge has expanded on a long-term basis	/5
13	Knowl 2	I will be able to remember the new themes well	/5

14	Knowl 3	I think that I will still be able to report what I learnt some time after the [Description of course type — *e.g. training*]	/5
Attitude towards learning			
15	Att 1	I will apply what I learned to my day-to-day work	/5
16	Att 2	I find it good that [Theme/content *e.g.* teamwork] were imparted and/or discussed	/5
17	Att 3	I would recommend this [Description of course type — *e.g. training*] to my colleagues	/5

Characteristics and Potential of Effective Prosocial Networks Supporting Ex-Offenders' Reintegration: An Exploratory Analysis

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Abstract

This paper seeks to explore the various prosocial support networks that seek to support ex-offenders in successful reintegration into the community. Major themes such as family, friends, support groups, work, religion, institution-related support, and psychosocial traits are explored and expounded on. Semi-structured interviews were conducted with 13 ex-offenders who are clients of ISCOS and SCORE.

Introduction

The process of desistance and roles of support systems are hallmark areas of study for successful reintegration of ex-offenders. Social support networks are known to be the lifelines that should be developed and tapped on for successful reintegration. However, there has been scant research in the local setting to understand the characteristics of effective prosocial networks and to identify natural environments within the community that have the potential to create prosocial support. Through our qualitative research study, we seek to fill in the gap in current literature, in order to achieve a better understanding of how social support systems support ex-offenders in their transformational journey of desistance. Data was gathered through semi-structured interviews with 13 ex-offenders and is organized into seven main themes — family, friends, support groups, work, religion, institution-related support, and other potential alternatives. Psychosocial traits were also documented as they featured saliently throughout the interviews, and we believe that they are integral factors of concern when trying to understand how the individual interacts with their various social networks.

Literature Review

Imperative to our understanding of the way prosocial support systems reinforce the desistance process are the theories discussed in the following section.

These theories can help us to understand the key ideas of desistance and to conceptualize desistance as a process. These theoretical frameworks can also enable us to better examine how social support and personal autonomy are interwoven at every juncture to create a dynamic process of narrative change. Collectively, these theories can help us to understand the processes that individuals go through.

Prosocial Networks

According to the Oxford Dictionary, the term 'prosocial' is defined as behavior which is positive, helpful, and intended to promote social acceptance and friendship. 'Support networks' is defined as a group of people who provide emotional and practical help to someone in serious difficulty. Hence, 'prosocial support networks' denote positive, helpful relationships.

Desistance

Desistance is defined as the cessation of offending or other anti-social behavior (Oxford Bibliography, n.d.). There are two types of desistance: *primary desistance*, which refers to a lull or crime-free gap in a criminal career, and *secondary desistance* that denotes a change in the way that an ex-offender sees him or herself and finds a positive identity (Maruna & Farrall, 2004). The reconstruction of identity is more important for those who have deeply entrenched criminal identities, having offended over a longer period of time. But this is less so for individuals with transient offending experiences. Here, achieving desistance is not a linear or clear-cut process. Researchers have suggested that the process of desistance, particularly for individuals with persistent offending patterns, is typically characterized by ambivalence and vacillation (Burnett, 1992, 2004). "It is not an event, it is a process; a process of 'toing' and 'froing', of progress and setback, of hope and despair" (McNeil & Weaver, 2010). As such, it is important to recognize desistance as a process with both progression and setbacks, and render support in the necessary ways.

The theories discussed are categorized into three sections. The first section looks at the ecological perspective, and serves as a conceptual framework that allows us to identify the different avenues of support an ex-offender has. The second section looks at theories that relate to how the ex-offender conceptualizes his own change process. Theories include the concept of one's locus of control and the internal process of change — a conceptual framework that looks at how ex-offenders narrate

their stories of change. The third section looks at an example of a desistance-support framework that suggests an empathic and solution-driven way to help capitalize on the manifested or latent motivations and pro-social communities of ex-offenders.

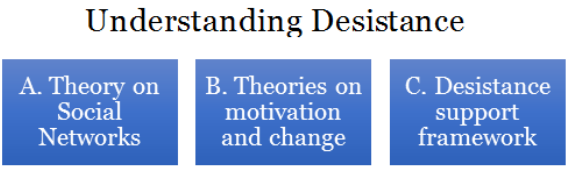

Figure 1. Outline of Literature Review of Theories

Theoretical Explanations of Social Networks

Ecological perspective. The centerpiece of our understanding of social support lies in Bronfenbrenner's ecological perspective. It is the idea that the individual does not exist in isolation from his environment but is constantly interacting with it, being shaped by and shaping his environment (Bronfenbrenner, 1986). The interdependent relationships between a person and his environment can help us to better understand the relationships between the individual and his life space, and to conceptualize the layers of meaning and potential embedded in these relationships.

Microsystems constitute the individual's closest and most intimate social relationships like family and friends. Mesosystems are defined as the relationships between the different microsystems of an individual. The Exosystem constitutes external contexts and community factors that an individual gets engaged with, which can include the prison, a support group, a counsellor, work and colleagues. The Macrosystem is defined as institutional and cultural systems such as the economic, political, educational and legal systems that define the lives of individuals and their families.

Theoretical Models on Motivation and the Change Process

Locus of control. Another key concept that we will look at is the locus of control. An individual is said to have an internal locus of control when he perceives himself as having power and responsibility over his actions and the consequences of them. On the other hand, a person with an external locus of control is less likely to

take personal responsibility for consequences of his actions, instead attributing them to external environmental factors, and thus absolving himself of personal responsibility.

Internal process of change — how do agents reflect on their lives and shape it afresh? Theorists posit that the influence of social environments on an individual, for example, an ex-offender's reformation, can only be operationalized with the presence of agency (Vaughan, 2006). Vaughan (2006) argues in his paper that desistance is a process where agents engage in a process of reflexivity and meaning-making about their lives. This is an ongoing and consistent process that surrounds deep and lasting motivations that can lead to fundamental change, as opposed to merely changes that are circumstantial in nature. Vaughan (2006) takes us through the reflexivity process, as conceptualized by Giordano et al. (2002). He delineates the various phases in detail:

1. Discernment

- The agent reviews possible choices and puts them beside their multiple, persisting concerns
- In this phase, there is
    a. An initial openness to change
    b. Subsequent exposure to a catalyst—Termed as a 'hook for change'

This is a pre-requisite for change as the agent is at least willing to consider different options from the life that he has known before.

2. Deliberation

- Reviewing the pros and cons of potential courses of action
- Comparison of selves—Discovering a replacement self that "can supplant the marginal one that must be left behind"
- Thinking about the reactions and feelings of others

In this phase, the agent engages in the thought process that prepares him for change.

3. Dedication

- Re-ordering the array of concerns and interests that one has in order to allow a novel commitment to emerge
- Commitments — Commitments are important in two respects. Firstly, they constitute ends-in-themselves and are not dispensable means. Secondly, commitments impose a constraint upon the means chosen to further them.

In this phase, agents must regard their new identity — the commitment that they have chosen — as incompatible with ongoing criminality in order to effectively establish desistence.

4. Enhanced internalized control

- Bonds of social control need to be complemented by 'enhanced internalized control that arise from adherence to newly found commitments.'

During the process, the agent engages in a process of redefining himself. There is a threefold distinction within the agent's psyche, involving a distancing from the heritage of the past, what is 'me', to enable it to be queried about its present worth; an 'I' who is surveying the past and relating to a future 'you', the person that the actor wishes to become.

Below is a case example extracted from Farrall (2003b) that helps us to understand how the process plays out in a real-life scenario:

> *Mickey—a father of three—is completing a 24-month probation order and is uncertain about his future, asking himself 'What do I want out of life?'. He wishes to leave behind his previous history of offending but does not wish to get a dull factory job—the initial* discernment *stage. Emotions play a large part in the process of* deliberation*: he has an initial distaste for the kind of employment opening up to him but also has a fear of splitting up with his partner. Accepting employment does not mean an end to* deliberation *as he weighs the merits of combining his work with persistent drug use. Eventually, he decides that he is 'suffering so badly from it [cocaine] that I know now that it's just not worth it. It's just not worth it at all' and* dedicates *himself to his new position from which he gains self-esteem and respect from others.*

It is thus explained through the framework and case study how ex-offenders undergo a process of reflection and deliberation about their life choices and steps moving forward. The ex-offender undergoes a process of relating to his or her past and identity as an offender differently in the process of deliberation. This is explained through the work of Rai Gaita's (2008) work on narrative:

> *Through narrative, the agent is able to recognize his or her past as qualitatively different from present commitments yet cannot completely sever him or herself from it. Past events are recouped into a narrative that defines itself in terms of a shunning of previous habits and constancy to some future ideal self. Narrative is not simply a device through which the past is represented and viewed in a passive fashion; it has significant effects in the present and toward the future by eliciting appropriate emotional responses that condition the agent's current dispositions.*

How a Desistance-support Framework could Look Like

Human needs and goals — Good Lives Model. Key desistance research explores the role of human needs and goals and the importance of acknowledging and meeting them in successful reintegration and rehabilitation. The Good Lives Model (GLM) of offender rehabilitation, developed by Ward et al., (2007) emphasizes the dignity and human rights of wellness and freedom entitled to ex-offenders. The model operates on human agency, and seeks to identify the primary concerns and goals of ex-offenders, and to help them to attain these goals (defined as primary goods under the GLM).

There are 11 primary goods identified, and they are as follows:

1. Life (including healthy living and functioning)
2. Knowledge (how well informed one feels about things that are important to them)
3. Excellence in play (hobbies and recreational pursuits)
4. Excellence in work (including mastery experiences)
5. Excellence in agency (autonomy, power and self-directedness)
6. Inner peace (freedom from emotional turmoil and stress)
7. Relatedness (including intimate, romantic, and familial relationships)
8. Community (connection to wider social groups)

9. Spirituality (in the broad sense of finding meaning and purpose in life)
10. Pleasure (feeling good in the here and now)
11. Creativity (expressing oneself through alternative forms)

Understanding desistance as a process helps us to see that change is neither linear nor straightforward. The ecological perspective enables us to take up a person-in-environment approach, and understand how people and their environment play a part in shaping one another. The theory of locus of control helps us to understand the degree to which ex-offenders feel in control of their situations and in control of their decisions to enact changes in their lives. The framework of the internal process of change takes us through the train of thought of an ex-offender who is contemplating change. This entails a process of self-reflection and realization of one's priorities, and his commitments towards them, which lead to the shaping of one's subsequent future course of action. The Good Lives model lists some of the key needs, priorities and goals that shape the motivations of ex-offenders. All in all, the theories inform us of the environmental and psychological dynamics of desistance in an ex-offender's life, help us to empathize with our respondents, and organize our research findings in a systematic and meaningful manner.

Secondary Research Findings

The specifics of prosocial network support and its link to desistance have been studied across continents in effort to improve the current methods for minimizing recidivism. However, research has been scarce in Singapore, owing to the fact that policies regarding confidential and anonymous data limits data circulation to the public domain. Current literature is often qualitative and primarily concerned with formal prosocial support, such as those offered in correctional facilities and formal reintegration programmes; less information on informal prosocial support can be found for corroboration. Both international literature and local literature overlap in finding formal programmes mostly useful to reducing recidivism (Rafie, 2016). Informal prosocial networks in the form of friends, family, and other organic relationships that make up an individual's social identity are also useful to reduce recidivism, through boosting motivation and provision of material support. Variability in how informal networks affect an individual's choice to recidivate is dependent on a host of cultural and psychosocial factors to be discussed later on (Liu, 2005).

In terms of informal prosocial support, past research reports that family, friends, romantic partners, and religious institutions can aid desistance significantly (Joo & Jo, 2015), provided that they display the desirable social support. Bad company, or family and friends involved in criminal activities are often unconstructive to desistance, especially in group settings that produce conforming pressure on the individual (Rodermond, Kruttschnitt, Slotboom, & Bijleveld, 2015). Even good company, in certain cases, can offer limited and/or inappropriate interventions that may encourage re-offence. For instance, marriage to a romantic partner is linked to desistance from abuse substances and anti-recidivism (Bersani, Laub, & Nieuwbeerta, 2008). However, there are also studies that have found that ineffective communication with one's marriage partner can cause undue stress, which creates a toxic psychological environment that facilitates recidivist behavior. This contradiction in the effect of interpersonal relationships on the individual may be due to observable differences (e.g. variable lengths of the relationship or time of incarceration as well as less visible qualities to relationships like effectiveness and tolerance in communication.) Mediator services, for example, counselling, have thus been suggested as complementary aids to desistance, specifically addressing this limitation (Gideon, 2007).

It is useful to note that cultural and psychosocial differences interact with each other to, in part, be responsible for inconsistencies regarding how relationships affect the individual. Culturally, the perception of relationship importance differs across geographical boundaries. Specifically, interpersonal relationships quantified by social capital have more weight in communitarian societies than in individualistic societies commonly in the West (Liu, 2005). Psychosocially, whether informal prosocial support is a positive or negative force to desistance depends on closeness of relationships, effective communication and tolerance, as well as persistence of support before, during, and after sentence (Laub & Sampson, 2003). The implication of this variability is a case-by-case look at how lurking variables behind the actual method of prosocial support can influence reception, and ultimately a culturally and psychosocially sensitive approach to the provision of prosocial help.

In a broader sense, the credits and barriers to desistance are multiplicitous and interconnected. We explored repeated themes amongst past research to find the common denominators to reducing recidivism, to form the assessment framework for the prosocial support received by interviewees. A concise model by McNeill and Weaver (2010) consolidates 5 vital physical and psychological factors that enable offender change (cf. Leo, 2014):

1. Hope and agency
2. Faith and trust from others
3. Opportunities to change
4. Successful reconstruction of a new prosocial opportunity
5. Practical and emotional support

The formation of prosocial networks through relationships both informal and formal acts as a safety net to help ex-offenders identify positively with society at large. No prosocial network can be expected to fully replace another. However, having alternative sources of support available can prevent isolation when one network fails to cater to the ex-offender's practical and emotional needs. For instance, strong relationships with parents are a significant predictor of criminal desistance for adult children. This association is stronger amongst subjects with poor romantic relationship bonds (Schroeder, Giordano, & Cernkovich, 2010). Having prosocial networks that provide substantial practical and emotional support builds one's social and human capital, thus preventing the development of toxic psychological states such as loneliness, dejection, and callousness, which are internal environments that are catalytic for antisocial re-offence. Prosocial networks can also cultivate the development of constructive psychological states like optimism and hope, and are therefore crucial to offender change.

A strong prosocial support network is characterized by closeness in relationships. Formal prosocial support such as rehabilitative programmes act in tandem with existing informal prosocial support to assist offender change. This is done through replacement of lost social capital and emotional sources of support (befriending, group belonging), atrophied skills and, knowledge and contacts (regarding daily needs e.g. employment, living), thus, normalizing integration. A prosocial network can affect psychosocial factors, for instance, by fostering agency through empowering ex-offenders to provide peer support/counselling to offenders (Lebel, 2012).

Sources of prosocial support that are featured most prominently in literature include family, friends, work, religious, and support groups. This research will thus converge on those prosocial networks and explore their effects on the ex-offender's recidivist qualities in further detail, and provide recommendations so as to improve current desistance policies. Through analysis of our qualitative data, we will address the following central questions:

- What are prosocial networks and how do they support the ex-offender?

- What are the challenges surrounding these support networks?
- What are the motivations for change that allow the ex-offender to sustainably desist?
- How can existing desistance programmes be improved to better help the ex-offender in desistance?

Methodology

Design

Our research adopts a qualitative approach in exploring the role of prosocial networks in the rehabilitation process of the ex-offenders. This is to ensure that we can gather in-depth subjective experiences of the ex-offenders, as well as uncover themes that might not have been present in the literature review of studies from other countries due to possible cultural differences.

Interviews were semi-structured, and based loosely on an interview guide developed from our literature review (Appendix A). All the spheres of social influences as described in the literature review (family, peers, work, and religion) were touched on, whenever possible. Influences were investigated by inquiring on how the relationships evolved from before, to during, and then to after incarceration. Participants were also invited to share about other ways they spent their leisure time or any other social relationships they possess but was not yet covered in the interview, so as to ensure that all grounds in their lives were sufficiently covered.

Participants

Participants were identified through two routes — either direct referral from SCORE ($N = 1$), or from a support group from the Industrial and Services Co-Operative Society Ltd., ISCOS ($N = 12$) All participants were males. SCORE originally referred five participants for the interviews, but only one interview was successfully conducted eventually due to difficulty contacting the remaining four participants. All 12 interviewees from ISCOS were participants in a monthly support group organized by ISCOS. The interviews were conducted individually in a separate room during one of the support group sessions.

We originally targeted to interview 10 to 15 ex-offenders that come from a wide range of backgrounds (e.g. married, unmarried, male, female, participate in

support group, do not participate in any programme, volunteers as a befriender for other ex-offenders). However, due to the difficulty in identifying such a diverse range of individuals, we did not manage to cover all the targeted variables. Nonetheless, feedback from SCORE suggested that the eventual sample group was a good representative of the offender population in Singapore in terms of its demographic profile. Moreover, their experiences seem to be vastly different from one another. Hence, we believe that the insights gained from this study will still be meaningful and relevant.

The objectives of the study and the rights of participation was explained to all interviewees prior to the interview. Permission to audio-record the interview was also sought. All participants ($N = 13$) signed the consent form for their participation, and most of them ($N = 12$) gave consent to be audio-recorded. Their identities have been protected, and they were only addressed using pseudonyms throughout this paper, as was assured to them.

Interviews were conducted by the student researchers either alone (one researcher to one student, $N = 10$) or in pairs (two researchers to one interviewee, $N = 2$). Field notes were taken during the interview to help keep track of progress and guide the direction of the interviews. Most interviews were conducted in English ($N = 11$), while the rest were in Mandarin ($N = 2$).

Data Analysis

All interviews were transcribed verbatim as much as possible. The transcripts were then subjected to a first round of open coding for recurring themes. These codes were subsequently used in the next step, axial coding — in which they were examined and organized into key concepts of analyses. Eight themes were identified and defined in this step (Appendix B). Lastly, a third stage of coding — selective coding — was conducted to examine all previous codes to identify and select data that will support the conceptual coding categories that were developed. After related data for each theme was extracted, they were analysed and compared with literature review to elucidate significant points and implications.

The transcripts were rotated among the three student researchers for the various levels of coding, such that each transcript was coded by at least two different people. This was to minimize subjectivity in coding and ensure the inter-rater consistency of the codes.

Findings and Discussions

In this section, we will describe and discuss our results based on two dimensions. Firstly, we will cover the **characteristics of environments** that support (or have the potential to support) the development of prosocial networks. This was organized into seven spheres and ordered in decreasing order of prominence. They are: family support, friends, support groups, work, religion, institution-related, and other potential alternatives. Next, the second dimension will cover the **psychosocial traits** involved during the reintegration journey. Although these factors did not emerge during our literature review and hence we did not intentionally plan to inquire about them, they featured rather strongly in many of our interviews when the respondents were elaborating on their answers. We feel that these are integral factors to consider when attempting to understand the journeys they have undertaken, as the traits likely influenced the interactions between the respondents and the various social networks. Therefore, we organized the traits and incorporated them into the second dimension of the report.

Environments that Support Formation and Maintenance of Prosocial Networks

Strong family support. The family is a salient source of both material and emotional support for the ex-offender. This is achieved through the involvement/inclusion of the ex-offender in family functions as well as spending one-on-one quality time with close family members. This encourages a constructive sense of rootedness and fosters mutual understanding between the ex-offender and the family. An absence of guardedness or trust required for emotional exchange is most readily cultivated, and is more natural with family.

One respondent shared:

> *Ya, actually my family played a big role. Okay to be honest, I was in the prison for 6 months, because my sentence is actually one year then I got a community-based programme and I was out on tagging for 6 months. So yes, during that 6 months my family support is the one that really helped me a lot. Especially when my dad's health condition is not that good, so that actually motivated me to stay clear from my old bad ways. Also, looking at my daughter growing up, and the support that my wife gave when I was in prison, she helped look after the family and that helped me a lot.*

He said that he was able to seek help from his brothers and sister since he himself had helped them in their hard times; he thus receives reciprocated help without feelings of indebtedness. One respondent specified that family was his first line of support. Another pointed out that unlike family, outside friends were too few to provide substantial and consistent help. Another respondent revealed that his family, especially his elder sister and elder brother, has always supported and encouraged him. This persistence and unconditional acceptance often enable the ex-offender to not be burdened by guilt or shame when asking for familial support. Routine or scheduled bonding keeps the ex-offender at greater ease around their family. A respondent, for instance, goes fishing with his uncles and other cousins every weekend. Another respondent divulged that his nephews and stepchildren enjoy bonding at Changi or at the beach; the dynamics of him and his new family caused internal change for which he was grateful. A healthy sense of responsibility is also observed in ex-offenders whose loved ones have helped them during incarceration. One respondent said that his sister brought his daughter to visitations. Another disclosed that his sister helped take care of his son during his sentence.

Interviewees also reported practical support from family members. This comes in the forms of financial help or contacts for employment opportunities. However, there are cases where the family is unable, or unwilling to provide financial help due to their own situations or certain beliefs. An isolated case reported that his cousin responded with sarcasm when he approached asking for contacts linked to the commercial diving line of work, deeming the job too ambitious for someone with a criminal record: *"Since I was young right, my family always like you know look down on me and say that I cannot be successful in my life... So I just want to prove it to them... That's all."*

It is important to note that not all familial relationships retain their dynamics during and after incarceration. Sensitivity to evolutions in relationship dynamics is thus vital to determine reason for success amongst family prosocial support networks. In certain cases, incarceration was retrospectively a relationship strengthener. In other cases, prison time caused drifts in previously tight relationships. The observed incongruity may possibly be accounted for by differences in attitude evolution of the incarcerated. An individual who displays attitudes and thoughts compatible with change, recuperation and concern for loved ones is likely to be reciprocated with encouragement and support. On the other hand, one who displays irresponsibility, blame or negligence would also be responded to as such. The responsibility to grow the relationship in the positive direction does not

lie solely with the incarcerated but must be a concerted effort for mutual trust and reliance to develop.

Another common scenario is where the family lacks understanding and gives little follow-up attention to the offended after incarceration. Such was the case of one respondent, whose family was initially supportive during his incarceration period, but paid negative attention in the forms of harsh monitoring and criticism after his release. This possibly induced maladaptive thoughts and re-offence as reactance behaviour. In such cases where the family is willing to help but unaware of the ex-offender's practical needs and/or psychological needs, their presence can become a significant negative influence. Family counselling can create a safe space to clear misunderstandings, as well as for the ex-offender to actively communicate their needs to the family and vice versa. This can greatly can improve the quality of family support.

Friends. Besides family, friends are a common source of emotional and practical support to guide the individual along the path of reliable desistance. This support is accomplished through behaviours signaling acceptance and inclusivity of the ex-offender in social settings, as well as faith in the rehabilitation and continued desistance of the ex-offender. The psychological rationale behind this seems to follow from a reception of trust and unconditional acceptance. In many cases of successful support, the empowered ex-offender likens his trust in certain friends to the trust in his family or particularly close family members:

> *Okay, the first thing ah, we must motivate each other. Like, okay we support them. If they get into trouble or got problems or what, we will always tell them that okay bro come here, we can talk together, have a coffee or what, then talk to them, give them support, good support - means positive one ah, make them happy, make them stay positive, encourage them that don't worry bro, it's not only you, it's many people that are like you also, more worse than you also. So what I mean is that I encourage him, is not only you. I always motivate them. I also got my own problem but I put aside. Even when I got own problem, personal problem, when I go to work, I put aside my personal problem. Work is work. That is what I believe in.*

The common modes of support include exploring common interests, encouraging or role-modelling motivational behavior, sharing and giving advice on daily struggles. Specifically, informal peer support amongst ex-offenders has proven to be extremely effective. This may be due to the lack of judgement amongst individuals of similar backgrounds. One interviewee divulged that he keeps in contact with the select few friends from prison that are positively ambitious, trading job-related information to keep each other going. Outside the ex-offender sphere, an individual might also receive quality support. For instance, an interviewee received S$5000 from a colleague friend as seed capital to open his own business. As there is perceived lack of public understanding, ex-offenders anticipate judgement which bars them from actively seeking help. These restrict such bonds to acquaintanceship, which is hardly sufficient as prosocial support material.

As much as constructive friends can encourage the individual to desist, physical proximity and psychological influence by "bad" friends can encourage re-offence. Especially in group settings, the individual is pressured by peers to pick up bad habits that act as a gateway to culpable behaviours. Many cases report having bad company or group criminality behaviours within their living or working environments. This is essentially unconducive to desistance considering how life and work intrinsically affects the everyday:

> *I do see them, but I don't association with them, don't get in touch. Don't get together to chat with them, go to coffee shop or go to the old places, then you won't go back to drugs. But if you still go out with them, soon or later you will go back. Because you must make new friends. The old friends cannot. The old friends do nothing good to you. That's the point.*

Almost every interviewee reported some sort of coping mechanism for this challenge to desistance. One informed that he reduced the number of friends he hung out with, retaining those who gave him space and acceptance for his mindset change, thus prioritising quality over quantity in interaction. Another conceded that he was "weak" and therefore spends more time in isolation to cultivate thought independence. One performed the drastic solution of moving to his sister's neighborhood for 6 months while he believed he could still succumb to peer pressure. At least three respondents reported the act of setting new boundaries with their friends, be it a curfew or the non-consumption of legal abuse substances like alcohol.

