



SUPPORTING SINGAPOREANS' ASPIRATIONS FOR AGED CARE

October, 2016

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RESEARCH BACKGROUND & DESIGN

BACKGROUND TO THE RESEARCH



Singapore's population will age more rapidly in the next two decades. Our senior population above 65 years old will grow to more than 900,000* by 2030. Given the aging profile of Singapore, the demand for longer periods of care due to illness or old age will increase.

Hence this research intends to understand the needs of Singaporeans and how to make aged care services better & more senior-friendly.

*Source: MOH

https://www.moh.gov.sg/content/moh_web/home/pressRoom/pressRoomItemRelease/2012/more-facilities-to-help-seniors-age-in-place.html

RESEARCH SCOPE

OBJECTIVES:

1 Aspirations & concerns for old age

2 Needs, attitudes and perception towards aged care services

3 Readiness in embracing aged care services

4 Barriers in using aged care services

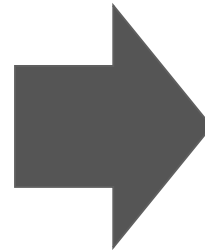


RESEARCH DESIGN

Stage 1

**QUALITATIVE
RESEARCH**

**Focus Group
Discussions**



Stage 2

**QUANTITATIVE
RESEARCH**

**Surveys
conducted Online
& Face-to-face**

QUALITATIVE RESEARCH DESIGN: FOCUS GROUPS

STRUCTURE

- A total of 4 Focus Group Discussions (FGDs) were conducted
- Each group consisted of 4-5 respondents and lasted for 2 hours

PARTICIPANTS



- **CAREGIVERS:** 1 group each for **Low** household income (< SGD 3,000/month) & **Middle/High** household income (> SGD 3,000/month)
- **ELDERS** (60 years old and above): 1 group each for **Low** household income (< SGD 3,000/month) & **Middle/High** household income (> SGD 3,000/month)

QUANTITATIVE RESEARCH DESIGN

TARGET RESPONDENTS



- Sample size: **N = 998**
- Singapore citizens and PRs, aged between 30 and 75 years
- Soft quotas: by age, household income, gender, marital status & ethnicity; to align with the Singapore population demographics

METHODOLOGY



- 20 minute quantitative surveys
- Mixed methodology:
 - Online Interviews for 30 – 59 year olds
 - Face-to-Face Interviews for 60 – 75 year olds

FIELDWORK PERIOD



- 28 July – 31 August 2016
- Location: Singapore

QUANTITATIVE RESEARCH DESIGN

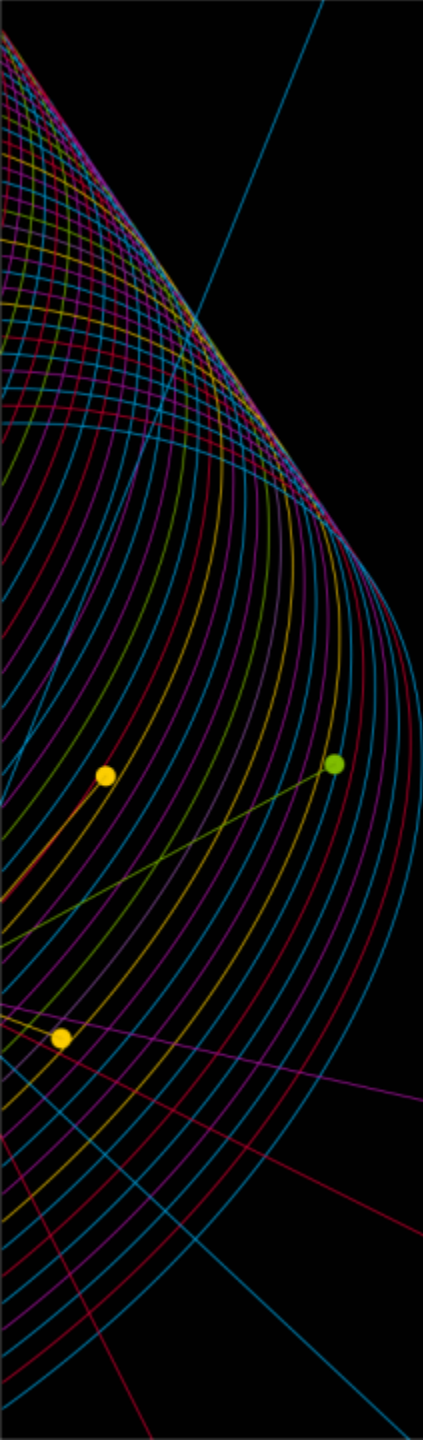
- Three age segments were surveyed for this research..

<u>SEGMENT 1</u>	<u>SEGMENT 2</u>	<u>SEGMENT 3</u>
AGE: 30-44 YO	AGE: 45-59 YO	AGE: 60-75 YO
Online surveys	Online surveys	Face-to-face surveys
N = 201	N=582	N=215
Young Adults: insights on the attitudes towards old age & awareness level & thoughts on planning for aged care.	Pre-retirement: The preparatory stage. Expected to be most active in terms of planning and preparing for aged care.	Post-retirement: The older segment heading towards being users of the aged facilities - exploring their needs & expectations from such facilities.

- Caregivers vs. Care-receivers (actual & potential)

<u>CAREGIVERS</u> (current or past)	<u>CARE-RECEIVERS</u> (current or past)	<u>OTHERS</u> (potential care recipients)
The primary or co-decision maker on the care of their elders	The primary user of long term care and residential care	The main stakeholder in their own long term care and residential care needs and expectations
N=383	N=15	N=600

RESEARCH FINDINGS





OLD AGE ASPIRATIONS AND CONCERNS

THE ASPIRATIONS FOR OLD AGE REVOLVE AROUND THREE KEY AREAS ...

TOP 3 ASPIRATIONS FOR OLD AGE



HEALTH & WELLNESS

- Good health (*especially free of critical/ long-term illness*) is a primary goal across all segments
- Defined as being **free from illnesses** and **thriving physically**

“Maintaining health is very important as you get older because everything starts to break down and you realize how important it is.”

– Potential Eldercare User



FINANCIAL PREPAREDNESS

- In the face of increasing costs, the aspiration is to have sufficient income and savings to **maintain living standards**
- For caregivers, the goal is to be able to **afford medical and eldercare expenses** → While providing for their **other dependents** as well

“I just want to have enough cash to keep surviving.” - Caregiver

“For me, it’s a stable income to take care of my family... We need to plan for retirement and the cost of living is increasing in Singapore.” - Caregiver



SENSE OF PURPOSE

This is closely tied to **feeling useful** in order to give life **purpose and depth**:

- **Care for society: Contributing to society** by volunteering with the needy or serving in religious organizations brings about a sense of fulfilment
- **Care for immediate family:** Being able to **care for loved ones** produces a sense of pride and gives life meaning