In cases where it was perceived as safe for disagreement, and/or the friendship has reached a certain closeness, many ex-offenders chose to communicate desire and motivation for change to friends who might still be involved in risky activities. In positive scenarios, clearer understanding is achieved and respect preserved; to a certain extent, this enables the individual to desist without compromising on too many prosocial support networks from the past:

> *My so-called best of friends, they knew what I was, they respected my decision, they moved on. So they gave me my space, to move on in life. They are still there, but they still call and check on me, "how are things going on for you, are you okay, work all doing fine?" Yeah, social life friends are good. They're just now very handful (fewer). Last time I didn't have enough space. Minimum, my smallest bunch was 12, I knew 12 people at least at one location. If it's a birthday, or If we just go to a park and chill, minimum it's 12. But now, to tell you the truth, it's just a handful. And these are my best men, my best friends, hand-in-hand.*

Support groups. Most of our interviewees have participated in a support group in one way or another:

> *Yes. We were kept a very long time, out of society. When we come out, we don't know. In prison, there are volunteers, counsellors, but they have limited time, they're seeing so many people, they can't answer everybody's questions. For ISCOS, they provide information. Daily life, how to get a job, housing, social life, beginning from these support group things.*

> *Basically on our daily needs, housing, if we've got problems we can ask; if they can help us they help. Not everything they can help, then they get us to the right person, right organisations you know.*

> *That is good programme I suppose, just to make you realise, and the promise of hope. So, you can feel freedom, you know? Because you have no fear because you walk clean and you stay clean.*

Formal support groups are shown to serve purposes such as providing information and a platform for them to meet other ex-offenders and hear their life stories. Informal support groups on the other hand, are shown to go further towards enabling ex-offenders to build closer positive relationships with others whom they meet and interact with. Based on our interviews, we found out certain factors that

would lead our interviewees to benefit and enjoy group participation much more. These are therapeutic factors that shape the lived experiences of participants in a group and make support groups more meaningful for those who are engaged in them. They can be thought of as fundamentals that contribute to an overall positive experience of group membership.

Firstly, it is important to distinguish between group participation and group engagement. While an individual can participate in a group, the real difference and value of what a group can do for one arises only when one possesses a sense of belonging to the group and feels like a valued member.

Camaraderie, sincerity and care. "*Every day we have problems, we are sharing [about] what happen to you today, things like that… Everybody is quite close, everybody knows everybody there."* The above respondent attends both Narcotics Anonymous (NA) and an ISCOS support group. When asked about his experiences in the support groups that he had attended, he enthusiastically shared with us about his positive experiences with NA, and the strong community that they have. When asked what makes NA different from other support groups, Respondent A shared that the care and concern he receives from fellow members makes all the difference. Their sincerity and engagement makes him feel like a valued member of the group, and the concern expressed is a form of social support that affirms him that the group looks out for him. He is touched by the warmth extended by members of the group in their own various capacities.

Acceptance, respect. Respondent A shares of the positive experiences he had with Narcotics Anonymous, where he felt accepted regardless of his circumstances: *"Because they never look down on you, even if you are broke, you think like that, they would say 'Keep coming back, keep coming back…' They encourage you."* He appreciates the attentive listening ear that members give, which to him is form of respect for others. This respect, as he shared, is manifested through consistent actions, such as adopting a non-judgmental stance, not interrupting members when they share their story.

Relatability. A common past experienced by ex-offenders at times leads to genuine empathy and relatability. A respondent relates that the common background that the ex-offenders possess have helped to create an empathic environment where members can relate to each other's triumphs and pains and experience genuine acceptance.

Strong commitment to change. A strong feature that defines the relationships and themes of the group work in Narcotics Anonymous is a strong culture of commitment to change. An explicit social contract is made among members, where the requirement for joining the group is where one is serious about change. This defines group membership.

> *If you've got the desire to change then you can step into the group. If you just you know… That's one thing good about that. You got the desire then you come into the group. So that means you really want to change. So, easy to mould.*

> *The programme is good. Because you recognise your mistake. You know your own "disease" you know? So I am able to recognise that now, because I'm the one who invited the "disease", let it penetrate into my body system. So now I work hard to take it out, just like that.*

The commitment is enforced by friends who are serious about change. When members acknowledge, and believe that they have a tangible stake in the group, the group plays a significant part as a positive reinforcement for change.

"When you're in it together, let's say me, if I want to use then I feel like I am a traitor you know? Must take care of this group." As illustrated by the quote, the commitment to change is the lifeblood of the group — it is the philosophy, shaping conversations, prosocial relationships and motivations of members. All in all, this leads to a rewriting of the life narratives of members.

Encouragement, learning, self-acceptance. *"As long as, one at a time, when we try to learn something new, things like that. You must achieve in life, you must improve yourself."* This quote too, articulates how having an experience of being in the group has also exposed members to an environment of learning pro-social skills and the practice of thinking about and reinforcing pro-social motivations in their life, which are a few things they never had the chance to be acquainted with in the past:

> *"It makes you more confident to be positive in life. Maybe if people think I was bad from the prison, now I don't care about what people think, I only care about myself, I must be on the right track so I am okay. I don't bother about what you want to think about me, I don't give a damn."*

The affirmation and acceptance from peers, coupled with the reinforcement of newly formed pro-social goals and motivations also helps in cultivating self-acceptance, and belief in oneself, where ex-offenders come to identify with their new identities.

Work. The area of work featured rather prominently in our interviews, even though there were differences in how the interviewees interpreted the benefits that work brings.

Identity. Being employed and having a new social identity arising from it gave the respondent a newfound and refreshing experience. For him, it is liberating to be part of the normalcy of work for once It is a new way to experiencing the world and the way he conceptualizes his roles in society.

> *Ah, started work. Finally work ah. Very happy alamak I feel "wah", then I see the people every morning going out, to work, alamak sia [I feel like] I want to become like that. I got transport [from the company] you know, pickup point at Jurong Point there. So many people will sit the transport bus, together, I feel ah, wah like that, [is this how] people work ah, every morning. I see Japanese girl also have. Sat beside me you know. See [her] play hand phone. I see the society work like that, but I never [knew / was part of it]. Before I all sleep, I okay you take the thing there okay take this thing there bring money ah like that lo. Trafficker like that ah, before.*

Ongoing learning opportunities. The workplace and its possibilities provide an avenue for our interviewees to pick up new skills and continue putting what they have learnt into practice. It is a good training ground for prosocial skills as employees have to serve customers, clients and learn to interact with colleagues and bosses. These skills, honed and mastered, help reinforce personal autonomy and industry.

> *So every now and then we have to be very polite to guest, [and know] how to communicate with them, so I learn many things there ah seriously. I learnt a lot there. For me ah, every day is a learning process*

Enjoying the fruit of one's labor. It is self-evident that work and employment is the means for earning one's keep. Work is a priority for many of our respondents due to financial concerns, and personal goals and endeavors. Respondents shared that they engaged in illegal activities in the past as they were

significantly more lucrative than their own jobs. Since their release, their current employment has helped them to re-conceptualize money-making endeavors, and to adapt to this new way of life. It is a change that needs getting used to initially, and requires commitment and toil. Now, they are cleaners, retail assistants, hotel doormen, divers or self-made entrepreneurs. No doubt it is hard work, and tiring at times, but most of them share with a smile about feelings of fulfillment, of enjoying the fruit of their labor, and with pride about how far they've come. There is definitely a sweet sense of achievement that that they have made their money legitimately, and in meeting one's goals.

> *Just recently I work I get my CPF. Other than that I got no CPF. Ah. Got no CPF. This time I work only I get. I work 8 months 7 months I get 5000 CPF you know. I feel happy ah. Before, I never work ah. Check my CPF also '0' [dollars] ah. But I work only I got how many thousand already. Okay la.*

> *When I was inside [prison], I started to look, think for a job that I was interested in. And it was to be a diver. Being a diver has its pros and cons. I don't know if you believe in law of attraction, but I did. I kept that in my mind. When I was inside, I looked into books, magazines and whatever I could find on diving; by the time I came out, it was not an easy step. The first 5 months, it was hell for me. I worked as a cleaner, I worked as an electrician, rubbish. From there I proceeded to be a cashier. But I persisted in becoming a diver. I believe in law of attraction; eventually I got into a recreational diving company, I was working there for nearly a year, and within the year I attained my lesson until rescue [diving]. The pay was not enough, but I had the skills so I transferred myself from recreation to commercial diving, from then till now I've been doing it. Now I'm doing it as a freelance – for the past 3 years I was working for a company, so once I mastered the game play, I came out and I work as a freelance.*

Bosses. Employers have the power to make a world of a difference in a negative or positive way. As seen in the above respondent's account, the acceptance and belief that employers have in his capabilities and potential is affirming, and an integral part of the equation of a life of normalcy that he has hoped for after his release. Opening the doors for him to come back to his past job has removed a possible disruption in his path to normalcy. Coming back has enabled him to retain the relationships he had with his fellow colleagues, allowed him to continue doing

what he is good at, and even progress further with it. Most importantly it enabled him to earn a steady income for his family of four where he is the sole breadwinner.

> *I have two good bosses. Both I also used to work for them. One is an Indian guy and one is Chinese guy. So the Indian guy he knows me, he already saw something is wrong with me. He did advise me before, then I get caught. So when I was in prison, I did have some outstanding fines. My wife actually approached him for help. He actually helped me with the outstanding fines. On and off I still work for him. He still lets me be in charge, for example when we have a big event, like F1, I still did for him. Last year I managed about 160 over men. He let me run the show. This current job is my [under] Chinese boss. Last year we got in touch, in October he offered me to come back. That's why I am here now. He was surprised. Despite having the knowledge, they were still willing to overlook it in some ways. They told me that they believe that I can change. They told me that everyone deserves a second chance, which is something that I try to prove hard. Trying to prove hard… Because my Chinese boss he even bought me a new bike so I can have my own transport, but of course deduct from my pay la.*

Colleagues. In order for someone with a criminal record to experience the workplace as an avenue for growth and change, he needs to feel that the workplace is an environment where he need not conceal their past for fear of judgement. When the people around him can acknowledge, accept and respect him for who he is, and not for what he did, trust is established and there is a window of opportunity to build new relationships.

> *Communicate and share yes, because they know our record, because when I went to work they introduced me to other former drug addicts, so they know our background. Whatever you do, it has nothing to do with my past what. If you want to befriend, [then you can] befriend, if you don't want to befriend [then it is] okay, it's like that. Most of them can get along. Because I also never offend you, most can communicate, not say look down on you or not. Pay is more or less the same (chuckles), not like they earn 2.5K or 3.5K, there's no difference. It's like this.*

> *They [are] very supportive. Especially my boss. The concierge boss, concierge manager. Everything I got problem I will tell him, he will*

understand and he will, he always very supportive. For example, he can understand me la.

Okay, there's one time I was working, I was just released from prison, they come together and see me, gave me some money, make sure I had enough money then we go out for work together. These are the moments where I really treasure them. They are always there for me.

Actually, before that I was the one who gave them advice. Actually, I set the example for them. Now, we do actually share problems. That's where we motivate each other. When they are down, they ask me for some advice, so we actually motivate each other. And of course, when it comes to the two elderlies so called 'godmothers', we also ask advice from them because they also start to nag. Like 'what time already still never go back [home]', they also start to nag... 'okay godmother' … So, I have another two so called mothers on top of my mother-in-law and my own mother.

The relationships with colleagues were one respondent's lifeline when he was in a financially dire situation when he was just released from prison. He has a strong, trusting family-like relationship with his colleagues whom he has worked alongside with for a number of years. They provide emotional and practical support for each other and are a constant assurance and reminder of the person he is — a loyal leader and adviser. It is important that ties are not cut during the incarceration of an individual. As he had a relatively short jail term of 6 months, his social network did not bear the brunt of disintegration as a result of his incarceration.

Concerns. Common sentiments that our respondents have shared include their concerns with pay stagnation, given their low pay, as well as limited opportunities for advancement due to age or academic qualifications. One respondent is in his 60s and works as a cleaner while another is in his 40s and is a retail assistant. Both of them take home about $1000 each month. They are concerned and are not hopeful about future prospects for their respective sectors.

Cleaner…I am cleaner… I cannot go and take technology courses, I cannot. Because cleaners must understand the cleaning solutions or equipment, it's like that. Singapore is like this. You have no skills means your wage will stay there.

Religion. Of our 13 interviewees, seven identified with a faith and mentioned religion as a factor in preventing recidivism. The others seem to find anchor with family or friends who have stayed with them and provided meaningful help. Manners in which religion offered support include teachings, prayers, and communal support. Teachings often inculcate moral constituents and subscription to positive values as well as belief, hope, and capacity for change. Self-reflexive, even clarifying thoughts arise in prayer, as was in the case of one respondent who credited his arrest to his god's work to prevent him from straying further. This became his personal motivational factor for desisting. One respondent also reported that religiously-motivated charity (10% of his income to the poor) has given him a practical drive and meaning in life. Communal support, as seen in the case of one respondent whose fellow (Christian) church-goers "don't treat [him] like an ex-offender, they treat [him] like a brother", is an alternative source of acceptance and emotional support. This constructive group dynamics foster a sense of belonging and purpose for inducing the mindset change precursory to behavioral change.

> *Trust God ah, you must trust. He want[s] to help you, you also must help yourself. [If] you don't want to help yourself the God also cannot help you. You want only your mind that of that, finish. You must know this time cannot, will destroy you. That's the way I think.*

An isolated case reported that though the religious study in prison was most useful emotionally, practical support once out of prison is lacking. Coupled with the public wariness towards ex-offenders, the individual has the potential to feel abandoned if he did not have a relationship with a religious institution beforehand. This is a common occurrence since religious conversion sometimes happens within periods of incarceration.

Institution-Related Support (Non-group)

Prosocial support from counsellor / officer / mentor. Even though inmates might have built up good relationships with their counsellors or officers inside prison, it was not expected for them to continue these relationships even after release, due to the changes in role relations. However, one respondent reported that he receives dedicated support from his officer and counsellor after his release, even up till the present day. Not only does he approach them for help in practical issues such as job-related difficulties or peer associations, he also discusses his emotional affairs with them, including his feelings for a lady he met outside. They have given

him good advice and aided him in his journey thus far. To him, the officer is like his friend in life whom he is comfortable sharing anything with, and is a constant prosocial support by his side. He said:

> *Ya, [the officer's support has been] very very important. I talk to him ah, like brother you know. Sometimes want to share, but shy, but this guy [officer] I never shy.*

Apart from maintaining relationships with prosocial associates from prison, another respondent reported a significant close relationship with an associate he got to know after release, who is also his mentor from ISCOS. The mentor not only helped in terms of job search but also, more importantly, in any issues he might face in his day-to-day life. According to the respondent, the assistance his mentor chooses to render depends on the situation. If the mentor is unable to help completely, he will give hints such that the respondent can find solutions for himself. The respondent appreciates having his mentor, someone who is willing to try his best to help him, by his side.

Job and monetary support. Respondents were in general very appreciative of the practical help available for them from the formal institutions such as SCORE and ISCOS. Many of them raised points about the help received during their job search, especially that of supportive job coaches. Monetary support in terms of subsidies for skills upgrading courses and rental costs were also appreciated. Skills courses conducted inside prison also contributed to enabling them to find a job which gives them high job satisfaction.

However, one respondent commented that despite having a wide range of job-related services, the attitudes of the ex-offenders are the most important contributor to change. Without a conviction to change, merely providing a job will not help much.

> *Job all never play a part la. The attitude is very important. Our behaviour. Must know what [we] like. You give us job ah but we still never change you know. Mental[ity is that we] still want to go back, our mental[ity is] different, our aiming different.*

Another respondent also lamented on the influx of cheap foreign labour which increased the competitiveness of the field and led to him earning less than he

used to. Being unable to support his lifestyle, he had to take up more jobs and is currently juggling three jobs at once.

> *When the bosses brought them in they [are] willing to work for $80/day, which is big money for them. And they don't have much expenses in Singapore, because accommodation is provided, food is given, all you do is just work, so that's what they do. For us in Singapore it's different. Here there's something called a… social life, we've got our own priorities, we've got to pay our bills, our cars. But none of this goes into the bosses' heads, because they are thinking from their perspectives to save money. That's why I'm doing 3 jobs now as a freelance*

Counselling services. Respondents frequently cited the effectiveness of counselling programmes conducted inside prison, which influenced them in two ways:

1. Realizing that they have made some bad decisions in the past and encouraging them to think about the consequences before acting from now on, and;
2. Equipping them with skills to dissociate from their antisocial peers when they return back to their homes, and set goals in their own lives. One respondent lauded the system by comparing it to the past whereby there were limited counselling services provided, which made it difficult for ex-offenders to change even if they wanted to.

> *That's why, like us, can change ah, but we don't know where to go you know. Don't know left good or right side good or what. Then we just follow our mind, follow friends, all is follow friends. But now, we got officer, got counsellor. [We can approach them and ask] Eh ma'am I have some questions ah why must like that... Then [they] will [explain to us] must do this, do that, change your goal, what is a goal. [They will] teach us la*

Other Potential Alternatives

Volunteering and community involvement (organisations). Respondents' motivations and attitudes towards volunteering and community involvement spans across a spectrum. Respondents who do not think about and are uninterested in volunteering cited reasons such as choosing to focus on work and family, and being unable to consider helping others since they themselves are not completely 'alright' yet.

For those beginning to volunteer, one respondent has been recently 'head-hunted' by the co-chairman of a Community Centre (CC) during a carnival due to his active and enthusiastic participation in the event. Even though the respondent did not know any of the CC members, he accepted their invitation to join them to help out in CC events, and will be going for his first meeting the day after this interview was conducted. He was visibly excited about the meeting, the chance to meet new people, and to participate in events. It has also shifted his perspective slightly, from only considering his own wishes to contributing to the community at large: *This is the time for me to give back to society."*

There are also respondents who have been active volunteers for a long time. However, they faced many challenges as well. One respondent was originally a grassroots leader before he got incarcerated for a one-time offense. After his release, he attempted to return to the group, but his membership renewal application was not processed successfully. He concluded that they probably did not want him to re-join their grassroots team because of his criminal record. Although slightly dejected, he decided to offer his time and services at a voluntary welfare organization instead, and has been volunteering there for ad-hoc events since then.

Another respondent was interested to help out at a religious-affiliated organisation, but was unable to commit to their weekly Saturday sessions due to work constraints. He could only make it for 3 out of 8 sessions, and was told to return the next semester instead, when he can better commit to the sessions. This mirrors his other volunteering experience, whereby he was a mentor at a voluntary welfare organisation for children and youth (Singapore Children's Society). His main responsibilities were to identify and talk to the youths-at-risk and youths with gang affiliations, to encourage them to make good decisions. He started volunteering initially to 'clear his record', but the experience eventually changed his views and he 'started doing it genuinely'. He also built a good rapport with some of the youths who now look forward to meeting him every week. However, due to his work commitments (currently holding 3 jobs), he has already been unable to meet them for the past two months and feels very bad about it.

> *I used to be a mentor there… My main job is to pick out the ones in gangs, since I'm well-versed with what these rugged bums look like [since] I'm one of them. I will [pull] them out to have a chat. I started doing that to clear my system record. But after a while I started doing it genuinely. It changed my whole mindset about them. But lately past 2 months I couldn't*

visit them. Some of them [meet me] when I'm taking the lifts, because it's under my block. They'll be calling "cher, cher" [teacher, teacher]... They said how come I don't get to see you; I'll say I have work, next weekend I'll try. I feel bad because some of the guys they really look forward to this. I have 3 jobs to sustain, so it's hard. The person [from the centre] will call saying there's a particular kid looking for you, he has no father. I don't replace their father, but I'll be there for them, to talk, motivate them. I tell them, [during] sports day, you just run, your father's watching, you'll see. He teared, I teared, I can't control my emotions.

One respondent felt that he was very lucky to have received strong support from his family and religious organization upon his release, and pondered about the challenges other ex-offenders without such strong support will face. Hence, since then, he started to join many activities and support groups in order to share his story and life experiences to motivate other ex-offenders who might be faltering in the path back to society. He also advocates for the ex-offenders to engage in voluntary activities in their free time, so that they will keep themselves occupied, be surrounded with prosocial influences, and not think about returning back to their offending lifestyle anymore. Practicing what he preaches, he encourages the ex-offenders he meets in support groups to volunteer whenever they can. He even brings around a clipping of a newspaper feature of him being recognized for his efforts in picking up rubbish around his neighbourhood, to show other ex-offenders that anyone can turn over a new leaf and be good, contributive members of society.

Synthesizing the above themes, it can be concluded that some ex-offenders do have a strong sense of wanting to contribute back to society, and are finding various ways to do so, despite facing several challenges in the process. Apart from scheduling and time commitment issues, there were instances of discrimination on the basis of their criminal record, which is regrettably ironic since they are prevented from being able to partake in prosocial activities — the very thing that people would want them to do. More can definitely be done in this area to enable the ex-offenders to fulfil their community involvement aspirations, and maybe to even match their skills to the optimal volunteering opportunities (e.g. counselling youths-at-risk).

Individual time. Apart from work, respondents engage in household matters such as cleaning their houses. They also enjoy meals at nearby hawker centers and food courts. One respondent reported that he enjoys frequenting the nearby library to read books and newspapers. This is so that he can get informed

about what is happening around the world, especially for updates on sports, which he is passionate about. Another respondent said that he enjoys window-shopping in various shopping centers because this can keep him occupied in a 'safe' place (i.e. one that he has minimal chance in returning to his antisocial peers).

Respondents also cited instances whereby they engaged in small prosocial acts, such as picking up litter around the neighborhood, or helping to fight a fire in a nearby apartment unit. They explained that doing these acts made them feel good about themselves for being able to contribute back to society, regardless of whether anyone knows about it or praise them about it.

Recreational time. Sports and exercise was repeatedly raised by a few respondents as the recreational activities of choice. The sports activities include basketball, soccer, sepak takraw, swimming, fishing, going to the gym, and billiard. Participants reported either engaging in these activities ***alone***, with their ***new friends*** (from religious organisation or from work), or with ***non-related individuals*** that welcome additions to the game (such as students or other groups of people who play regularly at the neighbourhood courts).

Apart from sports, one respondent mentioned that he was recommended to a family karaoke establishment (family-oriented, friendly environment, alcohol-free) at the Residents Committee (RC) at the void deck of a nearby block. There, he met new prosocial friends and even the love of his life, his current wife. Now, he not only regularly goes for karaoke session with his friends, but is also occasionally invited to their homes for meals and visitations.

In general, respondents revealed that they like to keep themselves occupied through various activities (that does not include contact with antisocial peers) so that they will not have extra leisure time to spare. They view free time as risky periods because they are more likely to think about going back to drugs or other criminal behavior then. Sometimes, they are wary when they pass by places where they know the antisocial peers usually frequent, and sometimes try to avoid those places completely.

> *After you work, go home, watch TV, listen to music and go to bed already. Last time, when you're unemployed, day to night, or day till the afternoon, you will [be] bored, [then] you will think of all the wrong thinking. It's like that.*

Working. Working can pass time, never think a lot, never stay at home.

I keep myself occupied.

Potential environments in nurturing prosocial networks include the library, CCs, RC family karaoke, and general sports-related sites such as the public basketball courts and soccer fields. The formation of (or engagement with existing) local-level sports interest groups might be useful in terms of engaging the ex-offenders during their leisure time. Sports might be exceptionally relevant for ex-offenders with drug issues because physical activity causes the body to secrete endorphins, which triggers positive feelings and reduce stress. If they derive positive outcomes from sports, the appeal of drugs might be decreased, which will lead to lowered relapse rates.

Psychosocial Factors

Motivation. When asked about what reasons they had for changing and leaving a life of crime behind, each respondent articulated different personal motivations. The motivations are personally meaningful and compelling in guiding the respondent's life goals and in turn, their actions.

Figure 2. Narratives of Change

> *Ex-offenders are not bad people, ex-offenders are people too. Don't only see the bad phenomena and make them feel uncomfortable. They will feel that we ex-offenders, when we go out, nobody will accept us. The first point is that aiya work they sure won't accept. Once they hear oh you are ex-offender, then they won't hire you. The second point is that sometimes their life they will take drugs or fight or steal, so we see many situations... I also as a volunteer, will encourage the counsellors to interact more with the ex-offenders. Even though we are not very famous or what, but we still give our little contribution, for everyone to understand. No matter you are young or old you can have prison problems, but you need to know how to adjust your life yourself.*

Their responses can be broadly categorized into the following three categories:

In relation to Regrets	In relation to the Self	In relation to Others
1. Not worth it 2. Lost time	1. New personal identity 2. Thought independence 3. Self-promise / Promise 4. Change in approach to life 5. Freedom 6. Dream job 7. Skills upgrading	1. Giving back 2. Love 3. To provide 4. Wanting to prove oneself 5. Better future

Table 1. Response about reasons for leaving life of crime

In relation to regrets. Some ex-offenders have shared how they have come to the realization that offending is no longer "worth it", as hefty fines, long sentences, and the death penalty are viewed as a deterrence. Should they re-offend, their sentence will be lengthened and those who are middle-aged or in their later years have articulated the concern that they would not have many years left to live a life of their own outside of prison. Some of these respondents have been prompted by their family to consider this as well. Those who have been left disillusioned by their ex-associates also came to this realization. One of the respondents shared how he was promised by his ex-associates that they would provide for his family monthly when he was in prison, but when the promise did not come to pass, he felt betrayed and realized that his associates did not reciprocate loyalty. He then felt that it was not 'worth it' to risk his life working for them anymore.

> *After I realize that I'm in prison, after I calculate ah, I spent 28 years in prison itself. After deduction [you] know. So imagine, now I [am] 48, going to 48 la. 28 [years in prison] ah, so I only 20 years outside. You know what I mean? So 20. Imagine half of my life gone in prison. So I'm wasting a lot of time already.*

In relation to the self. "*Before I had a terrible attitude. The minute I started to change, the boss was patient enough to endure my nonsense, I understood the problem was attitude."* Many respondents sought to establish a new personal identity, thought independence, and made a promise to themselves or others that they would

change their ways. Often, promises were made to people who matter most to them and they seek to keep their word. Their motivations also stem from a changed approach towards life, such as in wanting to be a better family man or in wanting to adopt a pro-social attitude and contribute back to the community because they enjoy doing so. Some have articulated that they are enjoying and valuing a new sense of freedom following their time in prison. Others expressed that being gainfully employed in a job they love and wanting to do better at it have become their newfound motivations in life.

In relation to others. No man is an island. As we explored how close relationships play a role in reforming ex-offenders, themes like love and providence came up. Some sought to make an honest living and to steer clear from crime for their spouses, lovers, children or parents. Crime is denounced by their loved ones, and wanting to prove that they are capable of "staying clean" and being responsible towards those they care very much for matters to them.

> *I was bringing $800/month, very pathetic. Taught me how to value money, appreciated money. Before, my wife then my girl, wherever she wanted to eat, whatever she wanted to eat, she just needs one phone call and I'll be there to pick her up. I'd pay $400 a meal, that was the kind of life I was used to then. Suddenly I was earning $800/month, everything started to pile on me, I didn't like that, I wanted to make more money. I told myself, whatever I do now, it's for her happiness, good or bad. I left recreational to go to commercial diving. My fallback was 2 years ago, before my marriage. 3 years of my diving made good money, I saved it up, we got married, I didn't take a single cent from my wife, because she is the women coming into my family, bear my child; I should be giving her not the other way.*

Personal Traits. The below are some remarks made by our interviewees as they reflect back on what they have gone through and how their experiences have shaped them.

"I also like that I change, little bit I change, myself I change, last time I don't know the experience, but [now] I learn."

"Ya keep on moving forward. Even though how many stones I'm smashing on my way but just got to go all my way up."

Our interviewees have demonstrated possessing positive psychosocial traits in Figure 3. We believe that these traits can help them to overcome obstacles and to navigate through the path of positive desistance.

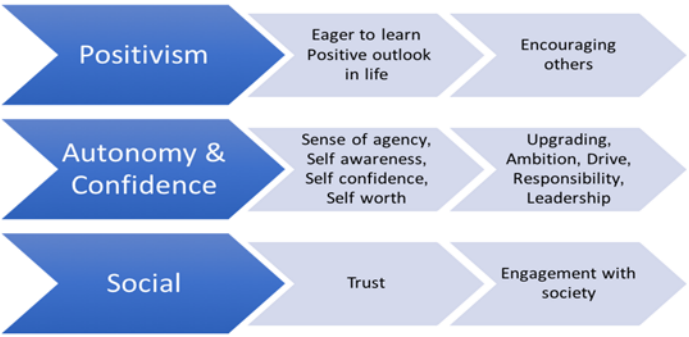

*Figure 3.*Respondents' psychosocial traits

While considering the roles that different support networks play in the desistance process we should bear in mind that innate, psychological factors also play a significant role in the change process. These psychological traits embody the resilience of our interviewees. As Vaughan (2006) has aptly put: "It is increasingly recognized that the process of desistance does not result solely from a change in societal forces or a resolution of an individual to change. Both of these factors are necessarily implicated in change."

Some of these characteristics are inherent personality traits, while others have been developed over time through their life experiences. Pro-social traits like "encouraging others", "leadership" and "responsibility" were cultivated in the context of individuals' interactions with the people around them and their environment. Warm and nurturing environments like support groups, and an accepting workplace environment have helped to develop these traits in some of our respondents. Traits like "drive", "ambition" and "agency" have been honed in a context where individuals are empowered and encouraged, and are able to discover their passion and priorities in life. When they have a direction and are supported in meeting their goals, it further fuels their passion to work harder to achieve.

As such, the implications are to invest time and effort into programmes that support ex-offenders in discovering and articulating their own strengths and

motivations, in order to draw them out and help them channel these into alternative places. Adopting the Good Lives model for desistence, we can more easily identify the concerns and motivations of ex-offenders which are essentially universal motivations and needs of men and women regardless of their background. It is important for workers and policy makers to understand how ex-offenders think about themselves and the current support available to them, along with their concerns, priorities and their dreams such that we can be able to serve them better.

Discussion

Through our interviews with 13 ex-offenders, we investigated the characteristics of environments that can support the formation and maintenance of prosocial networks that aid ex-offenders in their reintegration journeys. Specifically, strong **family** support in terms of moral and practical help is able to aid the ex-offender in regaining traction with his new life out of prison. These evidences suggest that family education is likely to indirectly aid desistance, while providing support for family members can in turn, boost morale and increase willingness and ability of these helpers to help.

The support of **friends** is also important as they provide encouragement and occasional financial help where the family is unable to. Many respondents also highlighted the role that **support groups** played in their lives, in that they provide the essential information to address daily concern of ex-offenders, who have consistently voiced the necessity for employment and living knowledge to restart their lives.

Religion was also mentioned as a source of spiritual support and reflexive meditation. This possibly implies that additional help and funding should be channeled to religious institutions so that they are able to provide quality help in and outside prison, and can be counted on by the ex-offender as both counsel and practical support pillar.

Institution-related support was also appreciated, such as relationships with ex-counsellor, ex-officer, or current mentor. This suggests the potential of expanding the current mentoring programme so that ex-offenders can still have a constant prosocial contact in their lives, even after their mandatory probation period (for those applicable).

There seems to be many **alternative possibilities** for prosocial networks to be nurtured. Avenues for volunteering can be further expanded or promoted to increase the ease in participation. There is also potential for slight oversight in these opportunities — such as through skills-matching — so that the ex-offenders can tap on the skills they have when helping others. Local-level sports interest groups also have the potential to nurture prosocial networks, as many respondents report engagement in sports during their free time.

Lastly, virtually any social space can be the springboard in formation of prosocial networks as well. This was evidenced in the case of the ex-offender who met his current wife in the RC family karaoke establishment. Other such social spaces that were mentioned includes the community library as well as events organized by the community centers.

In terms of mobilizing these support networks for ex-offenders, it is integral to establish an environment where ex-offenders feel safe, respected and supported. Trust, camaraderie, and reliability are key defining factors in terms of the uptake of programmes. Thus, ex-offender community support groups with active desisters along with volunteers who are willing to interact and befriend these ex-offenders can be some ways to effectively reach out to ex-offenders. Anonymous groups might benefit and shelter ex-offenders from social stigma as well.

Limitations and Future Research

Firstly, a limitation of this study is that 12 out of the 13 interviewees were from the same support group, which might significantly inflate the role that support groups play in rehabilitation journeys. It is a valid concern that narratives of these ex-offenders might be largely similar, and more themes could have been uncovered if participants who do not join such regular support groups are interviewed.

Secondly, our sample size is generally small and we do not have access to additional life narratives of other ex-offenders that may vary and provide us with further insight into other possible prosocial networks.

Thirdly, another limitation is that we were unable to interview any associates of our interviewees due to time constraints. It is likely that we could have gotten a better understanding of how the various factors come into play if we obtain insights from both sides of the relationships. Specifically, we could examine the

enablers and barriers for the associates to continue to be a prosocial influence in the ex-offenders' lives.

It would prove to be worthwhile to conduct a further study with a larger pool of respondents with vastly different affiliations on the current receptiveness of formal and informal programmes and with interviewees of different levels of social support. This would give us a more holistic view on how ex-offenders view social support structures and how they perceive the community could help them better.

Conclusion

The life narratives of our interviewees are very useful in gleaming what has worked for them and has given us insights into the necessary conditions for prosocial networks and relationships to be positioned to render support and reinforce change. It is our hope that the traits and processes embedded in these relationships can better inform relevant organisations on how they can approach interventions to reach out to the ex-offenders more successfully.

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Appendix A: Interview guide

Basic Information
1. Age 2. Gender 3. Offending history 4. Religion 5. Family details *Who do you live with? (Parents, spouse, children, other relatives, friends)*
Exploring Relationships
Before 1. How was life like before prison? 2. Who are / were the people who are closest to you before you went into prison? (Parents, spouse, children, other relatives, friends)
During 1. Earlier on we talked a little about your close relationships, did anything change after you were in prison? 2. What / who gave you support during your time in prison?
After 3. How has life been for you since release? 4. How did you expect life to be after release? Did it match your expectations? 5. Have you encountered difficulties since then? (Can you tell me more) 6. 4. Did the people around you understand the situation? What could others have done to make the transition easier for you?
Exploring Individual Change Motivations
1. What do you live for? What is your main motivation in life? 2. Can you recall and share about any meaningful relationships or experiences that shaped your life in a positive way? 3. Looking at your life before, during prison and now, has anything changed?
Exploring the Role of Different Social Networks
Questions about _____ (e.g. your mother / spouse / befriender) 1. Tell us more about your relationship with _____ 2. How understanding has he / she been during this period? 3. What helped to build the relationship?
If no offending peer was mentioned yet: 1. Are you in contact with anyone who is also an ex-offender? 2. Where did you meet him / her? 3. Help us describe the relationship.
If no non-offending peer was mentioned yet: 1. Do you have any friends who are non-offenders?

2. Where did you meet him / her?
3. How long have you known him / her?
4. Help us describe the relationship. How has he / she impacted your life?

Questions about event / programmes

1. Have you undergone any support programmes? Briefly describe them.
2. What are some good points and bad points about the programme? How effective do you think they are?
3. What kinds of programmes do you hope to see?

Other General Questions

1. How important do you think support from the following groups of people is in reintegration? (Parents / friends / colleagues / religious groups / neighbours / grassroots)
2. What does support and friendship mean to you?
3. What helps you to open up to people?
4. What kind of people do you enjoy spending time with?
5. What kinds of help, if any, do you feel that you require most / would appreciate most after coming out of prison? Who do you think are the best people to help?
6. Are there any challenges you faced? What could help make things better?
7. What do you wish could change? How?
8. How do you enjoy your free time?
9. 9. How do you see yourself?

Appendix B: Main themes gathered from interview data

	Definition	Qualifications / Exclusions	Example
Formal Programmes	Programmes run by organizations to support and empower ex-offenders Groups: support groups etc. Non-group: counsellor, officer, job coach etc.	If talks about friends met in formal programmes, indicate under new friends instead	- Support programmes - Job training
Religion	Faith-based or spirituality-related	If they just mention religion in general and did not specify how it affects themselves (e.g. religion is good, all religions teach good stuff)	- Involvement with religious groups
AUOT	Usage of leisure time apart from spending with family; includes both personal pursuits (gymming) and social events (volunteering)	Leisure time spent with family. Code under family instead	- Play sports at the court in neighbourhood
Work	Relating to employment- Being employed and meaningfully engaged in one's job, and the relationships that one gains from the workplace (i.e. colleagues, employers)	Recounting old work experiences (does not relate to current situation)	- Supportive employer
Informal Social Support	Sources of emotional and practical support for individuals. Can refer to close relationships and loved ones.	Old friends not in touch with anymore and did not play a role in individual's reformation	- Family very accepting, spend time together now - Non-judgmental friend who displayed trust

	Definition	Qualifications / Exclusions	Example
Psychosocial Traits	Personal - Distinguishing characteristics that shape the individual's thinking, behaviour and actions		- Characteristics (e.g. hardworking, determined, goal-getter) - Ambition (e.g. provide for family, set up own business, start anew)
Challenges	Hindrance or barriers to effective desistance, be it the lack of something (e.g. support), or the presence of something (e.g. bad friends), and coping mechanisms displayed		- Old friends trying to influence them and get them into drugs
Motivation	Reasons for change, includes both intrinsic and extrinsic motivations -- Include only most pertinent and striking reasons for change (as articulated by interviewee)		- Not worth it to live a life of crime anymore - Wish to be a good example for children

Appendix C: Summary of interviewee details

	Code	Age	Race	Sentences	Employment	Marriage	Support group	Close Relationships
1	HS	48	Malay	Many, drug-related	Y	N	Y	Siblings, ex-fiancée
2	NO	57	Malay	Many, drug-related	N	N	Y	Sister, nephews
3	Mu	44	Indian	Many, drug-related	Y	Y	Y	Son, sister, mother
4	RI	60	Chinese	1x, unlicensed money lending	N	Y	Y	Wife, daughters, church members
5	Am	45	Malay	Many, drug-related	Y	Y	Y	Wife, stepchildren, sister, nephew, prison officer
6	Ra		Chinese	N.A.	Y	N	Y	Sister, nephews, old supervisor
7	Su		Indian	N.A.	Y	Y	Y	Wife, friends
8	Q	67	Malay	1x, drug-related	N	Y	Y	Family, Narcotic Anonymous members

	Code	Age	Race	Sentences	Employment	Marriage	Support group	Close Relationships
9	Y	24	Chinese	Loanshark, Rioting, Drugs	Y	N	Y	NIL
10	G	41	Chinese	3x (or more), Theft	Y	N	Y	Mother, sister
11	B	60	Chinese	Many, drug-related	Y	N	Y	Sister
12	P	38	Malay	1x, Drug Related Offence	Y	Y	N	Family, colleagues
13	W	47	Malay	Many, drug-related. Pirated CDs	Y	Y	Y	Family, family friend

Unravelling Education as a Perpetuator of Social Inequality: School Banding as a Distorter of Opportunities and Resource Availability

ANDY LUA JIA HUI, HOW KWANG MING

Abstract

Education is often touted as the social leveller and in Singapore, it is also the embodiment of meritocracy. In recent years however, the education system has drawn flak for deviating away from its intended purpose of creating fair opportunities for all, and accused of perpetuating inequality along socioeconomic lines.This explorative study seeks to address speculations that inequality arising from the education system has, in part, been informed by the presence of school banding. School banding has been found to distort the amount and type of opportunities that students are endowed with, ranging from academic and co-curricular opportunities, to post-JC opportunities that can impact one's personal development. School banding also influences the quality of education and by extension education experience which has significant ramifications on their performance at the national exams, their post-JC pathways and life trajectories.

Introduction

Dubbed as an Asian miracle by the World Bank (1993), Singapore's founding, past developments and present successes are nothing short of exceptional. Despite gaining independence merely a little more than half a century ago, Singapore is a global hub for commerce and the world's only fully functioning city-state today (Long, 2015). It has also achieved economic success and now ranks as the fourth richest country in the world by GDP per capita (Tasch, 2017). There is consensus that the lion's share of this exceptional economic success should go to the successful implementation of the country's highly-lauded education system.

Singapore's education system was established soon after Singapore's independence from colonial rule in 1959 and separation from Malaysia in 1965, against the backdrop of a heightened sense of vulnerability and the need for survival that followed these events. The government of the day understood the need to draw an intimate link between education and economic development given that human

capital is the country's only natural endowment. For this reason, the public education system was conceptualised with the foremost intent to ensure economic prosperity (Goh & Gopinathan, 2006). Under such circumstances, the accumulation of human capital through education was heavily emphasised by the government as a vital and 'redemptive' substitute for the republic's lack of resources (Chua, 2010).

It goes without saying that there is much to be proud of in Singapore as the country continues defying the odds to emerge at the forefronts of economic success and education, among many others. However, such a narrative, while factually sound, makes no mention of the sacrifices and trade-offs that have made today's successes possible, and disregards the issues and implications that have emerged from Singapore's relentless pursuit of success.

Education is often touted as the 'great social leveler' and widely regarded as a means of securing a better livelihood and a means to facilitate upward social mobility. The education system in Singapore is also supposed to be the embodiment of meritocracy–the ideal where effort is rewarded and merit is due to those who deserve it. Although highly regarded as the cornerstone for the island state's economic success, Singapore's education system has drawn flak for deviating away from its intended purpose of creating fair opportunities for all, and has instead been accused of perpetuating inequality along socioeconomic lines. For all the successes enjoyed and leader boards Singapore appears on, the country still ranks high on the Gini coefficient—a traditional measure of income inequality—and faces one of the widest inequality gaps among developed countries today (Chan, 2014).

The conundrum surrounding the role education plays in perpetuating inequality is the basis for this explorative study. While attempts by academics to ascertain such relations centres around exogenous influences, such as the way intergenerational income distorts the equitable role of education, little research has investigated how inherent structures constituting the education system can also be a cause of social inequality. This study seeks to narrow the gaps in existing literature by specifically investigating whether school banding within the current education structure affects the availability and accessibility of educational resources and opportunities to students, and hopes to establish a foundation for future research to be done.

Literature Review

Education, Capability and Mobility in Meritocratic Singapore

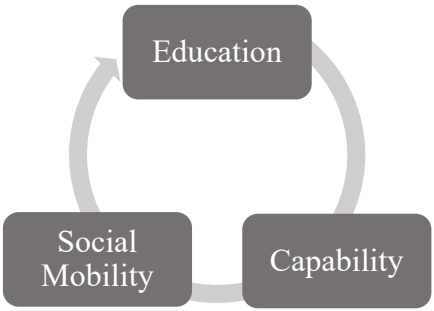

Figure 1. The proposed relationship between education, capability and social mobility

Rooted in the principles of meritocracy, Singapore's education system is based upon one's own merit and effort. It has assured all Singaporeans of a fair opportunity at the 'Singaporean success', and continues to be promised as the only path that guarantees upward social mobility. Singapore's approach to an objective meritocratic education system adheres to the relationship shown in Figure 1. Through education, knowledge and skillsets are imparted to individuals and their ability to hone and develop these capabilities are assessed via their academic performance. Because meritocracy encourages an environment where 'formal credentials are highly emphasised at every stage of a student's and worker's life' (Chua, 2010), academic excellence has thus become a 'seal of approval' necessary for individuals to unlock opportunities for employment or higher education. It is then, ultimately, an enabler for upward social mobility that is manifested conspicuously through economic status and job designations. For this reason, it remains common practice to peg and ascertain one's ability to one's salary; till today, a higher salary is still assumed to imply greater capability.

Social Inequality Arising from a Meritocratic Education System

In spite of widespread acknowledgement of the practice of meritocracy in Singapore, the concept remains abstract and elusive. Borrowing insights from Cavanagh (2002), Singapore's version of meritocracy is less interested in giving

'*everyone a chance to earn the right to a job*' but is instead concerned about '*revealing*' the best person for the job.

Under this conceptualisation, meritocracy serves as an efficient means by which individuals are identified based on the qualities they possess, and matched to positions that require those same qualities. As Kenneth P. Tan (2008) posited, 'it [meritocracy] is not a matter of ensuring non-discrimination and equality of opportunity (a focus on fairness), but of finding the right persons for the job and paying them salaries that they deserve (a focus on outcomes).' In other words, meritocracy is an efficient means of resource allocation. However, the issue arises when meritocracy treats people with fundamentally unequal backgrounds as superficially the same. Doing so ignores and even conceals the advantages and disadvantages that are unevenly distributed across an inherently unequal society which consequently, results in the perpetuation of inequality.

One of the most common and well-established arguments related to the perpetuation of inequality is one's pre-existing financial endowment. Many studies have shown that financial resources (i.e., income and wealth) play a fundamental role in influencing one's ability to access opportunities and educational resources. Income disparities are said to worsen across successive generations, as the education system continues to allocate resources without taking into account the realities of an 'unlevel playing field', where individuals differ in their 'starting points' as a result of the resources they were endowed with from birth. For this reason, Chua (2010) likened meritocracy to a 'fortuitous agent for elitism and social reproduction', where meritocratic societies often have groups endowed with pre-existing advantages that can be passed on or used on the next generation for their exclusive (and unfair) benefit. For instance, Barr and Skrbis (2008) noted that although the government has put in place many institutional frameworks like government scholarships to equip students with financial capabilities to pursue further education, evidence collected still revealed that a majority of scholarship recipients hailed from 'upper-middle class backgrounds, and that educational resources are skewed in the direction of elite families'. Separate studies by Bowles (1972) and Ng (2007) also affirmed this view, and found that the extent of educational resources (such as tuition or enrichment programmes) a student received was subject to the economic disposition of their parents. Because the procurement of educational resources is contingent, to a large

extent, upon social resources (wealth and connections[1]), winners of a meritocratic education system are increasingly and unsurprisingly tending towards individuals coming from the affluent segments of society (Chua, 2010). Therefore, in a local context, there is a clear correlation between income and one's ability to access educational resources, and thus attain upward social mobility. For this reason, students from affluent families are said to experience less resistance in their pursuit of achieving upward social mobility as compared to those from humbler backgrounds.

Beyond income, this paper is interested in exploring another school of thought that asserts the role of school banding in un-levelling the local educational landscape. Advocates of this notion believe that ranking schools into different bands implicitly distorts the distribution of educational resources to students. In a forum article in The Straits Times, Ng (2016) expressed that 'educational inequality is an obstacle to talented students in neighbourhood schools obtaining success'. In her argument, she outlined how government scholarships assess students based on their critical thinking abilities, which is something that neighbourhood (or normal) schools might not be equipped to teach their students. Another champion of this line of argument is political activist Roy Ngerng (2013) who wrote on 'advantaged schools' and noted that students from 'advantaged schools' are able to progress and obtain upward social mobility much more easily as compared to their peers in normal schools. It is interesting to note how both Ng (2016) and Ngerng (2013) segmented and framed different schools in their arguments, with Ng (2016) labelling less prominent schools as 'neighbourhood schools', while Ngerng regarded better schools as 'advantaged schools'. While both articles do not really delve into the implications arising because of such banding, there is reason to believe that such banding could potentially affect a student's ability to gain access to education resources despite the Singapore government's emphasis that 'every school is a good school'.

As such, this paper is premised upon an exploratory study seeking to investigate the role of school banding in influencing the level of availability and accessibility that students have to educational resources and opportunities. As we

[1] Connections here essentially refer to social capital, such as the opportunities one has because of the connections that they have. For example, it is easier to get internships in organizations where you have a family connection working in the company (be it a family member, or a family friend).

are cognizant of the influence of income as informed by the earlier works of academics, we hope to employ income as a control variable through the course of this study. By investigating the access to educational resources on several fronts pertaining to school banding, and juxtaposing it independently of the influence of income, we hope to derive a better understanding of how school banding distorts the availability of educational resources and opportunities in different schools, affects the personal development of individuals, and culminates in contributing to social inequality.

Methodology

Brief Overview of Study

In order to understand and examine how school banding has affected students and whether it has led to the perpetuation of inequality in Singapore, we needed to elicit the personal experiences of individuals who have personally gone through the education system.

According to DeFranzo (2012), surveys often encourage close-ended responses that may have a 'lower validity rate' as compared to open-ended questions. She further suggested that respondents may not be fully aware of their reasons for the given answers. Qualitative interviews, on the other hand, are more open-ended, and allow emerging patterns in the data to point to broader themes and ideas (DeVault, 2017). Given the context of this study, we believe that beyond just eliciting personal experiences from our interviewees, it is vital that we understand their reasoning and sentiments on the issue as well. For the above reasons, we chose to adopt a qualitative approach for our study, and we conducted interviews with 13 individuals from diverse academic and familial backgrounds.

Interview Specifics

Several criteria were employed when selecting interview participants to ensure a reasonable basis for our analysis. Selection of interviewees was firstly based on their institutional background, as well as their age group. All of the interviewees were pursuing a university bachelor's degree with the National University of Singapore (NUS), had gone through the pre-university education system through the junior college (JC) route, and had graduated with a Cambridge GCE 'A' Level certificate. In doing so, we excluded prospective interviewees from polytechnics and

schools offering the International Baccalaureate (IB) diploma, such as Anglo-Chinese School (Independent) and St. Joseph's Institution (International). Doing so ensured that all interviewees in our study had undergone a similar academic curriculum, and eliminated any confounder that might arise from differences in academic curriculum.

JCs were then stratified according to their academic achievements. Based on the admission scores obtained from the annual Joint Admission Exercise (JAE), JCs that had been consistently ranked by MOE as the top 5 schools over the past 5 years were regarded as *elite* JCs[2]. The rest of the schools were regarded as *normal* JCs. A summary of our selection process and criteria can be found in Appendix A. Based on such a characterization, we selected 6 interviewees who came from *elite* JCs, while the other 7 were from *normal* JCs. Our exploratory study largely examined the impact of school banding on one's access to resources and opportunities. Therefore, by ensuring that we had an equal spread between *elite* and *normal* JC students, we were able to more accurately draw inferences from their opinions without fear of selection bias.

Lastly, we incorporated an additional stratification—income level. Current literature has already established that there is a correlation between one's family income level, and access to academic (and non-academic) resources and opportunities. Therefore, this stratification enabled us to hold this premise constant, and study the correlation with regard to school banding. In order to identify one's income level, we classified our interviewees based on their monthly household per capita income. An interviewee was considered to be from a *low-income* household if he/she had a monthly household per capita income of $2,250 or below[3]. Any interviewee with monthly per capita income higher than that threshold was categorized under the *high-income* stratum. A summary of our interviewees can be found in the table below:

[2] Schools that fell under the *elite* JCs category are: Raffles Institution, Hwa Chong Institution, Victoria Junior College, National Junior College, and Anglo-Chinese Junior College (Appendix A)

[3] In order to qualify for NUS financial aid (bursary), a Singaporean/PR undergraduate must have household per capita income of 'not more than $2,250'. Hence, $2,250 was selected as the benchmark for income stratification. Source: NUS Office of Admissions.

	High Income	Low Income
Elite School	Jerome (*HE-Jerome*) Mike (*HE-Mike*) Patrick (*HE-Patrick*) Sam (*HE-Sam*)	Ng (*LE-Ng*) Jonathan (*LE-Jonathan*)
Normal School	Lee (*HN-Lee*) Lin (*HN-Lin*) Goh (*HN-Goh*)	Glen (*LN-Glen*) John (*LN-John*) Pang (*LN-Pang*) Tina (*LN-Tina*)

Table 1. Summary of interviewees

As reflected in the table above, interviewee identification tags were used in our subsequent analyses to provide a quick summary of the interviewees' profiles whenever they were referenced. Each interviewee's identification tag is made up of the following sequence:

Level of Income	School Banding	Name
H = High income *L = Low income*	*E = Elite JCs* *N = Normal JCs*	*Names based on the interview transcripts*
E.g. HN-Jack connotes that Jack belongs to the high-income bracket, and is from a normal JC		

Table 2. Legend for interviewee identification tags

Interview Themes

We approach our interviewees with open-ended questions regarding their personal experiences in their respective pre-university educational institutions. While we understood that the nature of open-ended questioning might elicit responses irrelevant to our study, we believed that picking up on nuances and themes in our interviewees' responses would help us to avoid projection bias. Therefore, we based our interview questions on broad, overarching themes that were designed to steer the discussion towards their personal educational experiences. These broad overarching themes and lines of questioning are as follows:

- Opportunities offered to interviewees after the 'A' level examinations, before they selected NUS as their choice of university
- JC's resources in preparing its students for post-JC life (scholarship and tertiary education guidance)
- Types and range of enrichment opportunities that the interviewees had for selection while they were studying in JC
- Educational experience in JC: teachers, syllabus, curriculum, etc.
- Educational experience outside JC: private tuition, additional enrichment classes, etc.

From our open-ended interviews, we sought to gather qualitative information about individual experiences of different students graduating from different JCs, in order to understand if there was a correlation between school banding (*elite* vs. *normal*), and one's access to academic and non-academic resources. By critically analyzing our interviewees' responses, we aimed to identify possible trends and/or anomalies that prove or complicate the correlation.

Research Analysis

Post-JC Opportunities Offered

We looked into how school banding and income levels affected the kind of opportunities that Singaporean students had access to while they were applying to universities. As all our interviewees were currently students in NUS, we were keen on finding out whether they had offers from, or the opportunity to apply to, other local and overseas universities. Here, the opportunity to apply to overseas universities was a clear indicator of a much wider access to opportunities.

Elite schools. Elite school students generally had a wider range of education opportunities at their disposal as compared to normal school students. However, there were perhaps some differences in the underlying reasons for selecting a local university (NUS) across income brackets.

High-income bracket. We noticed that all elite school students in the high-income bracket whom we interviewed were capable of attaining overseas education opportunities in reputable universities, but had turned them down for reasons that were not due to financial difficulties. For example, *HE-Jerome*, *HE-Mike, HE-Sam*

and HE-Patrick all had many opportunities to apply to overseas universities. However, *HE-Jerome* did not apply eventually because his parents had already funded his two other siblings for overseas education, and he did not want to increase their burden on a third child, despite having the ability to afford it. Similarly, *HE-Sam* had the opportunity to apply to overseas universities, and was even encouraged by her parents to do so. However, she ultimately refused because she felt that *'going overseas with [her] parents' money felt wrong'*. *HE-Mike*, on the other hand, had already received offers from prestigious overseas colleges but eventually turned them down for a place in NUS because he felt that the cost of self-funding his education without a scholarship was not worthwhile.

Low-income bracket. Across the spectrum, elite school students from the low-income bracket were much more hard-pressed with their financial situations. In fact, all our interviewees from this bracket revealed that they had never considered overseas opportunities despite having the academic capability to do so, and cited cost constraints as their primary reason for this. Due to their academic capabilities, both *LE-Jonathan* and *LE-Ng* were offered the full array of educational opportunities in Singapore from all local universities that they applied for. However, they both shared that only local universities were considered, as affordability was a key consideration when it came to the decision of applying to overseas universities. In the case of *LE-Jonathan*, he made the conscious choice of selecting NUS as it was the closest to his home, and he could minimize travelling costs as well.

Normal schools. Unlike those in elite schools, students from normal schools were more limited in terms of the opportunities they had when applying to universities; however, some were still able to consider overseas universities because of their financial situations.

High-income bracket. From our interviews with the normal school students in the high-income bracket, we noted that interviewees did consider an overseas education, but eventually did not apply for various reasons that were irrelevant to cost issues. *HN-Lee* had actually considered applying to the University of Cambridge, but was deterred by the application process, and highlighted that cost was not a primary concern. Hence, it could be inferred that the lack of preparedness and necessary know-how deterred students from applying for overseas opportunities.

Low-income bracket. At the other end of the income spectrum, normal school students with low income were constrained primarily by cost. In *LN-John*'s

case, he wanted to limit himself to the cheapest education option possible. John firmly believed in the effect of income on educational opportunities and recounted the case of a friend who had a subpar 'A' level score, but could still study in the University of Manchester because of his financial capabilities. *LN-Pang* also agreed with this idea when she said that she did not consider overseas opportunities due to financial concerns, regardless of her performance in the 'A' level examinations. Clearly, interviewees in the normal school low-income bracket were heavily constrained by their financial situations, and overseas opportunities were completely out of their consideration from the onset.

Analysis.

Across both high-income brackets. Based on our interviews, elite school students have the academic capability to access a wide plethora of opportunities, including going overseas. This is especially evident in the high-income bracket. Students from the high-income bracket eventually choose a local education in NUS not for financial reasons, but for other individual reasons such as filial piety and their personal value system. This reinforces how students from high-income families have no or little need to consider financial costs when it comes to education, and that allows for more opportunities to be available and to be pursued. Individuals in the high-income elite school bracket have the luxury of a wide range of opportunities, and income is less of a consideration. On the other hand, while individuals in the high-income normal school bracket may also have the luxury to access these opportunities, they may not be as well-equipped and prepared to do so.

Across both low-income brackets. There is, however, no differentiation in the accessibility to education opportunities, when it comes to low-income bracket students from both elite and normal institutions. It is apparent that financial concerns remain a crippling factor when it comes to accessing university education opportunities, especially when it concerns opportunities abroad; many of them would not even consider an overseas education due to financial constraints. Therefore, opportunities offered might be more similar across different school bands for individuals in the low-income bracket; in this case, income is a much larger factor, compared to school banding.

While the analysis on post-JC opportunities reveals that minimal differences are present in the opportunities available across school bands for students in the low-income bracket, significant distinctions persist across students in the high-

income bracket, where students from elite schools have significantly more opportunities to consider and choose from, relative to students from normal schools. We attribute this disparity to the types of resources that the different schools provide students with, and would examine them in the upcoming section.

Preparation for Post-JC Life

This section examines the post-JC resources that different schools had made available and accessible to their students. In particular, we asked our interviewees the extent to which their schools provided guidance and support to prepare them for life after JC, be it attaining a scholarship or pursuing a tertiary education. In doing so, we sought to understand whether the availability of such resources affected the range of opportunities that our interviewees were able to get.

Elite schools. In general, we noticed that elite schools had in place a more extensive support infrastructure to prepare students for university education, with interviewees from both the low- and high-income brackets agreeing on the availability of the school's programmes..

High-income bracket. Elite school students in the high-income bracket provided extremely detailed accounts of their schools' programmes to prepare students for university education. *HE-Mike* recounted that Hwa Chong Institution (HCI) had a University Resource Centre that was managed by externally hired staff and was solely dedicated to helping students prepare their local and overseas university applications, as well as scholarship applications. This would certainly provide students in HCI (and other elite schools with similar platforms) the exposure and guidance needed to apply to overseas universities and for scholarships that funded the study abroad. Furthermore, *HE-Mike* noted that HCI had an annual scholarship fair that attracted government agencies and major private enterprises, and even organised private tea sessions with renowned institutions or universities exclusively for selected HCI students marked with the potential to be future scholars. *HE-Mike* then went on to discuss how some high-achieving students in HCI were given early access to Public Service Commission (PSC) scholarship application even before the official application process had opened for regular applicants, and were therefore able to get a head start in the scholarship application process.

Low-income bracket. It is interesting to note that elite school interviewees from the low-income bracket also recognised the wide array of platforms made

available by the school for students to pursue scholarship and tertiary education opportunities. *LE-Ng*, who was also an alumnus from HCI, echoed *HE-Mike*'s account of HCI hosting annual scholarship fairs, and acknowledged that her school administration placed great emphasis on preparing students for further education. *LE-Jon* mentioned that Raffles Institution (RI) had a scholarship centre that was managed by external staff–as with HCI–and was tasked with helping students apply to prestigious overseas universities in both the United States and the United Kingdom. This centre also conducted workshops to equip students with the necessary know-how on applying to overseas universities. It is also noteworthy that students in RI were told to create an account with Brightsparks—a platform for scholarships and higher education—since their secondary school days, thus expanding their exposure to and preparedness for further education.

Yet through our interviews, we noticed that our low-income interviewees had less detailed accounts of these facilities and programs provided by their schools. For instance, *LE-Ng* said that she was more interested in goodie bags and gifts provided at the scholarship and university fairs. This might indicate that students from the low-income bracket were less hopeful of an overseas education, and therefore did not pay as much attention to these opportunities provided by their schools.

Normal schools. On the other hand, interviewees from normal schools all highlighted the absence of an organized facility or programme to prepare students for scholarships, or to offer information on tertiary education opportunities.

High-income bracket. All interviewees from the high-income bracket stated that no assistance or guidance was provided by their JCs with regard to pursuing tertiary education. *HN-Lee* recounted that there was no assistance given because there was no historical demand. In his opinion, teachers and the administration in his JC felt that stellar students would be able to attain scholarships or university offers without the need for any form of assistance. *HN-Lee* also noted that scholarship talks were limited and mainly featured the Ministry of Education's teaching awards. *HN-Lin* corroborated this. According to her, her JC '*just provides information about how many points a student needs to get into universities and what courses are available*', and would invite universities to set up booths on 'A' level results day to provide students with information. Apart from that, she noted that teachers were mainly focused on preparing students for the 'A' levels.

Low-income bracket. Similarly, low-income interviewees from normal schools also made similar observations about their respective schools' post-JC facilities. *LN-Pang* noted that her JC did not have any platforms that provided guidance on tertiary education or scholarships. In her opinion, scholarship providers '*don't think our school has scholarship potential*'. This was compounded by the fact that the JC management was passive in inviting scholarship providers and tertiary institutions to the school for outreach events. The situation was better in the JCs attended by *LN-Tina* and *LN-Glen*, which had dedicated career counsellors whom students could approach.

However, it is interesting to note the discrepancy between the accounts of *LN-Tina* and *HN-Lin*, who were both in the same JC. While *HN-Lin* mentioned that there was little guidance, *LN-Tina* noted that the JC had a career counsellor. This suggested that the presence of career counsellors, or such programmes and infrastructure, were not prominently promoted and established in normal JCs as it was likely not considered a priority by the school administrations.

Analysis. Based on the findings of our interviews, we can identify a significant gap between the resources offered by elite schools and normal schools with regard to providing knowledge and guidance on the opportunities available after pre-university education. It is apparent that the elite schools put a lot of emphasis on preparing their students for post-JC education, while normal schools are more focused on preparing students on immediate pre-university education. Scholarship or career centres in elite schools are also much more proactive and aggressive in organizing post-JC education activities, while those in normal JCs act more like a passive auxiliary function that students are sometimes not even aware of. It is noteworthy that among elite schools, there is also an elitist trend of exclusive treatment to prepare specific high-achieving students for scholarships and prestigious opportunities—a luxury that normal schools, as well as the less prominent students of these elite schools, will never have any access to.

There does not seem to be a significant stratification across income brackets, as students in both the low-income and high-income brackets have similar accounts with regard to their school's facilities, apart from the mentioned discrepancy between *HN-Lin* and *LN-Tina*. This suggests that income does not play a very huge role in students' awareness of post-JC preparatory programs within their schools. However, among elite school students, we note that low-income interviewees are slightly less passionate and aware of their schools' efforts to

provide them with knowledge on overseas education, as well as the scholarships that come with it. Therefore, this implies to a certain extent that students from the lower-income bracket may be more apathetic towards these resources, because their financial situations already rule out overseas education as a future option.

It is evident in our analysis that school banding is a key differentiator in students' access to programmes educating them on post-JC education opportunities. Elite schools are more invested in helping students to map their future after the 'A' levels, and this results in the extensive resources that are made available to their students. On the other hand, normal schools seem less concerned with doing so and therefore take a passive stance towards making these resources available to their students. While there might be slight differences between the attitudes of students from low and high-income brackets towards these programmes and activities, these are still weak postulations based on our interviews.

Types and Selection of Opportunities in JCs

We also asked our interviewees about their experiences and the opportunities they had while studying in their respective JCs. We did this because we believe that the array of opportunities available in a JC in terms of both co-curricular and enrichment activities offered is reflective of the resources that the school is endowed with; this subsequently translates into the extent to which a JC is able to provide students with sufficient opportunities to groom and develop them holistically.

Elite schools. Interviewees from both low- and high-income brackets who graduated from elite schools shared that their respective schools had a wide range of co-curricular activities (CCAs) and enrichment programs for students to participate in. *HE-Jerome* noted that there were more CCA opportunities in RI because there was a lot more funding available and support offered by the school, as compared to normal schools. *LE-Jonathan* also corroborated this point, noting that RI had a lot of CCAs that were not commonly found in other schools, such as fencing. He attributed this to the huge endowment of financial resources the school possessed. However, *HE-Jerome* also qualified that funding was allocated based on the performance of each CCA, therefore CCAs like canoeing (which he was a part of) received less funding due to their sub-par performance in competitions.

Regarding other opportunities like enrichment programmes, and exclusive career and scholarship talks, all elite school interviewees acknowledged that their schools stratified students and only privileged students with stellar grades or higher potential were entitled to those opportunities. For example, *HE-Mike* said that certain positions in the HCI Student Council were reserved for grooming '*the elites of the elite*' to become scholars. *HE-Jerome* corroborated this with his own personal experience, as he felt that the internal ranking system in RI deprived him of the opportunity to attend certain exclusive career and scholarship talks and overseas programmes. *LE-Jonathan* also recalled that RI had a special programme known as the Raffles Academy. According to him, only stellar students with the right aptitude could make the cut, and the Academy provided additional intensive training and exposure to prepare qualifying students for academic-related competitions like International Olympiads. From these accounts, we note that students were frequently placed under a screening process within elite schools, and only high-performing students were granted exclusive access to certain resources. In a way, this was a method with which elite schools allocated their vast resources.

Normal schools. Most of our interviewees from normal school backgrounds shared that they did have co-curricular and non-academic opportunities available for them to expand their horizons or learn new skills as well. *HN-Lin* discussed how her school placed an emphasis on overseas community involvement programmes (OCIPs), with the school providing subsidies of up to 50% for students to embark on OCIPs. This provided students with the opportunity to interact with, and contribute to, needy communities overseas. *LN-Tina* also felt that she had opportunities to try out new things in her JC. According to her, '*if you lack prior experience in a [the] sport, you would not be able to make it to the team [in elite schools]*'. She felt that the ability to explore new sports value-added to her personal development, and it was an opportunity that she would not have been able to receive in an elite school due to her lack of prior experience in certain sports.is

However, academic opportunities provided by the normal schools were either extremely limited, or completely non-existent, compared to the opportunities provided by the elite schools. *HN-Lee* lamented that when he was in JC, he did not have the opportunity to take part in the Mathematics Olympiad simply because his school's Mathematics department '*felt that his [my] batch was weak [and] thus such a program wouldn't have benefited anybody*'. *LN-Pang* felt that her school could have provided students with more exposure to the arts by value-adding to their learning through beyond-the-classroom experiences like field trips. To her, '*it's*

really a lot about beyond-the-classroom learning which MOE always advocates, but I don't see happening in my JC'.

Analysis. With regard to the opportunities provided by schools, there is little variation across the income brackets of students. Both low- and high-income bracket students are cognizant of the types of opportunities available in their schools, and the types of programmes that are in place. This suggests that the opportunities provided by the schools are not influenced by students' household income and financial capabilities. This is a reasonable premise because opportunities provided by a school are dictated by the school administration, independent of a student's household income. Furthermore, a lot of these opportunities such as co-curricular activities are heavily subsidised by the schools, and are not contingent on any financial commitments from the students.

However, there is a stark difference between the types of academic and non-academic opportunities offered by elite schools, and those offered by normal schools. Elite schools have academic programmes in place for students to tap on; many of these are offered to students should they meet the requirements–academic performance and talent–to qualify. Furthermore, elite schools appear to have a wider range of non-academic programs and CCAs due to the extensive resources they are endowed with. When juxtaposed against the elite schools, normal schools seem to lack emphasis on academic programmes. While there are still opportunities in terms of CCAs and non-academic pursuits like OCIPs for students to experience and participate in, they pale in comparison to the extent and variety offered by elite schools.

Apart from the above analyses, there are also several other notable observations. Firstly, it seems that despite having a more extensive range of opportunities for students, elite school students are frequently subjected to a stringent screening process that only rewards individuals who display talent and capability. As a result, this limits the opportunities for students who wish to pick up something new, be it in sports, knowledge or skills. Hence, it seems to be the case that a further stratification takes place within elite schools, where the *crème de la crème* benefit significantly while the less prominent students are left with a limited range of opportunities to choose from and are given less support. In contrast, the lack of a screening process for opportunities in normal schools means that students have more autonomy to choose what they wish to experience or participate in. Therefore, while the array of opportunities in normal schools might pale in comparison to that

in elite schools, students in normal schools might have greater leeway to select the kinds of co-curricular experiences they wish to pursue, compared with students in elite schools.

Educational Experiences in JCs

This section seeks to ascertain whether the type of institution as well as one's income bracket affect the educational experience that a student receives. To ensure a basis of comparison among the elicited narratives, educational experience was segmented under three broad themes–one's learning experience, the curriculum that one had undergone, and the assessment format and rigour that one was exposed to in JC. Specifically, an overall positive educational experience depends on a positive learning experience provided by one's teachers, a curriculum that goes beyond the syllabus, and rigorous assessments.

Elite schools. There were slight variations in the responses offered by students from elite schools, possibly arising from the varied expectations that different students used to gauge their own educational experiences. However, students from elite institutions did generally have a positive experience.

High-income bracket. Our interviewees from elite schools and the high-income bracket cited positive and encouraging environments in their schools. They shared that they had 'really supportive' and 'dedicated' teachers who 'invested a lot' in them. While they qualified that every school did have its fair share of good and not-so-good teachers, the narratives collected seemed to suggest that a significant proportion of teachers in elite schools were good, caring, and passionate. Of the four interviewees from the high-income bracket, only one felt that he had been short-changed; and that was because he was in a '*weaker class with students that entered through direct-school admission'*. In terms of the curriculum that students were exposed to, it seemed to be the standard practice for teachers to teach beyond the 'A' level syllabus. One interviewee, *HE-Sam*, shared that '*my teachers definitely encouraged learning beyond the syllabus and their rationale is really learning for learning sake, for knowledge and to know more*.' Another interviewee, *HE-Patrick*, echoed a similar viewpoint and shared that '*in HCI, it was pretty beyond syllabus. I felt that it was interesting that they asked us to cover a lot of important things on our own*.' Concerning the rigour of assessments in elite schools, our interviewees generally felt that their schools' examination papers were tough, but also highlighted

that other non-elite schools had equally, if not more, difficult examination papers as well.

Low-income bracket. Elite school interviewees from the lower-income bracket had similar sentiments to those from the high-income bracket. They felt that they had a positive learning experience in their JCs. Both interviewees in this category highlighted that their teachers offered individualised attention to the students; this reflected the teachers' level of dedication. *LE-Jonathan* had a teacher who was willing to go the extra mile to prioritise and provide additional tutoring sessions for students who were lagging behind in their studies. Curriculum-wise, the opinions brought forth were congruent with those expressed by interviewees from the higher-income bracket group, i.e., teachers generally taught beyond the required syllabus. As *LE-Jonathan* put it, '*[teachers] who just come to the class without value-adding (in terms of content) are the bare minimum'*. *LE-Ng* expressed similar points of view and shared that her Chemistry teacher:

> *will explain to you if you express interest to find out more about the topic. But because she recognizes the difference in interests in the class, so she will sometimes opt to talk to you outside of class time, with regards to this additional knowledge*.

In terms of assessment rigour, both interviewees echoed the views of interviewees from the high-income bracket, i.e., examination papers from their respective JCs were tough and tested the understanding of key concepts. But, they also mentioned that this was not only observed in the elite schools, but was prevalent in non-elite schools as well.

Normal schools. Variations in educational experience were more pronounced among the interviewees from normal schools. In terms of learning experience, responses elicited were polarised, with some interviewees feeling that they had been short-changed, and others feeling that their learning experiences were 'fulfilling' ones. For curriculum matters, the main sentiment was that teachers tended to stick to the 'A' level syllabus, and therefore did not 'value-add' in terms of content-learning. The interviewees also felt that the normal schools' assessment rigour paled in comparison to that of elite schools because of concerns over the students' aptitude.

High-income bracket. Our interviewees from the normal schools and the high-income bracket had varying views on their learning experiences. Most of the interviewees felt that they had a less-than-ideal experience because of the teachers that they had. *HN-Lee* felt short-changed because '*(students) were looked down upon by teachers who did not think the students are capable of doing well*'. *HN-Goh* shared this point of view and stated that the teachers in his school were not passionate about teaching. Responses toward curriculum were also mixed. From *HN-Lee*'s personal experiences, he shared that teachers refrained from introducing students to questions which were unorthodox and preferred sticking to the questions from past-years' examination papers. This consequently limited the students in their content exposure and undermined their ability to tackle tough problems during the 'A' level examinations. There was also a general recognition among interviewees that their JCs' papers were on par with, if not more difficult than, the actual 'A' level examinations. Quoting *HN-Lin*, '*generally, [the preliminary examinations] are way harder than 'A' level standards.*'

Low-income bracket. The responses that we got from interviewees from the low-income bracket were also polarised. Some felt that they had a sub-optimal learning experience because of the teachers that they had in their JCs. Both *LN-John* and *LN-Pang* felt that the teachers they had did not go beyond 'the basic requirements' of downloading content and going through tutorials. Additionally, some teachers did not exhibit care for their students, with *LN-Pang* sharing that she had a teacher who was not aware that she was in the class until 10 months into the year. '*It really shows that she didn't care,' LN-Pang* said. On the other hand, interviewees like *LN-Glen* and *LN-Tina* felt that they had good teachers who were '*motivated*' and '*willing to go the extra mile*'. In terms of curriculum, with the exception of *LN-Glen*, all other interviewees indicated that their teachers stuck strictly to the syllabus for various reasons. According to *LN-John*, there were occasions when his teacher dismissed the questions that he and his classmates asked, citing the reason that they were not tested in the examinations and that there was no need for concern. *LN-Tina*'s example reinforced this notion, where she shared that '*teachers stuck to the syllabus. I think they may not have seen the point in teaching us anything more. I don't think they see it as their job to do so*.' Sentiments regarding assessment rigour echoed that made by interviewees from the higher-income bracket. A possible explanation for this occurrence was offered by *LN-Tina*:

> '*Priority of neighbourhood schools is 'A' levels. That's why papers are set at 'A' level standards because that's what we need to do, that's our priority.*

Setting it above 'A' level standard is more than what we need to do and we're not willing to do more than that.'

Analysis.

High-income bracket. High-income bracket students from elite schools generally have good learning experiences. They feel that their teachers are nurturing, and invest resources in students. This is in contrast to the experiences of high-income students from normal schools, who feel 'short-changed' and find their teachers not motivated and driven.

In terms of curriculum, students from elite schools assert that teachers have a tendency to impart knowledge beyond the sphere of the required 'A' level syllabus, while those from normal schools report that teachers more often than not abide by the syllabus. Reasons offered for this discrepancy include teachers' perceptions of the aptitude of their students, as well as the end-states that they envision for their students. Specifically, teachers from elite schools aim to help students achieve the best grades and more, while those from normal schools only aim to help students pass the examinations.

Concerning assessment rigour, there is no identifiable difference between students from elite and normal schools. The prevailing belief is that examinations in elite schools tend to be above the 'A' level standard so as to challenge their students, while those in normal schools tend to mirror the standard of the actual 'A' levels. This is however not confirmed by our study; the interviewees from both elite and normal schools claim that their preliminary examinations tend to be of a greater difficulty, when compared to those of the actual 'A' levels.

Low-income bracket. Low-income bracket students from elite schools report having a positive learning experience because of their 'dedicated' teachers. However, views on learning experience are polarised among low-income bracket students from normal schools. Some of these students assert that their teachers '*go the extra mile*', while others report that their teachers leave them with a sub-optimal learning experience. In short, the discrepancy in terms of teaching quality seems to be less pronounced in elite schools, when compared to normal schools.

A disparity is also noted in the assessment of the school curriculum. Low-income bracket students from elite schools highlight that their teachers tend to supplement students with knowledge and content that go above and beyond what is

required in the 'A' levels. By contrast, low-income students from normal schools report that their teachers adhere strictly to the syllabus. Additionally, low-income bracket students from both elite and normal schools hold similar views on assessment rigour.

Overall, our analysis indicates that an individual's learning experience is likely to be better if he/she were to attend an elite school, compared to a normal school. Students from elite schools are likely to encounter inspirational teachers who leave an impact on their lives, while those from normal schools are likely to encounter teachers who 'do the bare minimum'. A possible reason for this difference is the ability of elite schools to have more jurisdiction over the teachers that they hire. As elucidated by *LE-Jonathan*:

> *I think being in a school that's recognised, there's the brand name there and it naturally attracts more teachers to want to teach at RI? In that case, there's generally a larger selection pool that the school can choose from, and if they (make it) through the entire selection process, they are actually validated to be 'qualified' teachers. But I wouldn't say that average schools don't have good teachers around. There definitely would be good teachers, but perhaps they're less motivated or have to take in certain teachers not by choice because they need to fill in the operational requirements that the school needs to be filled.*

Another difference between elite and normal schools lies in the curriculum that students are exposed to. It is reasonable to assert that students in elite schools have the luxury to be exposed to greater knowledge beyond what is necessitated by the 'A' levels syllabus. As a result, these students are more informed and have greater exposure, and this further reinforces their overall positive learning experience. By contrast, students from normal JCs are likely to be taught only up to what is stipulated in the syllabus. Normal JC teachers likely do not make the effort to equip students with more knowledge for the simple reason that they do not see any point in doing so. As mentioned earlier, this difference in mentality stems from teachers' perceptions of students' aptitude and corresponding goals.

It is noteworthy that no variations exist in terms elite and normal school students' experience of academic rigour and standards of examinations. All students report that their school examinations are benchmarked at difficulty levels that are higher than those of the actual 'A' level examinations. In short, the prevalent belief

that elite school examinations are more difficult than normal school examinations is in fact a misperception.

In summary, there is some evidence that school banding does affect the educational experiences of students, regardless of the students' income brackets. This difference in experience between students from elite and normal schools is manifested through the differing quality of teachers, as well as the varying level of knowledge exposure.

Educational Experiences outside of JCs

In the Singapore context, an individual's educational experience is not confined within the school premises. The practice of sending one's child to tuition is not new in Singapore, and extant literature has shown that such a practice is more prevalent among wealthier families because of the inherent financial capital required to engage in such an activity. In this section, we seek to understand how such experiences vary across individuals not only in terms of income, but also in terms of school banding.

Elite schools. A clear distinction was observed between interviewees belonging to high- and low-income brackets, where all interviewees in the former had undergone tuition while the exact opposite holds true for all interviewees in the latter. This result supports previous studies that showed income as a key determinant of out-of-school educational experience.

High-income bracket. All the interviewees belonging to this segment shared that they had received tuition minimally for two subjects. While the decision makers of tuition enrolment were either the student themselves or their parents, it was also possible for friends to play a decision-making role. For instance, *HE-Sam* shared that her friend signed her up for Chemistry tuition, and only notified her about it on the day of the first tuition session.

Low-income bracket. By contrast, interviewees from the low-income bracket shared that they did not engage tuition services. When probed on this decision, upfront reasons offered veered surprisingly clear from costs. Instead, our interviewees shared that tuition had a negative connotation attached to it—a lack of self-motivation or inattentiveness to what was taught in school. Quoting *LE-Jonathan*, '*I never believed in tuition, because I feel that if you have the will to learn, you would find all means to better your learning.*' For the same reason, *LE-Ng* shared

that she was proud of herself for not having had any tuition. However, when probed further, *LE-Jonathan* shared that if monetary concerns were negligible, he would not mind '*giving it [tuition] a try'*. This reflects that monetary concerns still weighed on the consideration for engaging tuition services.

Normal schools. Our interviewees from both income brackets shared that they had undergone tuition. However, in relative terms, a greater proportion of interviewees from the high-income bracket had tuition (66.67%), compared to those from the lower-income bracket (50%). Additionally, those belonging to the higher-income bracket had the luxury to procure better tutors, while those in the lower-income bracket were constrained by monetary resources, and therefore likely engaged tutors who were not as competent and effective.

High-income bracket. With the exception of *HN-Lee*, all other interviewees shared that they had tuition, and the reason offered was their inability to understand what teachers in school were teaching. As *HN-Lin* shared, '*I had tuition for H2 math because my math teacher was… bad. I also had tuition for H2 economics. For economics, my teacher in JC1 was also very, very bad, and I cannot even understand the concepts at all. In JC2, the teacher change and it became much better*.' Another interviewee, *HN-Goh*, reinforced this notion by sharing that his purpose for undergoing tuition was to ensure that he did not lag behind in his studies. Quoting *HN-Goh*, '*I think I was behind in terms of the curriculum, and tuition helped me to keep up with school, essentially*.'

Low-income bracket. Only two of the four interviewees had undergone tuition. For those who did not have tuition, cost as well as the limited effectiveness of tuition were cited as reasons for their choice. As for those who had tuition, a less than satisfactory tutoring experience was recounted and that led one interviewee, *LN-John*, to eventually forgo tuition altogether.

Quoting *LN-John*:

> *I felt that the better tuition teachers, which are also the more expensive ones, are the ones that benefit students. I tried a tuition with university students who charged a much cheaper rate of $40 per hour, but it was not what I was looking for, so I stopped tuition after two months. The teachers were not experienced and they weren't exactly helping me with*

understanding concepts. Thinking back, $40 per hour is actually quite pricey still.

From the excerpt, it seems that price was a limiting factor that prevented *LN-John* from engaging better tutors who could provide him with the educational help he needed. Similarly, *LN-Pang* chose to stick to her secondary school tutor during her time in JC because the other tutors' rates were too expensive. Even though she recognised that the tutor was not helping her understand concepts, the issue of cost led her to stick with that tutor anyway. As mentioned by *LN-Pang*:

> '*I had one for math, and it was my tutor since secondary school. For a while I did consider changing tutor, but all the other tutor's rates were too expensive, especially the master classes which charges around $300 a month? That was a complete no-no for me. In retrospect, I guess it would have helped to have a different tutor, but the cost is really a big concern that cannot be overlooked. And since I was comfortable with her, I thought might as well just stick through it.*'

Analysis.

Our study results indicate that students from the high-income bracket (from both elite and normal schools) do undergo tuition. By contrast, there is greater variability amongst students from the low-income bracket. In particular, those from elite schools do not have tuition and pride themselves in not doing so. The views of those from normal schools are mixed; some believe that tuition is not necessary, while others who have had tuition find their experiences lacklustre and not value-adding.

Although it may seem that income has a larger influence on a student's out-of-school learning experience compared to school banding, we must recognize that tuition serves to bridge the gaps in students' understanding. Given that students from normal schools report less positive in-school educational experiences than those from elite schools, tuition would seem more pertinent to those studying in normal schools. For this reason, interviewees from elite schools who belong to the lower-income bracket are able to make do without tuition because the in-school resources that are available to them are more than sufficient for bridging gaps in their understanding. As the luxury of in-school resources may not be extended to those from normal schools, the students are forced to seek alternatives to supplement their

learning, be it through tuition or other means. As *LN-John* puts it, '*because the lectures and tutorials in school are not adequate… many of us have to struggle to find alternative ways to get the knowledge while others [who are well-to-do] simply have tuition as I've mentioned*.'

All in all, income appears to play a crucial role based on a static analysis of a student's out-of-school learning experience. Yet, when analysed in a broader context, we can clearly see that the lack of a robust in-school educational experience is what leads students to seek out-of-school learning experiences.

Theoretical Propositions

The responses elicited from the interviews conducted provide us with informative insights into students' educational experiences, and their level of access to educational resources, based on different school bandings and students' income brackets. This exploratory study aims to offer preliminary understanding of how school banding affects one's access to educational resources and opportunities, and hopes to inspire further research in this area.

Several propositions that result from our study can be tested as hypotheses in future studies. These propositions are be expounded in this section. It is worth noting that our propositions are designed as such:

- *Proposition A* is an elicited trend relating to school banding, and is independent of income levels
- *Proposition B* supplements Proposition A if there exists: (1) differences across income levels, or (2) any interesting observations that warrant highlighting

Post-JC Opportunities

Elite schools.

Proposition 1A	Students from elite JCs are more likely to have a wider range of tertiary/further education opportunities for their choosing.
Proposition 1B	Coming from a low-income bracket handicaps students in elite schools and reduces the post-JC opportunities available to them.

Our interviews reveal that students from elite JCs have the luxury of choosing from a wider range of university opportunities, because the schools provide them with the necessary resources to do so. However, it seems that low-income students may have financial concerns that constrains the consideration set that they have when deciding on post-JC opportunities.

Normal schools.

Proposition 2A	Students from normal JCs have fewer post-JC education opportunities for their choosing.
Proposition 2B	Coming from a higher-income bracket helps students from normal JCs mitigate against the limited opportunities that they experience.

Our interviews reveal that students from normal JCs are limited in terms of opportunities because of the scarcity of resources (guidance and know-how) in normal JCs. Additionally, like their counterparts in the elite schools, those belonging to the low-income bracket have their options further limited as a result of their financial constraints.

Preparation for Post-JC Life

Elite schools.

Proposition 3A	Students from elite JCs have better/more post-JC opportunities because their schools endow them with resources–necessary infrastructures and knowledge–to make informed choices and/or to plan for their time after JC.

Based on our qualitative research, elite JC students do recall an extensive suite of programmes in place to prepare them sufficiently for scholarship and university applications. As this is related to the elite JCs' ample infrastructures and resources, we posit that income has little influence on the preparations that elite JC students have for post-JC life.

Normal schools.

Proposition 4A	Students from normal JCs have fewer resources and opportunities for post-JC life because of their JCs' comparatively lacklustre infrastructures and inadequate programmes in preparing students.

Based on our interviews with students from normal JCs, it is apparent that the programmes and activities offered in normal JCs are far less extensive than those in elite JCs. As this is related to JCs' infrastructures and resources, we posit that income has little influence on the preparations that normal JC students have for post-JC life.

Types of Opportunities in JCs

Elite schools.

Proposition 5A	Students from elite JCs have greater opportunities and resources to develop themselves because they enjoy a much wider range of enrichment and co-curricular activities, compared to their counterparts from normal JCs.
Proposition 5B	The average students from elite JCs have fewer opportunities to explore and learn new skills because the competitive climate in elite JCs results in selection of only the best for these opportunities.

Our interviews yield intriguing results because in spite of elite JCs boasting a plethora of enrichment activities, the intense competition for these activities means that certain opportunities are only reserved for the best students.

Normal schools.

Proposition 6A	Students from normal JCs have fewer opportunities and resources to develop their skills and explore their interests because of the limited co-curricular and enrichment programmes offered by their JCs.

Proposition 6B	The average students in normal JCs have more opportunities, compared to students from elite JCs, to explore and learn new skills because the less competitive climate means that opportunities often come without prerequisites.

Our normal JC interviewees highlight that they have comparatively fewer co-curricular activities to choose from. However, they have more autonomy to choose what they want to learn because barriers to entry are non-existent.

Educational Experiences within JCs

Elite schools.

Proposition 7A	Students from elite JCs are endowed with a better learning experience.

Responses elicited from our elite JC interviewees reflect an overall positive learning experience in elite JCs. This positive experience includes being under the care of nurturing and motivational teachers, being able to learn beyond the stipulated curriculum, and engaging in rigorous assessments.

Normal schools.

Proposition 8A	Students from normal JCs face a comparatively poorer learning experience.

Responses elicited from our normal JC interviewees reflect a comparatively poorer learning experience that includes greater variation in the standard of teachers and lack of opportunities to learn beyond the stipulated syllabus.

Educational Experiences outside of JCs

Elite schools.

Proposition 9A	Students from elite JCs are: 1) likely to attend tuition if they belong to the higher-income bracket;

	2) less likely to attend tuition if they belong to the lower-income bracket.

The decision to pursue tuition is mainly influenced by the student's income bracket—those in the high-income bracket attend tuition as a supplement to their learning in school, while those in the lower-income bracket do not because it may reflect negatively on them.

Normal schools.

Proposition 10A	Students from normal JCs are likely to require tuition services because the teaching they experience may be sub-optimal.
Proposition 10B	Although students from normal JCs do engage tuition services, 1) those from the higher-income bracket can seek better tuition services and receive more effective educational help; while 2) those from the lower-income bracket satisfice with sub-optimal tuition services that value-add little to their learning.

Tuition is needed by students from normal JCs because the teaching experience that they receive in their JCs may be sub-optimal. Furthermore, students from the higher-income bracket are able to demand for better and more effective tuition services which often charge more, while those from the low-income bracket satisfice with lacklustre tuition services that value-add little to their education.

Discussion

Our analysis has elucidated how differences in income level (*high vs. low*) and school banding (*elite vs. normal*) have significant influence over the educational experiences and opportunities that students enjoy and are endowed with. Taking a step further, we also want to explore actionable ways by which the issues that have surfaced through our findings can be addressed. Premised upon existing infrastructures and practices in Singapore, this section seeks to discuss and offer policy directions that hopefully can establish a meaningful start to addressing inequality arising from school banding.

Student Evaluation as an Assessment Component for Teachers

Our analysis indicates that inconsistency in teaching quality between elite and normal schools is a fundamental reason why tuition services are a need for students from normal schools. From our interviews, students from normal schools are unhappy and dissatisfied with the educational experience they are getting in their schools, and we believe that there ought to be a platform for the students' feedback to be heard, and for their concerns to be addressed.

According to systems thinking, existing structures are instrumental in influencing and dictating behaviour. From our knowledge, a teacher's evaluation is currently predominantly based on the kinds of results that their students achieve. For this reason, teachers in normal schools may be less motivated in their teaching because students from normal schools tend to do less well compared to those from elite schools. As a result, their teaching performance could be adversely affected and that results in a sub-optimal educational experience for students in normal schools. To counter this issue, we suggest that the way teachers are assessed be modified to incorporate an element of student evaluation. In doing so, the hope is that the inter-dependency between teachers and students would become salient, where teachers recognise their significance in shaping their students' educational experience and also acknowledge the stake that students have over their careers. Such an arrangement can compel teachers to be more committed in their teaching and help reduce the variability in educational experiences currently faced by students in normal schools.

Raising the Baseline for Activities across all Schools

Another means of alleviating disparities between the school bands is minimising the gap in enrichment opportunities between the elite and normal schools. Of late, the Ministry of Education (MOE) has taken steps in the right direction to improve the number of enrichment and co-curricular opportunities available to the general student population across Singapore. For instance, under the new National Outdoor Adventure Education Masterplan, all Secondary 3 students will be required to go for a five-day Outward Bound School (OBS) expedition-based camp by 2020. By subsidising certain enrichment and co-curricular activities and/or making them compulsory, MOE can ensure that all students, regardless of school banding, are provided with opportunities that will value-add to their personal development. We are cognisant that matching up to the wide plethora of enrichment

activities that elite schools have in-store for their students is highly unlikely. However, a move in this direction, after gauging what is best and necessary for students, would help provide a necessary baseline of activities that would bridge the disparity in opportunities students from elite and normal schools receive, and ensure that students across all schools get opportunities for self-development.

Establishing Minimum Benchmarks for Post-JC opportunities

Our research shows a disparity between elite and normal JCs in terms of the resources available to prepare JC students for university education. Elite schools have the ability dedicate considerably more resources, compared to normal schools. While it is challenging to dictate the amount of resources schools need to have, a possible way of addressing this disparity is for MOE to consider implementing minimum benchmarks for school administrations to adhere to, with regard to opportunities for students. While elite JCs can still be able to provide extensive exposure to universities and scholarships, normal JCs can incorporate some of these opportunities and resources into their curriculum to expose students to post-JC educational possibilities and opportunities after their 'A' level examinations. For instance, MOE can mandate all JCs to have scholarship or university talks at least once a semester during a dedicated timeslot (e.g., weekly assembly) in order to spread awareness and knowledge of universities and scholarships, and their respective requirements. Alternatively, MOE can mandate that each school have a dedicated career guidance counsellor who is qualified to provide assistance to those seeking advice on scholarship applications and/or university admissions. The aim of establishing such minimum benchmarks across schools ensures that students from normal JCs are sufficiently informed to plan for their post-JC journey, and are not short-changed as a result of the lack of guidance or opportunities to obtain help.

Conclusion

This exploratory study seeks to address speculations that inequality arising from the education system has, in part, been informed by the presence of school banding (be it the implicit recognition that certain schools are 'superior' to others or the explicit acknowledgement informed by the entry scores and academic performance that are tied to each school). School banding is observed to distort the amount and type of opportunities (ranging from academic and co-curricular opportunities, to post-JC opportunities) that students are endowed with. School

banding also influences the quality of education—and by extension, students' educational experience—which has significant ramifications on their performance in the national exams, their post-JC pathways and life trajectories.

However, it is important to understand that our study is exploratory in nature and aims to lay the groundwork for future research. Our study posits several theoretical propositions that future studies can analyse and pursue in greater detail. Taken together, these propositions make up two thrusts of inquiry. The first examines whether the extent to which one's access to educational and co-curricular resources is correlated with school banding, and whether the strength of school banding trumps pre-existing financial endowments in affecting access to those resources. The second determines whether school banding and one's educational experience are correlated (i.e., whether one's educational experience is dependent on the school one enters). Future studies that test these propositions can then determine whether school banding as an inherent part of the education system perpetuates social inequality in terms of outcomes generated from the unequal allocation of resources and opportunities.

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Appendix A

Institution/Year	2013	2014	2015	2016	2017	Average Score	Ranking over 5 Years
Anderson JC	9	8.5	8.5	8.5	10	8.9	
Anglo-Chinese JC	6.5	6.5	6.5	7	7.5	**6.8**	**5**
Catholic JC	10	10	10	10	10.5	10.1	
Eunoia JC	-	-	-	-	9	1.8	
Hwa Chong Institution	3	3	3.5	4	4	**3.5**	**2**
Innova JC	20	20	19	20	19.5	19.7	
Jurong JC	14.5	13.5	15	15	15	14.6	
Meridian JC	9	9	9.5	10	11	9.7	
Nanyang JC	9	8	7	6.5	6.5	7.4	
National JC	5	5	6.5	5.5	6.5	**5.7**	**4**
Pioneer JC	16	14.5	13	12.5	12.5	13.7	
Raffles Institution	3	3	3.5	3.5	4	**3.4**	**1**
Serangoon JC	13	12	11	11	12.5	11.9	
St. Andrews JC	9	9	9	9	9.5	9.1	
Tampines JC	13.5	13	13	13	13.5	13.2	
Temasek JC	6.5	7	8	9	9	7.9	
Victoria JC	4.5	5.5	5.5	5.5	6	**5.4**	**3**
Yishun JC	20	19	16.5	16.5	16.5	17.7	

Consolidated admission scores into junior colleges offering 'A' Level examinations between 2013 and 2017. Anglo-Chinese JC, Hwa Chong Institution, National JC, Raffles Institution and Victoria JC are the five best-ranking institutions in terms of admission scores.

Source: *Ministry of Education, Singapore*

Standing in the Gap: An Analysis of Personal Experiences with the Social Service Office

TAN XIN LE, HILLARY, DAVID LIM SHING YANG

Abstract

Social policy research often overlooks clients' perspectives even though they are the ones whose needs are being met. This paper seeks to present an analysis of ComCare Assistance delivery through the Social Service Office (SSO) from the perspective of five households in the Crawford subzone. Through the inductive research method, we explore the gap between clients' expectations and their personal experiences with the SSO. This gap manifests in three ways: socio-economic segregation, the formulaic solutions provided by the SSO and, the underlying policy objectives. In light of this paper's limited sample size, we derive four propositions from our conclusions to inform future research in this area.

Introduction

Over the years, Singapore's Ministry of Social and Family Development (MSF) has planted 24 Social Service Offices (SSOs) across the island (Lim, 2017), adopting the "Many Helping Hands" (MHH) approach (Mathi & Mohamed, 2011) in hopes of improving the coverage and holism of financial aid provided to vulnerable and needy families. Despite the changes in social service delivery, Singapore's social service model anchors on encouraging self-reliance across the years and is still so. The anchor remains as the nation continues to grapple with striking a balance between providing sufficient support with our limited resources and also preventing citizens from being over-reliant on the social support they receive (Tan, 2017). However, upon examination of the various "hands" providing financial aid, coupled with on-the-ground observations, there appears to be some perceived gaps in the helping process. These gaps represent the mismatched expectations between the SSO and their clientele, manifesting in the form of socio-economic segregation, the formulaic solutions provided by the SSO and finally the underlying policy objectives.

While Singapore's financial aid model teaches families to be more self-reliant by addressing their barriers to achieving independence, there is still inadequate emphasis on the families' actual financial issues, which often cause families to fall back into their financial struggles even after other related issues are addressed (Ng, 2013a). This paper, based upon inductive research, thus seeks to explore the aforementioned gaps by offering insights from the client's perspective, thereby informing future measures to meet policy objectives.

Literature Review

Unlike countries like Hong Kong, which recently announced their poverty line in 2013 (Goh, 2013), Singapore does not hold a strict definition of poverty. However, it is possible to make an inference from the eligibility criteria for specific aid schemes. With a myriad of yardsticks available through this method, a generally used alternative measure is in terms of the Gini coefficient which accounts for income inequality in Singapore.

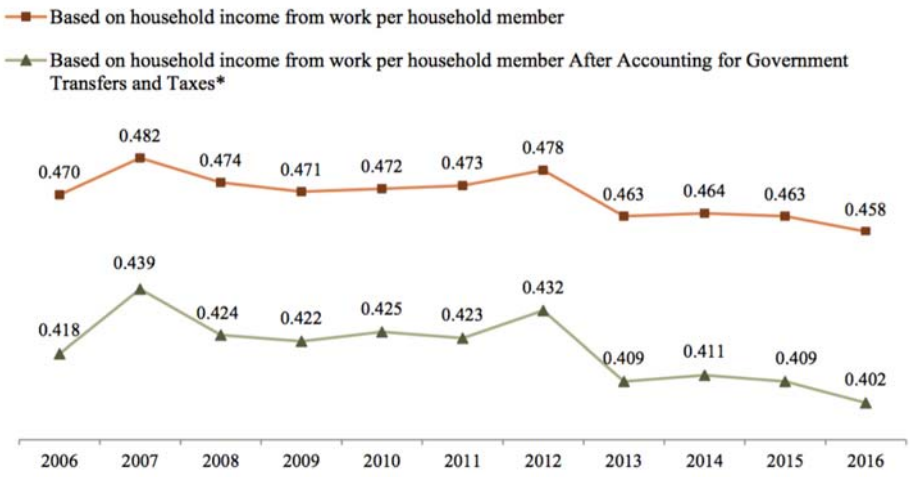

*Figure 1.*Gini coefficient chart obtained from SingStat (2016)

A Gini coefficient of 0 reflects perfect equality, where every household in the country has the same income level. Conversely, a Gini coefficient of 1 reflects perfect inequality, where one household owns all the income in the country (SingStat, 2016). Singapore has been maintaining a steady Gini over the past 10

years, falling slightly in the last 5 years. Accounting for transfers and taxes such as ComCare programmes and GST vouchers, the Gini falls by approximately 0.05, which implies a lower inequality as a result of state provisions.

While the Gini coefficient presents a beaming portrayal of the falling inequality between incomes in Singapore, we need to acknowledge a limitation at hand: absolute disparity between the bottom and the top deciles is still conspicuous. The average monthly household income from work in the lowest 10% has only increased from $1,258 in 2006 to $1,909 in 2016 (SingStat, 2016). Contrastingly, the same metric for the top 10% has grown from $19,100 to $30,175 in the same 10-year period (SingStat, 2016). There is a stark difference of $10,424 in the growths between the two groups. Therefore, further attention needs to be dedicated to target policies at supporting the bottom deciles.

A study commissioned by the Ministry of Community, Youth and Sports (MCYS) in 2013 uncovered several insights after surveying 466 respondent low-income families. The study identified that "poor families may not face the challenge of economic hardship in isolation, but in a compounding manner and with several different issues in interaction" (Ng, 2013b). Families are found to be multi-stressed beyond economic stressors, including others such as chronic physical health conditions, poor mental health and low education levels (Ng, 2013b). The relationship between economic and other types of stressors appears to be bidirectional, showing their intertwined nature which requires a comprehensively informed policy framework to target these families.

As a state, Singapore has always held a strong stance against complete welfare, choosing to "play a limited role in direct provision of social security" (Lee, 2001). Nevertheless, in recent years, the heightened awareness of poverty and inequality can no longer be ignored by the state and it has led to measures that specifically target these social issues. The state has introduced various means to support low-income families while still retaining parts of its self-reliance agenda. For instance, the Public Rental Scheme (PRS) provides heavy subsidies to families with a lack of alternative options (HDB, 2015), allowing for instalments as well as adjusting rental payments to families' income levels. The SSO, an expansion of the previous Community Development Councils (CDCs), was also introduced in 2013 as an attempt to increase the accessibility and coordination of social assistance in Singapore (MCI, 2017).

Recent policies aim at integrating the two seemingly disparate goals together. On one hand, the state maintains its stance against complete dependence on state resources (Ng, 2015). On the other, with the recent resurgence of poverty and inequality, the state has broadened its scope to accommodate those who require a slight nudge to be self-reliant (Ng, 2015). From a policy perspective, the various adjustments to means of welfare provision do appear to meet both goals of supporting the needy while promoting self-reliance. Regardless, given the multi-stressed vulnerable families, how effective are these measures in achieving their intended purposes?

Barbra Ann Teater, a social work academic specializing in wellbeing evaluations, ran a qualitative study on clients' experiences and perspectives towards a low-income federal housing program in the United States (Teater, 2010). Teater recognizes that a policy's effectiveness is usually evaluated from the top-down through "quantifiable factors or indicators stated in program and policy goals" (Teater, 2010), thereby providing an objective assessment. She alludes to the idea that analyzing the recipients as numbers rather than lives might not accurately reflect the effectiveness of the policy. She proposes an alternative approach by involving clients to provide "additional and complementary data in determining whether program outcomes are congruent with program and/or policy goals" (Teater, 2010).

In a similar light, we recognize the lack of client-perspective studies with regards to the ComCare programmes in Singapore. A number of studies that use top-down approaches have been conducted thus far (Lee, 1998; Teo, 2015) but they face the inherent limitation that Teater alluded to. Hence, adapting to Teater's (2010) methodology, this paper chooses to adopt a client-centric framework to analyze the gaps between client expectations and their experiences. The often-blanketed policy results can then be accompanied by specific information sieved from the ground-up, further contributing to the critical evaluation of policy effectiveness.

Social Service Offices and ComCare

Prior to the establishment of SSOs, it was the job of the five Community Development Councils (CDCs) to administer ComCare. ComCare was first launched in 2005 as a means of social assistance for low-income Singaporeans. Over the years, numerous schemes have stemmed from the larger "ComCare Fund" umbrella, each designed slightly differently to support families of varying income levels and

situations. However, common to all these schemes, ComCare has the objectives of helping families become independent and self-reliant in meeting their own basic needs and is guided by the following principles (MSF, 2017a):

- To inspire responsible individuals
- To support building strong and stable families
- To be client-centric and coordinated
- To have the government as a part of the caring community

While the SSO has taken over this task of administering ComCare, it is not their only responsibility. SSOs serve two main functions — to administer social assistance and to coordinate regional social services. To fulfill these two functions, they work on both a micro and macro level — attending to the needs of individuals and families that step forth to seek help while also working with community partners to ensure that citizens receive the help they need, with SSOs acting as a touch point (SSO, 2017). Additionally, SSOs also seek to adjust their working styles to better cater to the local community's needs (Chia, 2013). Upon fulfilling these functions, the SSO ultimately envisions itself to be a robust organization that meets the needs of individual local communities through establishing the following:

- Greater accessibility of social assistance services within the town/region
- Closer relationship with the community and partners in each town/region
- Community partners having a more complete knowledge of the available resources within the town/region
- Better informed programmes/schemes formulation through gathered ground feedback
- Strong coordination of MSF run/funded social services in the region

In this paper, we focus on the administration of the ComCare Short-to-Medium Term Assistance (SMTA) through the SSO. It is the most widely administered scheme, with 72.7% of FY15's ComCare beneficiaries falling under SMTA (MSF, 2016a). SMTA is administered to low-income families and individuals who are faced with temporary employment obstacles such as those in the midst of transitioning between jobs and having medical difficulties. After a round of assessment, applicants are granted monetary assistance depending on their

individual circumstances[1]. Typically, beneficiaries go through the following procedures:

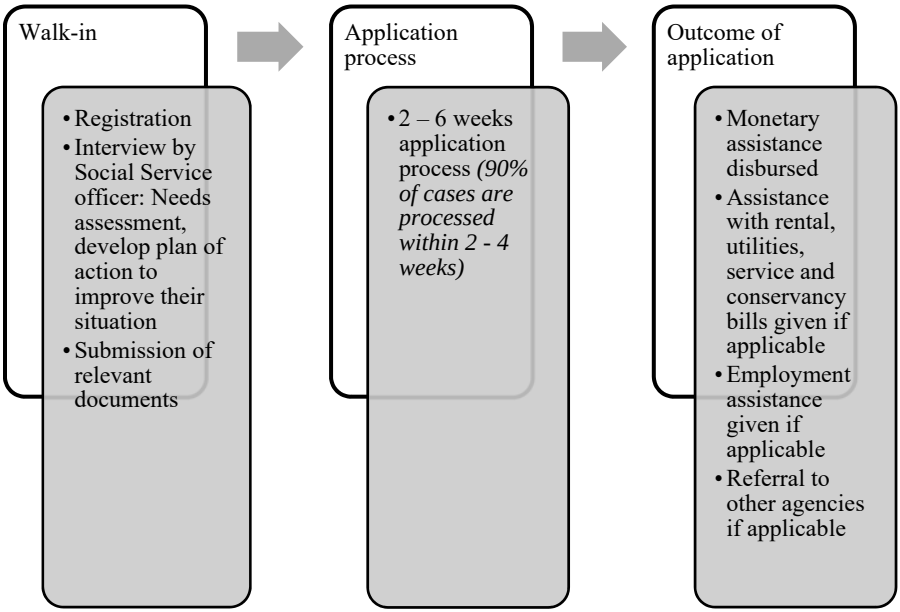

Figure 2. Process of getting an SMTA

Research Methodology

We base our study on the inductive research method as presented by David Thomas, an academic focusing on qualitative social research. Thomas (2006) defines inductive analysis as "approaches that primarily use detailed readings of raw data to derive concepts, themes, or a model through interpretations made from the raw data by an evaluator or researcher". It is the bottom-up approach that develops data into key themes of analysis. We follow the process of preparing our raw data files into proper interview transcripts, close reading and constant revision of our categories.

[1] Full ComCare SMTA criteria and its relevant applicant procedures can be found in Annex F

This procedure leads us to identify the most comprehensive categories to be analyzed in our research.

First, we identified the Jalan Besar Social Service Office as our primary point of contact to understand the organization's operations and underlying philosophy. We arranged for an interview with the Manager of Regional Services overseeing the zones, one of the Social Service Officers and her Team Leader. The interview provided us with a sense of the SSO's modus operandi as a whole organization.

There were a myriad of permutations and ways in which our interview sample could have been scoped, as long as it targeted clients with prior experiences with the SSO. However, we strove towards achieving a saturation point — a point of data adequacy where no further new information is obtained (Morse, 1995). One of the principles posited by Morse (1995) is a need for a cohesive sample which requires the specifying of a targeted interview group. We narrowed down to interviewing only families with dependent children living in interim housing. The basis for the choice is such that we are able to understand the long-term view of families in financial need, especially when they have to consider their dependents' futures as part of their financial considerations.

Building upon our cohesive sample, we used theoretical sampling (Morse, 1995) to build our interview base. This is done on two fronts: firstly, we focus on two interim housing blocks in the Crawford subzone because they had higher percentages of nuclear families compared to the other blocks. Second, although a smaller sample size may lack generalizability, taking on such a method will allow us to unpack individual experiences in greater detail.

Thereafter, we formulated an interview scope that allows us to engage in informal conversational interviews with the clients. As Rubin and Babbie (2010) proposed, we held a common starting point across our interviews while staying flexible with the questions that we posed along the way. The semi-structured interview method ensures that the clients' voices are represented prominently in our reporting, creating "rich opportunities for discovery of new concepts rather than affirmation of existing" ones (Gioia et al., 2012). This was done so as to allow our interviewees to have the space to express their opinions and thoughts freely, which was essential for our paper's aim of presenting a client-centric perspective to social assistance.

Demographics of Crawford

Crawford is a subzone under the Kallang Planning Zone. There are 9,350 residents (as of June 2017) who are either Singapore citizens or Permanent Residents. Out of the 9,350, half of them reside in 1 and 2 room HDB flats. Racially, the residents consist of 68% Chinese, 18% Malay, 12% Indian and 2% Others. Compared to the national average, Crawford has a lower percentage of Chinese and higher percentages of Malays and Indians residing in the subzone. The percentage of elderly residents in the subzone is higher than the national average. At the same time, about half of the residents fall within the 30-64 age range, while a quarter are under 29, implying that there are a significant number of resident households with youths and children.

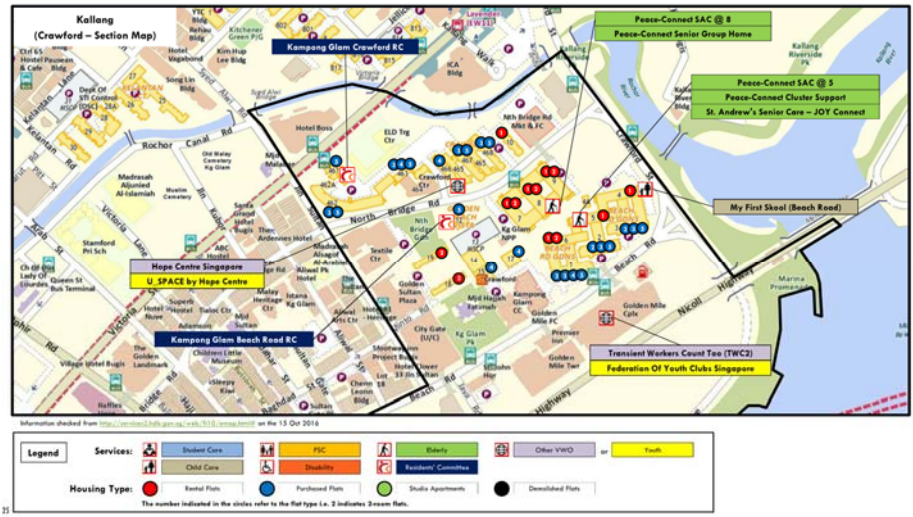

Figure 3. Section map obtained from interview with Jalan Besar SSO (2017b)

The Section Map provides a comprehensive overview of the housing demographics and social support services in Crawford. There are a total of 9 rental flats under the PRS, of which 2 are 2-room flats, 3 are 1-room flats and 4 are mixed 1-room and 2-room flats. Residents living in the subzone are supported primarily by mostly elderly and then youth social services, likely due to the higher percentage of elderly residents. We observe that there are no Family Service Centres (FSCs) or SSOs located within the boundary. However, there are two of these service centres

in close proximity; The Kampong Kapor FSC and Jalan Besar SSO are found in the northern Lavender subzone next to the boundary.

At our time of visit[2], the Jalan Besar SSO — usually located at the Jalan Besar Community Centre (CC) — was temporarily located on the 3rd floor of Block 806 King George's Avenue, which was opposite Jalan Besar CC. In our time of observation, a security guard was stationed next to the door. There were a few rows of seats in the waiting area, and an information counter was present. Service counters where clients meet their officers were in an L-shape, similar to that of a regular bank. Four of these counters were in cubicles, partially concealing the client and their officer within while maintaining an open-door concept.

Profile of Families Interviewed

Household	Member	Age	Occupation	Race	Net Income (After Tax)
#1	**Father (Respondent A)**	55	Cleaning Supervisor	Chinese	$1,600
	Partner	-	Housewife		$0
	Son	13	Student		
	Daughter	18	Student		
	Daughter	19	Student		
#2	**Father (Respondent B)**	50	Club Security	Malay	$1,600
	Mother	45	Housewife		$0
	Daughter	13	Student		
	Daughter	9	Student		

[2] 11th September 2017; SSO targeted to return to Jalan Besar CC by end of 2017 when renovation works are complete

Household	Member	Age	Occupation	Race	Net Income (After Tax)
#3	**Father (Respondent C)**	56	Taxi Driver	Chinese	Self-employed
	Mother	-	Housewife		$0
	Son	3	Student		
#4	**Grandmother (Respondent D)**	-	Unemployed	Malay	$0
	Grandfather	-	Unemployed		
	Daughter	-	Food vendor		$1,000
	Grandson	-	Student		$0
#5	**Mother (Respondent E)**	47	Self-employed	Malay	-
	Son	15	Student		$0

Table 1. Profile of families interviewed

After interviewing 5 households, we reached saturation point where we obtained a reasonable spread of data to be used in our further discussion, as laid out in the principles of Morse's (1995) theory (see Table 1 for the profile of households interviewed). This point was identified as we collected sufficient data for the purpose of our study's scope, having received both positive and negative experiences, as well as substantially recurring themes in our interviews.

Discussion

Through our interviews, we discovered that while the SSO does their best to serve the needs of the people, our interviewees seemed to think otherwise as they felt like the SSO did not meet their needs as they expected them to. The inductive coding process proposed by Thomas (2006) identified the key themes necessary for

analysis. In particular, we found that the common thread tying our discussion together is the mismatched expectations between the SSO and their clientele.

SSOs are officially summarized by the MSF as services to "bring social assistance closer to residents in need", making "ComCare assistance and other forms of assistance such as job matching and family services more accessible to those who need it" (MSF, 2016b). As mentioned earlier, SSOs do achieve this aim by being relatively closer in physical proximity than before when there were only 5 CDCs available. Yet, it still falls short of being ideally accessible. Another of our interviewees, Respondent D, shared that her legs are "not strong to walk. If my leg strong ah, I can go one, but my leg not strong. Really not strong." At her elderly age and given her illnesses, her immobility prevents her from walking over a kilometer to the nearest SSO. The physical demands of getting to the SSO supersedes her financial needs being met. While the SSO provides the option of doing home visits for clients who are unable to make their way down to the office, it is uncertain as to why clients still struggle with the issue of physical proximity. At this juncture, it is important that this paper seeks not to criticize and promote an unrealistic idealized image of the SSO. Instead, we hope to leave room open to discuss whether measures should be adopted in order to reach those who are unable to physically acquire help when needed.

The initial cursory factors regarding the SSO's physical accessibility hint at the potential underlying factors that could deviate one's expectations from their experiences with the SSO. In light of the client-centricity, collaborative and ground-up nature of the SSO's and ComCare's objectives, principles and functions, it would be fair to conclude that the process of ComCare administration through SSOs would be one that is catered to clients' unique situations and also one that closely addresses the community's felt needs. While there were certainly encouraging points to be made regarding some of the clients' experiences, such as officers that go the extra mile for their clients, the overall situation suggests that the SSO's processes are still short of their intended objectives.

Undertaking a deeper analysis, we analyze three main gaps — socio-economic segregation, present solutions and the underlying objectives.

Segregation of Socio-Emotional Help and Financial Assistance

The SSO was established with the intention of it being a touch point in the community that would work with various community partners to coordinate help for families with complex needs (Chan, 2016). In other words, the SSO is not expected to directly deal with the clients' socio-emotional issues. There have been attempts to coordinate efforts through the information-sharing portal, SSNet, which allows the SSOs to partner closely with the FSCs' case management services. On top of that, MSF is currently exploring various models to better integrate their service delivery such as through the integrated SSOs and Social Assistance-Employment Assistance pilot. It is important to note that our focal SSO, the Jalan Besar SSO, was not a part of the pilot program. However, despite current measures put in place to coordinate the various agencies to ensure that clients' socio-emotional needs and financial needs are thoroughly met, clients still seem to experience a gap in the service delivery; their problems are now segregated and dealt with in its parts by different agencies (Ng, 2013a). This is problematic as the General Systems Theory, one of the many theories that anchors social work practice in Singapore, would suggest. The Systems Theory holds fast to the belief that clients' problems do not exist independently of one another, and their problems are a result of the problematic interactions between the various systems in their lives (MSF, 2015). This theory therefore explains the difficulty in helping a client by dividing it into its parts, which could seem to be the case with the current model of social assistance delivery.

The importance of systemic and comprehensive work surfaced in our interview with Respondent D as she shared about how issues of her financial instability, her children's financial and family instability as well as the health issues that both she and her husband faced were all intertwined:

> *Ya lah, I hope lah, one day the government you know, can... Can open, can open the eyes, help the poor poor people. Don't think of our children is got work, got what. Not say our children school, high school, got money ah. They have problems. In their house, they also have problems.*
>
> *Okay ah, if... If I success, they will deduct from SSO lah, but I haven't go lah because I know lah if I go there, they need letter, need CPF, need my daughter bank book, need what ah. And I myself not strong to go everywhere, to go there ask help, you*

know? Because I need to jaga my husband at home, I say I'm busy lah, this time I don't go lah."

Situations like Respondent D's reveal the danger of segregating financial assistance from socio-emotional help. With financial issues being the greatest concern for many individuals and their families, facing difficulty in receiving the immediate help that they need as a result of problems in their various systems may cause them to turn away from seeking help entirely. Individuals may then be left in stressful situations where their problems — both the surface and the root — are left unaddressed. This also eventually defeats the SSO's effectiveness in being a touchpoint, as clients are turned away at the entry point.

Therefore, while MSF subscribes to the Systems Theory and systemic work is implemented in micro practice, there seems to be a gap in the way organizations are structured as they do not seem to better facilitate such systemic interventions. On the surface, this task of delegating different parts of the intervention processes to different agencies seems to increase the efficiency in systemic intervention as resources and expertise channeled into helping the clients appear to be maximized. However, the effect of segregating the processes are evident as it significantly impacts the clients' experience of receiving help — making it a key point of consideration to determine the true effectiveness of making SSOs a touch point that deals with financial issues but not socio-emotional issues, which are often the root of the problem.

Formulaic Solutions

Employment-centric solutions. Across the interviews, it was a common observation that all our interviewees were administered interventions that were related to their employment situations, with the exception of Respondent D who had a slightly different experience as she has already retired due to her age and health condition.

Drawing reference from the direction of the work done by SSOs, it is evident why such employment-centric interventions are administered. Tan Chuan Jin, then-Minister of Social and Family Development, explained that one of the key principles driving the work done to ensure the social safety of Singaporeans is self-reliance. This principle of encouraging clients to be self-reliant and able to support themselves in the long run had been translated into the process of helping clients to

be work-capable by seeking long-term employment. Services provided by the SSO are, therefore, largely employment-centric as seen through their partnerships with Workforce Singapore (WSG) and Employment and Employability Institute Singapore (e2i) (Tan, 2017). This extends even to the action plans developed between officers and clients, which are focused on ensuring that clients have stable employment. Looking at the various services provided by SSOs, the emphasis on employment to build up clients' levels of self-reliance, therefore, seems to stem from an assumption that the lack of employment is a huge factor, and possibly even a root cause, that leads clients to their financial problems.

However, there is more to encouraging self-reliance than pointing clients towards finding a job that is just enough to financially sustain their families, as gathered from our various interviews and suggested by the Systems Theory. Helping clients through the process of securing employment may contribute to the establishment of their self-reliance but often, clients may feel like they have to resign to being self-reliant rather than feel motivated to truly see the importance of being self-reliant. Such an attitude may not encourage them to follow through with the decision to improve their situations.

Financial issues do not stand alone and families are mostly faced with a multitude of complex situations (Tan, 2017). Yet, current measures do not seem to adequately reassure clients that their complex situations are being handled with careful considerations given to their unique circumstances. As mentioned, the employment-centric nature of work done with clients seem to give clients the idea that employment stands as a root cause of clients' financial problems. However, finding employment merely improves the financial aspect of their situations, leaving all their other problems like family conflict and health complications unresolved. Employment does not support clients through these usually larger struggles that also act as barriers to employment and must be addressed before clients can even be pushed towards finding a job (Ng, 2013a).

Lack of procedural flexibility. Another aspect to the "one-size-fits-all" problem of the solutions that was raised by our interviewees was the lack of procedural flexibility and how these stringent procedures eventually shut off people who require help. In discussing the issue of procedural inflexibility, our interviewees conveyed their understanding of the need for such stringent procedures; recognizing that they were important for the sake of accountability and information symmetry. Looking at the philosophy behind Singapore's social safety net — of enabling

citizens to help themselves (Ng, 2013a) — it also becomes understandable that stringent procedures help in maintaining this philosophy, preventing clients from becoming overly-reliant on social assistance as they are made to thoroughly consider their decision to step forward to seek help. However, these stringent procedures become a cause for concern when clients start to take on the mentality that they would rather suffer than go through the hassle of seeking help. Quoting Respondent C:

> *When I have a difficulty to tell you like that, I rather walk off to do it myself. So I still can do it myself, it's lucky. If somebody else, is it they starve to death? You say leh? Who can they look for? Is it need to rob or borrow from loan shark or what? I still can, but someone else, those who can't work, or don't know where to go, or how to say it out, how? I'm worried for those who can't. So who is willing to help? It's not easy leh, the obstacle you try, if this can approve you, you want to take this money it's not easy you know.*

Such a mentality is easily perpetuated with the stringent procedures in place as clients may tend to feel that they are not empathized with when put through such rigorous procedures despite the tough and draining situations they are caught in. This is likely to be a result of the tension faced by officers between ensuring information symmetry and showing a genuine interest to help. Clients' experience of this lack of empathy would then extend into their perceptions towards the social assistance system as a whole and may further turn them away from seeking help when they truly need it. As Respondent C describes this process:

> *You know our government, our MP all doing a good job. But these people handling this ah, they work like a robot you know. Example like if we go for help, they need your income tax return, they need your bank savings account to show them, why? Maybe I need to prove that I'm sick, that's the doctor's part. "What problems you have?" I asking for help because I cannot pay my rental. I have a 3-year-old son, I don't have enough money to buy milk for him, I'm not working so no income. I have to pay my electricity, my PUB bill. I need to show it to them. They need this step to show it to them. But if let's say I short of one or two (documents), it's your job to find out if you want to approve me*

or write a report. If I don't have 2 things to show you, you reject me, that I'm not eligible.

The presence of such a tension has therefore led clients towards reconsidering the availability of help as promised to them by the government. Instead of feeling well-supported, clients now feel like beggars in their situations, as expressed by Respondent C:

It's no joke, not that I want to complain, but I cannot kneel down and say "Please help me la. My 3 year old needs help with milk." I cannot be a beggar and begging people, collecting money what. I cannot ask the Straits Times come and interview and say it out right, so I go and work. This thing's good, but whether they're doing a good job or not is different. You give me this thing, I need to beg you. I'm worried for those, most of them uneducated who ask for help, but are they really being helped? Taken care not?

The overarching issue of these formulaic solutions was also observed in Respondent A's situation. He is presently earning $1600 a month yet his Medifund assistance has a cap income at $1800 a month and so any pay increment to $1800 will negate the medical assistance. In other words, a pay increment of at least $800 ($2400 total) is needed to make up for the loss in financial assistance. Given his tight financial situation, Respondent A had visited the SSO in hope of a solution for his present financial dilemma but has only been offered alternative jobs which offer much lesser than the $2400 required. A change of occupation with slightly higher pay clearly does not support him and instead will set him back further.

Respondent A's financial dilemma to take up a higher-paying job while losing his Medifund assistance is one of the many permutations that require greater thought while administering aid. Granted the uniqueness of each client's needs, the solutions provided to them should too consider all implications in meeting these needs, lest these formulaic solutions push clients away from these services altogether. This becomes worrying as the purpose of having a social safety net is diminished when clients no longer see that these resources are available to them in times of need. Regardless of how much the government tries to deter clients from becoming reliant on social assistance, people who need help still ought to feel at ease with the thought of falling back on this social safety net.

Needs-based versus strengths-based. With ComCare being a social safety net that is aimed at helping people who struggle to have the minimum level of welfare, it makes sense for the scheme to be administered with greater emphasis placed on the clients' needs (Chan, 2016). Based on the interviews conducted, the SSO's approach is analysed to incline towards being needs-based rather than strengths-based. There are potential down sides to taking on such an approach as it seems to reinforce the clients' perspective on their current situations, as focus is placed on their deficiencies and solutions suggested may only plaster these deficiencies.

The effect of such a needs-based approach can be evidently seen in Respondent B and his wife's case, when they were recommended jobs that did not match their strengths and interests. Rather, to the both of them, jobs were merely suggested with the intention of allowing them to have some sort of regular income instead of being purposefully allocated, which made the intervention process demoralizing and dehumanizing. As Respondent B and his wife describe it:

> *Like for example you are from a poly, student, but I tell you next year you go to P2. Would you be happy? No right? That's not my age, ya. It's something like that. So usually every time they give me that offer, I'll just reject, nevermind, I find on my own. Even if it takes three months, I'll still find it on my own, it's okay, cos I don't see the point accepting your offer and working twice harder than what I can do.*

Respondent C also seemed to share similar sentiments as he likened the help-seeking process to that of a begging process in his comments — a clear criticism of the dehumanizing aspect in being overly needs-focused. Through the comments of these three interviewees, it is seen how procedures that are formulated around the needs-based perspective may end up disempowering clients. In an attempt to disable clients from being reliant on social assistance, procedures may have neglected the process of enabling clients to feel more empowered in becoming self-reliant and at times, lead clients to believe that it would be better to resign to achieving self-reliance at the expense of their own well-being.

Therefore, instead of focusing on the clients' needs, it would be more effective if interventions emphasize on renewing clients' perspective on their current situations so that they may be encouraged to look beyond their problems and be

motivated to improve their lives. Such an approach is rooted in the strengths-based perspective, which emphasizes on seeing clients for their capabilities, value, potential and the like (Salebeey, 1996). Through the adoption of this perspective, the intervention approach would then be focused on matching a clients' resources to their needs, encouraging clients to look past their deficiencies and recognize their innate ability to overcome their struggles. This also sits more in line with ComCare's goal of encouraging clients to be more self-reliant as this perspective enables clients to feel more empowered in depending on their innate strengths to better their lives.

In interviewing Respondent E, we found her to be an individual that well exemplifies the power of focusing on a client's strengths. In her times of struggle, Respondent E tapped into her personal resources and sourced for jobs through her various connections, exploring her own interests to find a stable source of income that would not only sustain her but motivate her to work hard to eventually get herself out of her financial problems. When asked about whether she was financially secure at that point in time, she shared:

> *Not exactly secure, but I just do whatever I can do. What I'm good at. Actually I wanted to pick up, I'm interested in the fashion, the SkillsFuture actually give $500, I wanted to take up at LaSalle the sewing. I have the basics but I can't draft, you draft then from the draft I can do from scratch. But the full cost is actually $1,900, and they only subsidize $500 and then you have to pay first the full amount. Right now I think all my finances is catered for the two of them first lah, not perhaps me when the third one settled already then only left 1 then I can actually focus on what I want to learn. Because basically I believe skills are more valued, especially when it's something I like.*

Despite her not being entirely financially secure, Respondent E had a positive outlook on her future and had a goal of what she hoped to achieve. Uncovering Respondent E's strengths through our interview highlighted the potential in adopting a more strengths-based perspective. This does not only improve the surface issue, but facilitates such improvement to stem from motivations within the client that will help her in sustaining these efforts to maintain this positive change. Understandably, the SSOs tend to fulfil the physiological needs, the lowest tier of Maslow's hierarchy of needs (Maslow, 1943), while other government

agencies and community partner (e.g. FSCs) operate upon the other tiers so that together they deliver a coordinated and holistic approach towards clients' self-reliance. Having said that, an increasing shift for the SSO from an approach that inclines towards needs-based to one that is strengths-based could potentially bring about a greater change in clients' perspectives towards their own situations, and such a change in perspective is ultimately beneficial to the client's situation both in the moment and the long run.

Conclusion

This paper has uncovered insights with regard to the interviewees' experiences with the Jalan Besar SSO, surfacing gaps between the clients' expectations and their experiences. Three gaps have been developed throughout the course of the paper: the segregation between financial and social issues, formulaic solutions and the unmet underlying objectives of the policy. Having reached these conclusions about the gaps between clients' expectations and experiences, we put forth the following propositions that can be used to inform future research in this area before any policy action should take place:

- If financial and socio-emotional issues are dealt with in integration, workers can better engage in systemic interventions that would best meet the clients' real needs. In doing so, workers do not merely address their surface financial struggles but delve into addressing the root of their client's issues.
- If solutions proposed to clients are less fixated solely on employment and more targeted to their individual situations, clients will be able to receive the necessary resources catered specifically to best aid them in their stress.
- If there is more procedural flexibility[3] in administering aid, clients in real need will be less intimidated to seek the assistance they require to get out of their stressful situations. In that way, clients will feel encouraged to seek help when they need it rather than feel deterred from doing so.
- If the SSOs couple the needs-based approach with a strengths-based perspective, clients are more likely to experience an empowering shift in their perspective towards their current situations. This combinative method

[3] Procedural flexibility, such as easing clients into living without financial aid as they transition into financial independence, as in Respondent A's situation

would then bring about a more long-term improvement in their lives, encouraging self-reliance on the clients' part, thereby aligning with the state's welfare policy targets.

As an initial exploratory study, this paper serves as a signpost to point out the lack of existing academic literature in evaluating Singapore's welfare policies from a ground-up standpoint instead of the status quo top-down. The presently used top-down statistical methods remains objectively sound but is still limited due to its detached nature. Although the bottom-up approach exhausts more resources and may be deemed subjective, it takes each family's lives into account and includes an often-lacking sense of compassion while approaching these policies. Due to the limited sample size in this study, further studies are essential to develop a deeply robust understanding of clients' expectations and experiences. These will then best represent both the clients' micro and policymakers' macro perspectives, thereby informing policymakers in a critically aware manner such that they are able to best meet societal needs.

Based on the clients' perspectives, primary analysis suggests the need to increase accessibility beyond physicality. While the part of this proximity between the financial disbursers and their recipients has been reducing, the mental gap for some seems hardly bridged. Understandably, the state maintains its meritocratic approach in order to maintain its competitive edge, and a by-product comes in the form of a less welfare-centric position. In that light, it is precisely because of the state's forward-looking and self-reliant stance that policymakers ought to have greater intentionality in supporting those who are forgotten, missed and left behind.

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Appendix A: ComCare SMA criteria and procedures

Assistance Criteria

ComCare may be able to help you if you/your family member:

- are looking for work or temporarily unable to work due to illness or have to care for children, elderly or other dependents
- have a monthly household income of $1900 and below or a per capita income of $650
- have little or no family support, savings or assets to rely on for your daily needs
- are Singapore Citizens or Permanent Residents (at least one immediate family member in the same household must be a Singapore Citizen)

Documents Required

MSF | Social Service Office

Please prepare the following documents to help us assess your financial situation.

NRIC (of **all** adults in household) 国民身份证 Kad Pengenalan அடையாள அட்டை ☐	**Birth Certificate**(of **all** children in household) 出生证书 ☐ Surat beranak பிள்ளைகளின் பிறப்புச் சான்றிதழ்(கள்)
Latest Power Supply Bill 最新的水电费账 Bil bekalan elektrik terbaru அண்மைய பவர் சப்ளை கட்டண அறிக்கை. ☐	**Latest Service and Conservancy Charges Bill** 杂费账单 Bil Tong Sampah terbaru ☐ சேவை மற்றும் பாதுகாப்பு கட்டணம்
Marriage/Divorce Certificate 结婚证书 / 离婚证书 Surat Nikah / Surat Cerai திருமண/ விவாகரத்து சான்றிதழ். ☐	**Latest HDB Statement/ Letter stating monthly payment arrears** 最新的建屋发展局常月结存 / 屋租账单 ☐ Penyataan HDB terbaru
Latest Pay Slip/CPF Statement (My statement, My statement-Transaction history & My statement – Contribution history for past 12 months (of **all** adults in household, if any) 最新的薪水单/公积金存结单 Surat gaji/ surat pekerjaan/ penyataan CPF terbaru அண்மைய சம்பளக் குறிப்பு(கள்) / மத்திய சேம நிதி சந்தாக் கணக்கு அறிக்கை(கள்). ☐	**Latest Medical Certificate** (of **all** adults in household, if any), stating its **duration** and whether they are currently **fit/unfit for work** 最近的病假单 Surat Sakit daripada doktor ☐ அண்மைய மருத்துவர் சான்றிதழ்
Latest Employment/Termination Letter 最新的受聘书 / 解雇书 Surat perkerjaan/ penamatan perkhidmatan/ pemberhentian kerja terbaru ☐ அண்மைய வேலை/ வேலையிலிருந்து நீட்பு கடிதம்.	**Any other relevant supporting documents** 其他相关的文件作为证据 Dokumen-dokumen lain yang berkaitan ☐ விண்ணப்பத்திற்கு ஆதரவான இதர பத்திரங்கள்.
Updated Bank Balance Enquiry Slip/ Passbook/Statement showing all pages (of **all** members in household) 最新的银行存摺 Buku pas akaun bank/ penyataan bank yang telah dikemaskini ☐ வங்கி கணக்குப் புத்தகம்(ங்கள்)-எல்லா பக்கங்களும்.	

Building a Better Living Environment for Migrant Workers in Singapore

WYNONA ALIM

Abstract

The objective of this study is to analyze the working and living conditions of migrant workers in the construction industry in Singapore and propose recommendations on how we can help them have better working and living conditions, and obtain relevant, practical and transferable skills that they can use to earn a living in their home countries. We explored aspects such as their backgrounds, motivations for working in Singapore, and their working and living conditions. Through this study, we find that while migrant workers play important roles in constructing the iconic landscapes of Singapore, the reciprocation is far from equal. This study hopes to provide suggestions on how Singapore can educate and train migrant workers to learn lifelong skills they can apply, even after returning back to their home countries.

Introduction

This paper will examine the needs of migrant workers in the construction industry in Singapore, and recommend actions to be undertaken that complement existing facilities, infrastructure and organizations enabling the lives of these migrant workers in Singapore. In this study, we focus on migrant workers who fulfil three criteria: (1) work in the construction sector, (2) hold a Work Permit issued by the Ministry of Manpower (MOM) in Singapore, and (3) classified as having Basic Skills according to MOM guidelines. Participants in this study exclude workers holding Work Permits as foreign domestic workers, confinement nannies and performing artistes, and those who work in any sectors other than construction, and exclude migrant workers in the construction industry classified as possessing Higher Skills by MOM.

Literature Review

The following section details the migrant landscape in both the global and Singaporean context. The migrant worker landscape in the global context has been

succinctly and comprehensively encapsulated by the International Labor Organization (ILO). However, multiple sources were required to illustrate a complete picture of the migrant worker community in Singapore.

Migrant Worker Landscape Worldwide

There are approximately 140 million (non-domestic) migrant workers in the world currently with a majority (81.5%) of them being male. 74.2% of these workers are currently employed in high-income countries, such as Hong Kong, United States and Singapore (International Labor Organization (ILO), 2015). Table 1 illustrates the list of high-income countries, as classified by ILO.

Continent	Countries
Africa	Equatorial Guinea, Réunion
Asia	Bahrain, Brunei Darussalam, Cyprus, Israel, Japan, Kuwait, Hong Kong (China), Macau (China), Oman, Qatar, Republic of Korea, Saudi Arabia, Singapore, United Arab Emirates
Australia	Australia, New Zealand
Europe	Austria, Belgium, Denmark, Czech Republic, Estonia, Finland, France, Germany, Greece, Hungary, Iceland, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Russian Federation, Slovakia, Slovenia, Spain, Sweden, Switzerland, United Kingdom
North America	Bahamas, Barbados, Canada, Martinique, Puerto Rico, Trinidad and Tobago, United States
South America	Argentina, Bolivarian Republic, Chile, Venezuela, Uruguay

Table 1. Countries classified as high-income countries. Source: ILO, 2016.

In 2015, the median age of migrant workers was 39 years old (increased from previous 38 years old in 2000) with 65% of them coming from the middle-income

countries (United Nations, 2015). The industrial sector (including manufacturing and construction) accounted for 17.8% (26.7 million) of the migrant worker's employment industry; the agriculture and domestic work sectors accounted for 11.1% and 7.7% respectively. Other services accounted for the remaining 63.4% (ILO, 2015). The Global Wage Report 2014/15 reveals that the disparity between national and migrant worker tends to differ more in the higher-skilled sector; Chile is the only country examined that paid more wages to its migrant workers as compared to nationals (ILO, 2015).

Migrant Worker Landscape in Singapore

As of June 2015, the migrant worker population in Singapore is estimated to be 730,000 (National Population and Talent Division (NPTD), 2016), constituting 15.3% of the total employment in Singapore (MOM, 2016). Majority of the migrant workers in Singapore work in the construction sector. Figure 1 shows the number of work permits issued in the construction sector in the period 2011-2015.

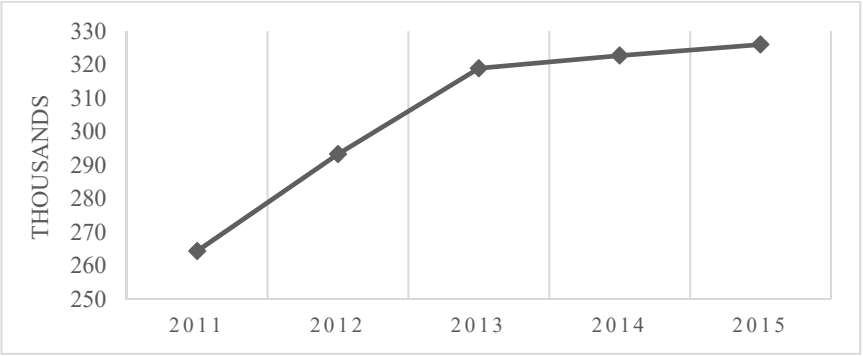


Figure 1. Number of work permits issued in the construction sector.
Source: MOM, 2016.

Between 2011 and 2013, there was a sharp influx of migrant workers into the local labor force with a 20.6% increase. However, from 2013 to 2015, there was only marginal growth of the migrant worker population. This could be mainly attributed to the stricter regulations involved in hiring migrant workers – which was a "knee-jerk" reaction to placate the high level of dissent regarding the presence of migrant workers amongst Singaporeans observed in the General Election 2011 (Mathews & Zhang, 2016). A tight labor market had also led to a rise in the wages

of Singaporeans in the short term. This dissent re-emerged in 2013 – due to a riot that broke out in Little India as a result of intoxicated migrant workers (Lee Kuan Yew School of Public Policy Case Study, 2014).

MOM does not release data on the nationality breakdown of migrant workers'. However, according to Transient Workers Count Too (TWC2), a non-government organization (NGO) helping the migrant community in Singapore, approximately 35% of the migrant workers in Singapore came from Bangladesh (TWC2, 2014). This data is further verified by the 2014 "Labour Migration from Bangladesh" report that cited Singapore to be the second most popular destination (20.57%; most popular destination is Malaysia with 24.84%) for Bangladeshi workers, with approximately 55,000 finding employment in the country (Refugee and Migratory Movement Research Unit (RMMRU), 2015).

MOM has set the minimum and maximum ages of migrant workers in Singapore to be between 18 and 60 years old respectively. Migrant workers in Singapore are housed in dormitories located in different parts of Singapore (see Figure 2), with a concentration of dormitories in the north and west parts of the country.

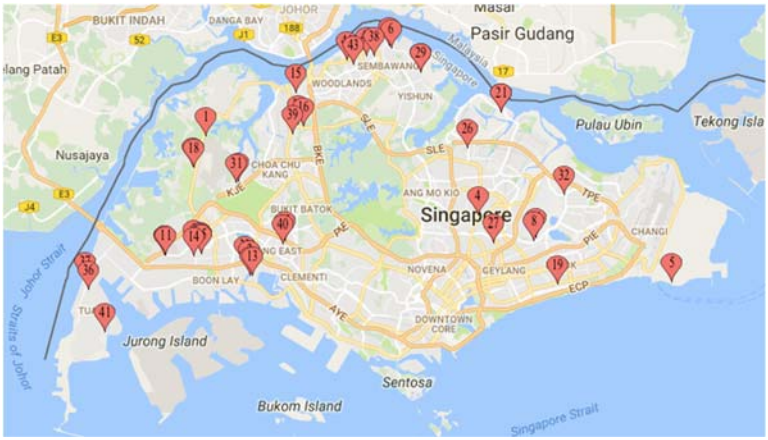


Figure 2. Dormitory locations in Singapore

The government mainly participates in the migrant worker landscape through the National Trade Union Congress (NTUC) and MOM via the formulation of policies and nationwide events / programs. One of the most recent policy changes

brought about to better protect the interest of the migrant workers include the setting up of the Migrant Worker Center (MWC) in 2009. MWC is a bipartite initiative of the National Trades Union Congress (NTUC) and the Singapore National Employers' Federation (SNEF), and is a NGO with a mission to "champion fair employment practices and the well-being of migrant workers in Singapore" (MWC, 2016). Since its establishment, MWC has helped the migrant worker community in numerous aspects from resolving monetary disputes to organizing festival celebrations for improving community bonding. In addition, MOM has also been actively rectifying its compliance and partnership with the ILO standards for better and fairer employment of the migrant worker community (see Table 2). See Appendix A for MOM's regulations pertaining to work permit holders.

Commitment to ILO	Description
A member of the ILO	Singapore has been a member since its independence in 1965
ILO Conventions	Singapore has 20 active ILO Conventions, including five Core Conventions that cover the following: 1. Effective abolition of child labor. 2. Elimination of all forms of forced or compulsory labor. 3. Freedom of association and the effective recognition of the right to collective bargaining. 4. Elimination of discrimination in respect of employment and occupation.

Table 2. Singapore's high commitment to ILO standards. Source: MOM, 2016

Aside from the government and its related bodies, NGOs play a dominant and active role in protecting and improving the interests of the migrant worker community in Singapore. From providing legal help to skill upgrading and health care services, NGOs are often the first organizations migrant workers look for in time of need, as indicated by migrant workers interviewed for this paper. Some of the more prominent NGOs that actively help migrant workers in Singapore are Humanitarian Organization for Migrant Economics (HOME), Archdiocesan Commission for the Pastoral Care of Migrants and Itinerant People (ACMI), Healthserve and TWC2.

Given Singapore's ageing population, migrant workers have become an increasingly indispensable group of people to Singapore's progress as a nation (Thangavelu, 2015). As Singapore needs more infrastructure to be built (such as

Housing Developing Board (HDB) flats and wider roads), migrant workers have been hired by local companies to boost the domestic workforce in Singapore (HOME, 2011). Although such a move has addressed the issue of manpower shortage and generated more economic activity in the country, there were concerns raised as to whether the influx of foreign workers had depressed the wages of local workers, particularly that of low-skilled workers, and also affected innovative activities in the domestic economy (Thangavelu, 2015).

While migrant workers will continue to be important for Singapore's growth, locals are concerned about the increasing presence of migrant workers in the country. Singaporeans are predominantly concerned with increasing competition for the already scarce resources and public space in Singapore, as well as the social problems that migrant workers might potentially cause (Mathews & Zhang, 2016). In addition, Singaporeans are concerned with the issues affecting public life and norms brought about by the migrant workers. For example, the debate on whether there are too many migrant workers in Singapore was ignited again in 2013 when a riot broke out in Little India as a result of intoxicated migrant workers (Tan, 2013).

Methodology

Interviews with migrant workers, dormitory managers, and various NGOs dealing with migrant workers were undertaken to examine the experiences of migrant workers in the construction industry in Singapore. Specifically, I investigated the following aspects:

- Current living conditions experienced in their housing dormitories
- Current social life experienced on weekdays and weekends
- Current and future aspirations
- Motivations for coming to Singapore to work
- Living conditions in their home countries

Data Collection

Interviews were conducted over a period of two weeks in September with migrant workers and dormitory managers across several dormitories across Singapore. The interview sessions were conducted in Basic English, with occasional use of Singapore slang that included some words of Malay and Hokkien origins.

Interviews were conducted in a semi-structured manner where a standard set of guiding questions was asked while the actual flow of the interview was kept open-ended in order to allow for a free flow of responses. The interview sessions with the dormitory managers were conducted in the afternoons (between 2-6pm) whereas interviews were conducted with the migrant workers in the evenings (between 7-9pm). Each interview with the migrant workers lasted between 10 to 15 minutes, whereas the length of each interview with the dormitory managers was between 30 to 45 minutes. Each interview adhered to the guiding principles of grounded methodology (Glaser & Corbin, 1967; Strauss & Corbin, 1998; Goulding, 2002). Under the principles of grounded methodology, open sharing, reduced rigidity and minimal guidance in the interview process were ensured.

Dormitory	Location	Dormitory Capacity	Nationality Found in the Dormitory	Occupant Age Range
A	East Coast	1,000 – 1,500	• Chinese • Indian • Sri Lankan	25 – 35 years old
B	Tampines	1,000 – 1,200	• Chinese • Indian • Sri Lankan	27 – 35 years old
C	Woodlands	1,000 – 1,500	• Bangladeshi • Chinese • Indian • Others	27 – 35 years old
D	Serangoon	1,000 – 1,200	• Chinese • Indian • Sri Lankan	27 – 35 years old
E	Jurong West	1,000 – 1,200	• Bangladeshi • Indian • Sri Lankan	30 – 35 years old
F	Jurong East	800 – 1,000	• Bangladeshi • Chinese • Indian	30 – 35 years old
G	Punggol	500 – 800	• Chinese • Indian	30 – 35 years old
H	Tuas	1,000 – 1,200	• Bangladeshi • Indian • Sri Lankan • Others	30 – 35 years old

Table 3. Dormitories where interviews were conducted

The names of the dormitories were replaced by alphabets due to requests made by the dormitory managers not to disclose the dormitories' names. As such, location area and estimated size of the dormitories are included to provide some contextual information about the dormitories. Due to the scope of the research paper, dormitories selected are predominantly for migrant workers working in the construction sector. Table 3 provides information about the dormitories in which interviews were conducted.

Sample

Interviews were carried out with 91 migrant workers and 8 dormitory managers working in the same dormitories. 33.0% of the migrant workers were Bangladeshi, 28.6% were Chinese, 15.4% were Indian, 13.2% were Sri Lankan, 5.5% were Pakistani, and 4.4% were Malaysian. They range in age from 25 to 35 years old, and 60% have been working in Singapore for two or more years.

	Migrant Workers		Dormitory Managers	
Dormitory	**Number of Interviewees**	**Nationality**	**Race / Gender**	**Years of Experience in the Job**
A	9	Chinese (4) Sri Lankan (3) Indian (2)	Chinese / Male	3 years
B	11	Chinese (7) Sri Lankan (3) Indian (1)	Indian / Male	2 years
C	14	Bangladeshi (8) Malaysian (4) Chinese (2)	Indian / Female	4 years
D	9	Chinese (4) Sri Lankan (3) Indian (2)	Chinese / Male	5 years
E	16	Bangladeshi (11) Sri Lankan (3) Indian (2)	Chinese / Female	2 years

	Migrant Workers		Dormitory Managers	
Dormitory	**Number of Interviewees**	**Nationality**	**Race / Gender**	**Years of Experience in the Job**
F	12	Bangladeshi (8) Chinese (2) Indian (2)	Malay / Female	2 years
G	9	Chinese (7) Indian (2)	Indian / Male	3 years
H	11	Bangladeshi (3) Pakistani (5) Sri Lankan (2) Indian (1)	Malay / Male	1 year

Table 4. Detailed interviewee demographics (migrant workers and dormitory managers)

Of the 8 dormitory managers interviewed, 5 are male and 3 are female. In terms of nationality, 3 are Chinese, 3 are Indian and 2 are Malay. The average working experience of the dormitory managers is 2.75 years. Table 4 shows the breakdown of the interviewee profile per dormitory.

Findings

Migrant Workers' Living and Working Conditions, Needs and Aspirations

The interviews with migrant workers revealed that:

(1) Most of the migrant workers interviewed have basic monthly salary of less than $2,000 – 46% have salaries between $1,500 and $2,000, and 51% have salaries below $1,500. Only 3% have salaries above $2,000.

(2) On average, most migrant workers remit between $200 and $500 to their families every 2 – 3 months (see Figure 3).

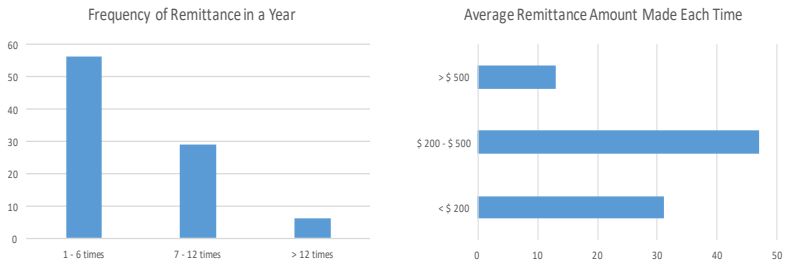


Figure 3. Average remittance patterns of the migrant workers

(3) When asked about their family household size and monthly expenses back home, most have an average family size of 4-7 persons with $500-700 monthly expenses (see Figure 4).

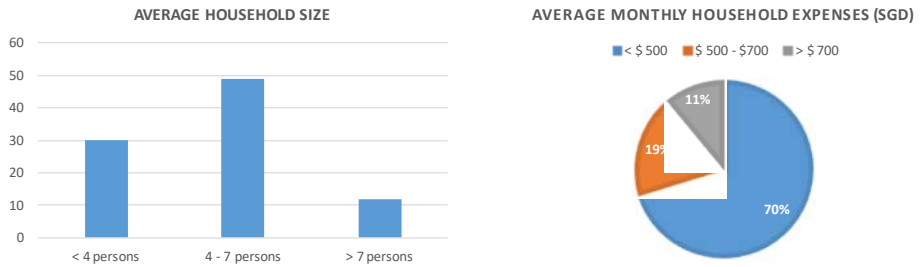


Figure 4. Average household size and monthly expense of migrant workers

(4) 69% of the migrant workers are the sole breadwinners in their families.

(5) Most of the migrant workers previously worked in the agriculture sector, prior to working in Singapore (see Figure 5).

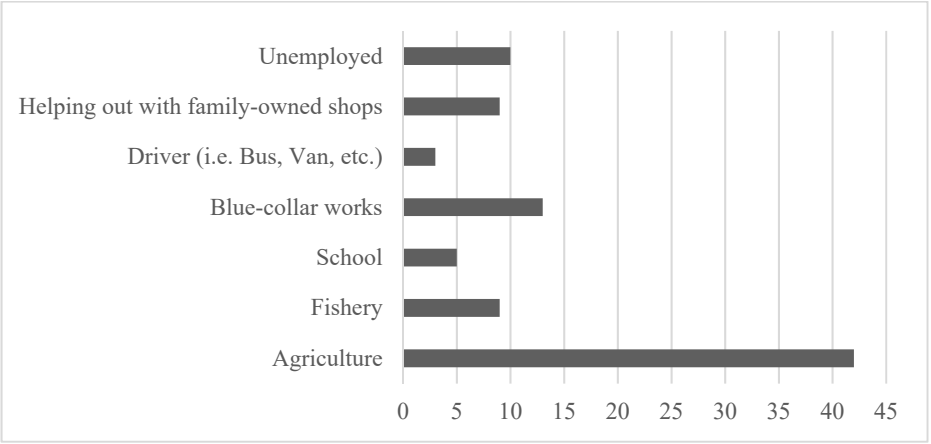
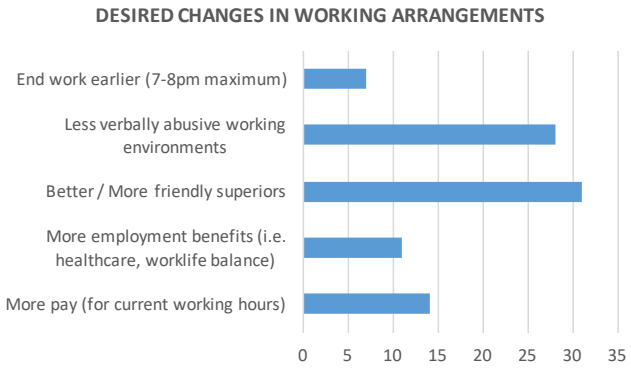


Figure 5. Migrant workers' previous employment

(6) A significant number of migrant workers expressed considerably high levels of satisfaction when asked about their satisfaction level with current living conditions (87% are satisfied), current working conditions (63% are satisfied), current salary (75% are satisfied), and current social life (84% are satisfied).

(7) We also asked them about desired changes in various aspects of life. In terms of desired changes in living conditions, 67% desire new / more furniture (e.g. bigger fans, bigger toilets, more TVs), 20% wish for bigger rooms, and 13% wish for better meals. Most also wish for better / more friendly superiors, less verbally abusive working environments, less strict dormitory rules and later curfew time (see Figure 6).



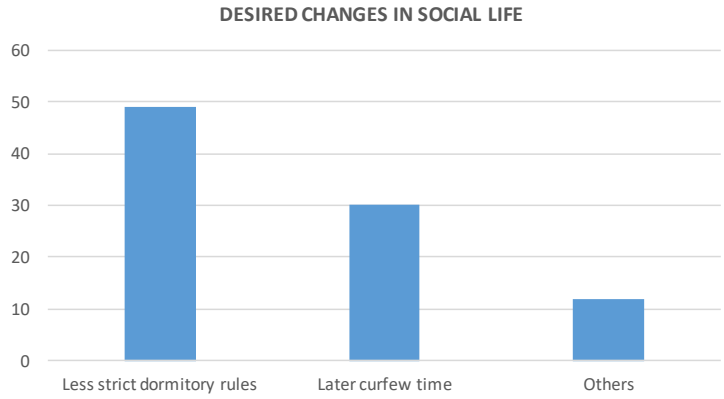


Figure 6. Desired changes in the migrant workers' respective aspects of life

The migrant workers interviewed also expressed a desire for higher salary, with 65% perceiving that their current salary is unjust, and 35% simply desiring more salary if possible even though they perceive their current salary to be fair.

(8) A significant number of migrant workers spend their free time (after work) by watching TV in the common area of their dormitories (see Figure 7)

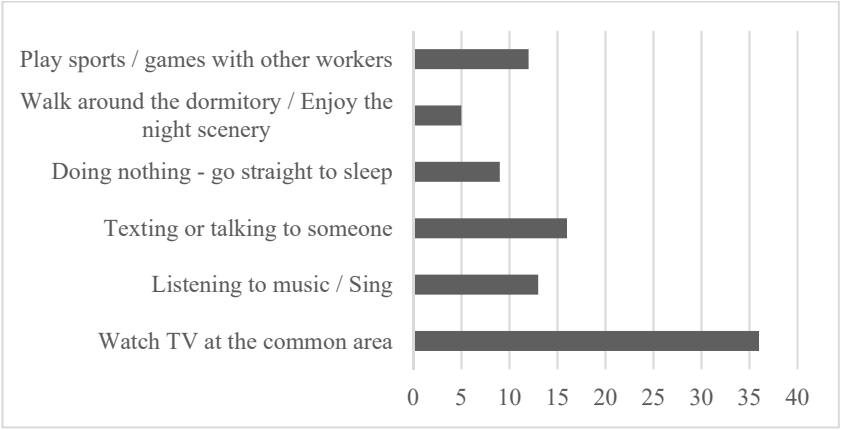


Figure 7. Activities migrant workers engage in after work

(9) Little India is the migrant workers' most preferred place to spend their off days at, with shopping malls as their second choice (see Figure 8).

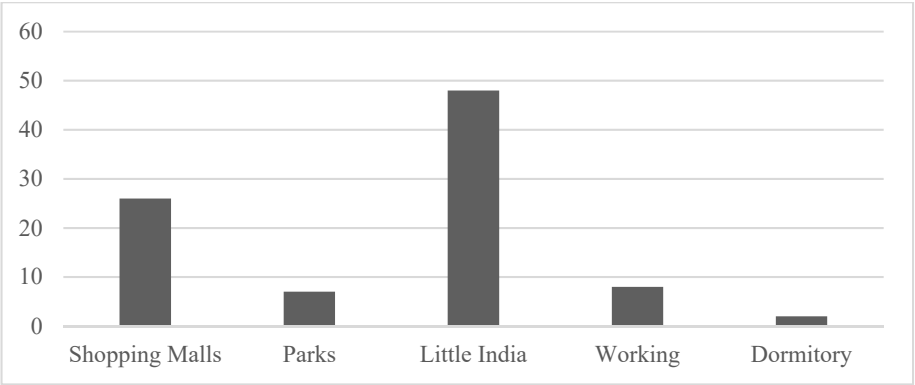


Figure 8. Places migrant workers go to on their off days

(10) In terms of phone ownership, 78% of the migrant workers own a feature phone, 13% own a smartphone, and only 9% do not own phones.

(11) As for relationship status, 58% of the migrant workers are single, 34% are currently in a relationship, 5% are married, and 1% are divorced.

(12) When asked about their future goals, 61% of the migrant workers wish to return to their countries soon and earn a living there, 31% have aspirations to be a team leader or higher, and the remaining 8% have not thought about their goals.

(13) 71% of the migrant workers claimed to have no regrets about coming to Singapore to work, while 20% expressed regret, and 9% are not sure.

(14) Despite wanting to work in Singapore, 86% of the migrant workers expressed no desire to live in Singapore in the long-term. Main reasons for this include high costs of living (59%) and their family not being in Singapore (36%). These reasons are not surprising as Singapore has been cited to be the world's most expensive city to live in (The Economist Intelligence Unit, 2010).

Problems Faced by the Migrant Workers

An analysis of the information gathered from the various stakeholders (migrant workers, dormitory managers, NGOs, MOM, etc.) suggest that the three most pressing needs faced by the migrant workers are:

- Unfair Working Treatment
- High Amount of Stress in Current Working Conditions
- Absence of Micro-Business Skills Education

Unfair working treatment.

High debts incurred to work in Singapore. Based on interviews conducted with 91 migrant workers, most respondents cited the lack of good employment opportunities back home and the lure of working for a high wage in Singapore as key reasons for deciding to work in Singapore (see Figure 9). Most want to gain a high-paying job to change their status and living conditions back in their home countries. This is consistent with Martin (2003) who found that economic-motivated reasons were the primary reasons for migrant workers to seek both regional and international employment.

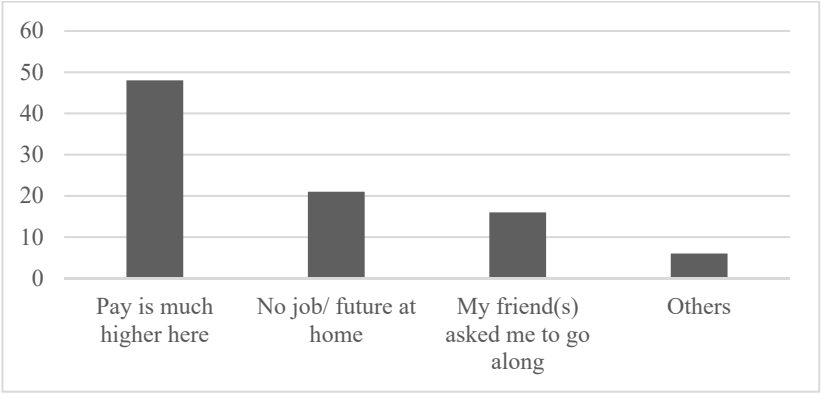


Figure 9. Reasons on migrant workers' decision to work in Singapore

However, instead of achieving their dreams of elevating their financial status, migrant workers may end up accumulating much more financial debt in the process. In Singapore, a typical migrant worker incurs approximately $16,000 in loans just to pay the recruitment fees to employment agencies that arrange for them to work overseas (Channel NewsAsia, 2015). The compound interest rates on these loans can range from 5% to 80% annually (Institute of Human Rights and Business, 2013), meaning that even prior to earning any money, migrant workers might already be laden with high-interest debts that can be impossible to repay with their salaries. Furthermore, research has found that migrant workers are frequently cheated by the intermediaries in the process of seeking better employment overseas (Institute of Informatics and Development, 2011).

Long working hours. From the interviews conducted, I found that migrant workers work 6 days per week on average. 87% of those interviewed work more than five days, 9% work 4-5 days, and 5% work less than 4 days a week. Because they work in the construction sector, they may be scheduled to work on some Sundays. On weekdays, migrant workers rarely have the opportunity to go outside of their dormitories after work due to restrictions imposed on them. In addition, their dormitories are often located near the borders of Singapore, away from central areas with more activities. On weekends (especially on Sundays when migrant workers have the day off), they engage in a range of activities. Three of the most popular are: window shopping / shopping, dating, and playing sports (especially cricket) (see Figure 10).

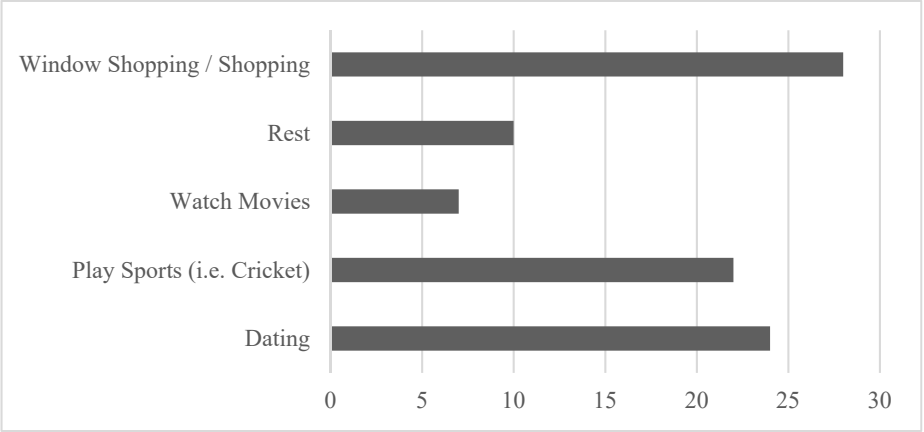


Figure 10. Activities engaged by migrant workers (off days)

Exploitative employers. When asked about their relationships with their respective employers, 56% are satisfied and 44% expressed dissatisfaction. The dissatisfied migrant workers appeared resigned to the fact that their employers were only interested in exploiting them, quoting instances of salary not given punctually and/or lack of transparency in the salary breakdown. This was observed to be a common problem faced by the migrant workers interviewed, and is further evidenced in a research conducted by Transient Workers Count 2 (TWC2), titled "One in Three Foreign Workers Still Not Getting Itemized Payslips" (TWC2, 2016).

According to an interviewee from TWC2, as many as 734 instances of salary-related complaints from migrant workers were recorded in 2016, and more than 5,000 instances since 2010. In light of the rampancy of salary-related unfair practices, many NGOs are currently offering legal consultation clinics and helplines for these migrant workers. For example, MWC offers free legal clinics on every 1st and 3rd Saturday of the month.

To gauge the awareness and effectiveness level of the NGOs' current efforts and programs, I questioned the migrant workers on their thoughts on such facilities provided. 90% of the migrant workers interviewed are aware of the existing helplines and organizations they can approach for any unfair situations faced. However, when further pressed whether they are willing to lodge a formal complaint

when they encounter an unfair situation or with regards to the unfair condition they are facing, only 22% are willing to do so. This is consistent with a recent newspaper article that cited migrant workers being afraid to go to the Government to complain about the unfair treatment they were receiving, despite having knowledge about existing helplines and support available (Channel NewsAsia, 2015). According to the migrant workers interviewed, they are afraid that lodging a formal complaint against their employers would result in their salary being deferred or deducted unknowingly, while some raised fears of being repatriated. These fears contribute heavily to the decision to remain silent.

The Government is aware that many migrant workers have faced unfair treatments and as a response, the MOM has highlighted the existing policies designed to protect the interests and rights of the migrant workers (MOM, 2014). Some of the policy highlights and efforts from the government include:

- Under the Employment of Foreign Manpower Act (EFMA), employers may face a fine of up to $10,000, and up to 12 months' imprisonment, should they fail to provide their employees with acceptable accommodation, or pay their salaries on time. It is worth noting that the penalty amount had doubled from what it used to be in 2012. Such employers may be banned from renewing or employing new migrant workers.

- In April 2014, MOM raised the penalty for failure to pay salary under the Employment Act, from a maximum of $5,000, to $15,000.

- Itemized pay slips and having key employment terms in writing are now made compulsory to ensure that the salary breakdown is a clear and transparent process.

- In the first six months of 2014, MOM performed more than 360 housing inspections and took enforcement action against more than 600 employers. In 2013, MOM also handled over 3,000 salary claims involving foreign workers.

- MOM made efforts to educate workers on their rights and responsibilities by publishing guidebooks in native languages, safety orientation courses as well as regular newsletters and roadshows. Newly-arrived migrant workers are informed of helplines when they were given their work permits.

On the other hand, there are some workers who enjoy good working relationships with the employers and even felt empowered by the programs their employers signed them up for. Such training courses range from managerial courses to vocational skill courses, with most of them initiated by the NGOs in Singapore. Upon closer analysis of the primary data gathered, it was observed that the satisfied migrant workers were the ones holding team leader roles and above, whereas the displeased ones were mostly the ones with less than one year of working experience in Singapore.

From the above paragraphs, it may be inferred that migrant workers are afraid to air their grievances about unfair treatment by employers due to the fear that it might have repercussions on their salary amount and payment. Considering that there have been a significant number of helplines and help facilities initiated by both NGOs and government bodies, the root problem is the lack of communication between the migrant worker's community, their employers, the NGOs and government bodies. It is only through open discussion with all stakeholders involved that the unfair treatment faced by migrant workers can be mitigated and hopefully eliminated in the long run.

High amount of stress in current working conditions. Besides unfair work practices, migrant workers also have to endure a high amount of stress at work. Figure 11 illustrates the daily weekday schedule of a typical migrant worker, obtained from an interview with Dormitory Manager A.

As can be seen, migrant workers only have approximately less than 6 hours daily to rest after a hard day at work. This primary data is further backed by a report that migrant workers are getting approximately four hours of sleep each day (AsiaOne, 2012). Furthermore, migrant workers interviewed complained about the long working hours and inadequate rest given during and after work. The observation was also noted by ILO where they highlighted the inhumane number of working hours expected from these migrant workers (ILO, 2015).

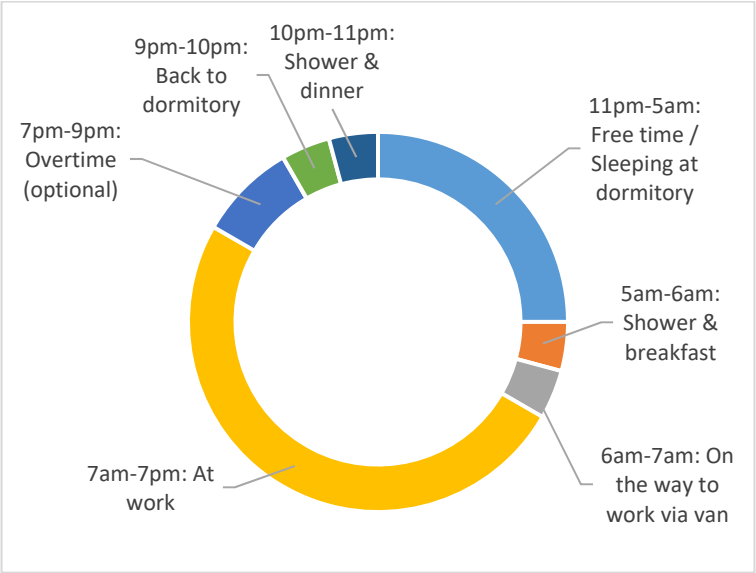


Figure 11. Daily weekday schedule of a typical migrant worker

For any normal, healthy individual, it is recommended to have at least 7 hours of rest and sleep for the body to function optimally (Watson et al., 2015). The sheer disparity between the recommended number of hours vs. the actual number of hours of rest a migrant worker gets is appalling and concerning. 87% of the 91 migrant workers interviewed cited that they barely get enough rest for the hard labor they perform at work, with approximately 92% lamenting that alcohol and cigarettes are their quick "helplines" for never-ending laborious work. Since smoking and alcohol consumption are not allowed inside the dormitories, migrant workers admitted that they often sneaked out to "smoke few puffs and drank few alcohol sips" before they retire to their rooms.

By comparison, in London, where migrant workers are common as well, the work-life balance of the migrant workers is considerably better (Dyer, 2011). Dyer believed that this was down to the fact that the general pace of life in the United Kingdom was much slower and placed a significant emphasis on the employees' happiness. On the other hand, Singapore has been notorious for its hellish long working hours, even amongst the white-collared working population. It was observed that Singapore was the country with the longest working hours (AsiaOne,

2013). Hence, it is little wonder that there is little work-life balance observed in the migrant workers' landscape in Singapore.

Stress is one of the highest contributing factors to mental health issues (Schneiderman et al., 2005) and one of the biggest reasons why people take up smoking and alcohol consumption (Azagba and Sharaf, 2011). One recent example of how stress indirectly caused undesirable social outcome would be the 2013 Little India Riot. According to the Ministry of Home Affairs (MHA), the riot was started by a group of intoxicated migrant workers (MHA, 2014).

Contrary to the abovementioned hypothesis, a migrant workers survey administered by the MOM in 2014 revealed that almost all of the migrant workers were satisfied with their working situations, indicating that there is little need to ameliorate the work-life balance in their current jobs. However, the methodology used to collate these findings might be misleading, as concurred by HOME, raising questions on the credibility of the survey findings (HOME, 2016). Furthermore, an interview with a representative from Transient Workers Count Too (TWC2) concurred that most migrant workers felt helpless towards the rigorous work schedules set by their employees as they often shared with the TWC2 personnel during joint activities and events.

Absence of micro-business education. When I asked the migrant workers what their dreams and aspirations are, 58% shared that once they have accumulated enough money, they would like to return to their home countries to start a family, reunite with their respective families, and start a business of their own. However, 68% of them are not confident of doing so even if they have enough capital, since they have little or no business education at all. Many express the interest to attend business-related courses, if given the opportunity to do so, during the weekends and/or on their off days. 49% are willing to attend courses if it is free or less than $10 per lesson, 20% are not willing to attend if it is not free, and 31% are not interested to learn if courses are conducted outside of working hours. The course topics that migrant workers interviewed are interested to learn are primarily English, business skills (especially how to set up and run a business), financial management skills and computer skills (see Figure 12).

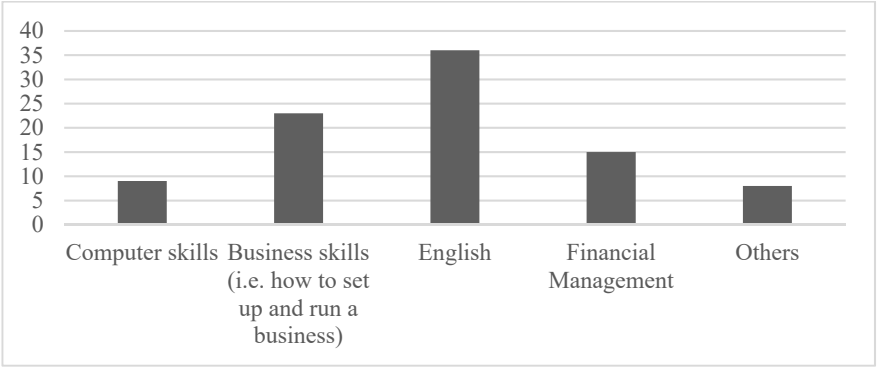


Figure 112. Course topics migrant workers are interested in

70% of the migrant workers interviewed only had primary school education, 23% had secondary school education, and 7% had higher levels of education. This interview data is consistent with information provided by Dormitory Manager H who has recent experience in the recruitment of migrant workers coming to Singapore, prior to becoming a dormitory manager. She shared that less than 5% of the migrant workers in Singapore have completed secondary school studies or higher.

In an interview with Professor Albert Teo, Board Director of ASKI Global (Singapore) and Associate Professor in the National University of Singapore (NUS) Business School, he shared that the organization has upcoming plans to extend the education program to the migrant worker's community, given the recent success of ASKI Global education with the foreign domestic workers and low-income women in financial education and empowerment,. In Singapore, ASKI Global and Aidha are the only NGOs that strives to empower the migrant community through financial and business education. Similar to ASKI Global, Aidha specifically focuses on the financial empowerment of the foreign domestic workers and lower-income women. However, in the interview with Professor Teo, he mentioned that ASKI Global has the intention to extend its education empowerment program to the male migrant worker community as well. Table 5 illustrates the list of business-dominated courses available in ASKI Global and Aidha (as of September 2016):

Organizations Offering the Courses	Courses Offered
ASKI Global	Basic Entrepreneurship
	Financial Education
	Personality Development & Communication
	Basic Dressmaking
	Advanced Entrepreneurship
	Advanced Financial Education
	Coaching and Mentoring
Aidha	Finance and Technology
	Entrepreneurship and Business Management
	Improving Your English

Table 5. List of courses offered by various NGOs

Academics specializing in the Myanmarese migrant community have concurred that migrant workers are in need of empowerment skills and courses in order to alleviate themselves from their current predicament and thus break away from the poverty trap (Hall, 2012). However, aside from ASKI Global (Singapore) and Aidha, other NGOs focused on helping migrant community do not offer such specialized business education. Instead, NGOs such as NTUC Learning Home and HOME primarily delivered traditional vocational skill courses to the migrant works such as language proficiency, baking and sewing courses, etc.

It can be inferred that whilst there has been an increasingly stronger demand for business vocational skill courses, few of the NGOs are prepared or have the capabilities to meet this need in the migrant worker's community. The importance of business education should be advocated and actively promoted as it serves as the long-term asset and capital for the migrant workers when they return to their origin countries eventually.

Recommendations

Upon critical evaluation of the various stakeholders' needs, wants and viewpoints, the following recommendations were brought up by migrant workers

themselves and/or dormitory managers. In general, both stakeholder groups would like to see a joined-hands approach (involving the government, employers, non-profit organizations (NGOs) and the migrant workers) in order to ameliorate the living environment for migrant workers in Singapore. The three recommendations are:

1. Regular Open Table Discussions between the Stakeholders
2. Community Bonding through Sports
3. Increased Collaboration with Singapore's Tertiary Institutions

Regular Open Table Discussions between the Stakeholders

It is worth believing that regular open table discussions between the stakeholders will lead to better protection of migrant workers' interest. This suggestion was brought forward by Migrant Worker A from Dormitory A who opined that their voices and complaints were not heard and not taken into consideration by their employers. He cited the tightly-packed schedule as proof of his claim. Similar sentiments were echoed by Migrant Worker B from the same dormitory. When asked if they had any suggestions in mind, they would like to have a monthly open dialogue with both their dormitory managers and employers. In my analysis, such recommendation is useful as it ensures that problems can be detected early and solved amicably without any further escalation being required. Regular and transparent dialogue and feedback session help to minimize confrontation and, more importantly, improve working relationships in the long-run (Warren, 1967).

At the moment, most NGOs hold their events at their respective offices. Also, posters informing migrant workers' of their entitlements are placed at the notice boards in the dormitories. These efforts may be limited in their effectiveness to generate awareness amongst the migrant workers. According to the interview data with the migrant workers, a sizeable 80% of the migrant workers have no idea what the NGOs do or how to reach out to them, hence highlighting the ineffectiveness of the current outreach efforts. However, migrant workers are still reluctant to reach out for help even if they know they are being treated unfairly (Channel NewsAsia, 2015).

In order to ensure that migrant workers understand and fully utilize the existing helplines and infrastructure to help them when the need arises, Dormitory Manager D from Dormitory D opined that NGOs should hold mini talks and events

at their dormitories on a regular basis. Dormitory Manager H from Dormitory H voiced similar opinion, believing that doing so would increase the awareness level of such infrastructure and helplines amongst migrant workers. In addition, doing so would enable NGOs to serve as a third eye in detecting any signs of complaints or any other challenges that the migrant workers are facing.

Community Bonding through Sports

In order to address the issue of stress faced by migrant workers, it is vital to find an effective way for them to relieve their stress, instead of turning to smoking and alcohol for a quick escape. One possible way would be to create a common platform that for all migrant workers to participate in (Tan, 2013). Having spent time visiting and observing the various dormitories and their facilities, it has come to my attention that these dormitories have large open spaces located either in front or at the back of the dormitories. According to the dormitory managers, such open spaces are used as occasional sports and recreation exercise areas and as assembly areas in case of fire. The managers, however, noted that such facilities are not used often as few migrant workers have taken the initiative to engage their fellow migrant workers in sports.

That said, the idea of having an inter-dormitory sports competition or athletics meet was found to be common amongst migrant workers from various dormitories, especially for cricket. According to Mueller (2002), sports is one of the easiest, fastest and most effective way to forge strong bonds in a community. The perspectives of dormitory managers from few dormitories on the idea of having inter-dormitory sports competition or athletic meets were generally positive as it would increase the number of migrant workers engaging in sports, thereby reducing their stress level and thus mental and physical health in the long run.

Increased Collaboration with Singapore's Tertiary Institutions

Current NGOs and government-backed organizations' efforts in equipping migrant workers with the relevant and necessary skills have been nothing short of excellent and holistic. However, according to an interviewee from NTUC Learning Hub, one of the biggest loopholes in the current efforts would be the lack of manpower needed to execute these efforts, especially those that require more specialized skills. In order to address this loophole, he proposed an increased collaboration with Singapore's Tertiary Institutions, whose students may form a

large portion of the much needed manpower to carry out the lessons. This view was reiterated by Dormitory Manager G from Dormitory G who believed that more could be done to help the enterprising migrant workers in terms of business education and access to the relevant resources.

In the recent year, three largest universities in Singapore: National University of Singapore (NUS), Nanyang Technological University (NTU) and Singapore Management University (SMU) have received many global accolades in their education standards. According to the QS World University Ranking 2016, NUS and NTU were the top two Asian universities with 12th and 13th global ranking respectively (QS, 2016). With Asia's best future talent pool at home, the NGOs and government-backed organizations can tap on these undergraduates' knowledge in their current education reach-out efforts to the migrant worker community. In order to do so, organizations can approach the career service centers of these universities and request for the universities' help in recruiting undergraduates to volunteer or work as interns in their respective organizations and causes. In addition, organizations may wish to reach out to the student-led co-curricular activities (CCA) groups in the respective universities such as the NUS Volunteer Group to bring interested undergraduates onboard to perform a meaningful deed during their free time or summer breaks.

Limitations of the Research

While much effort was made to contact and secure interviews with several large and medium-sized construction companies that hire migrant workers, none were able to grant an interview. Inconvenience and the strict instructions from the top management not to give interviews to anyone without instruction were cited as reasons for refusal. There was also a lack of secondary information on the construction companies' point of view regarding their treatment towards their migrant workers. Therefore, a key stakeholder is missing from this research. I sincerely hope that further work can be done to incorporate this important point of view into the much needed conversation.

Conclusion

In this paper, I have discussed the migrant worker landscape both in the global and Singapore context and attempted to offer a peek into the current efforts

in place for the migrant worker community. The latter part of the research highlights the struggles and needs faced by the migrant worker community in Singapore. Throughout the process of writing this research, my efforts to reach out to the employers of the migrant workers have been left unreturned, hence becoming a limitation of this research study. However, by using both primary and secondary data in tandem to analyze the pinpointed problems, a holistic view of the root causes to the problems have been identified. Following which, I have proposed recommendations for all stakeholders to undertake in order to better protect and promote the interests of the migrant worker community in Singapore.

Although the effectiveness of the recommendations proposed will differ according to the employer's stand with regards to the migrant workers' interests, the government body and NGOs can also exert pressure on the respective employers to adopt the recommendations that protect and promote the interests of the migrant workers. Ultimately, it is in the interest of the employers to provide the migrant workers' entitlements as doing so will result in greater productivity and loyalty amongst the migrant workers. Studies have shown that humans tend to reciprocate or over-reciprocate the kindness and understanding that was once shown to them (Falk & Fischbacher, 2006).

It is hoped that through these recommendations, a greater degree of mutual understanding and cooperation can be reached amongst the various stakeholders, thereby achieving the ultimate goal of protecting and promoting the interests of the migrant worker community in Singapore.

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Appendix A: MOM regulations

According to the official Ministry of Manpower website, a Work Permit holder is required to adhere to the following at all times:

- Work only in the occupation and for the employer specified in the Work Permit card.
- Not take part in any other business or start their own business.
- Reside only at the address set by the employer at the start of employment. They must inform you if they are to change their address.
- Carry their original Work Permit at all times and produce it for inspection on demand by any public officer.
- Not marry a Singapore citizen or permanent resident in or outside Singapore without approval from MOM. This applies even after their Work Permit is expired, cancelled or revoked.
- Not get pregnant or deliver a child in Singapore during the validity of their Work Permit unless they are already married to a Singapore citizen or permanent resident with the approval of MOM. This applies even after their Work Permit is expired, cancelled or revoked.

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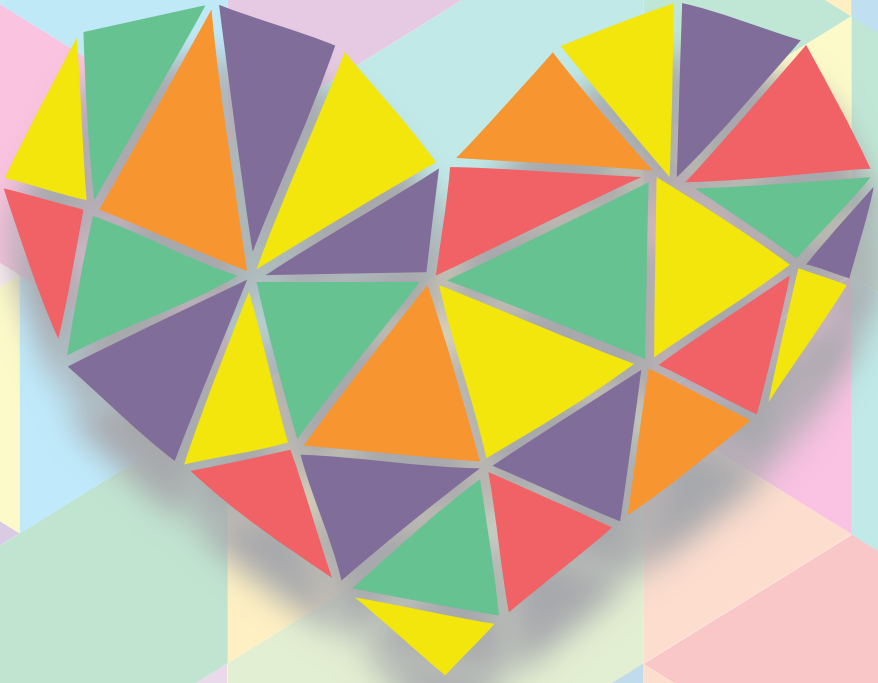

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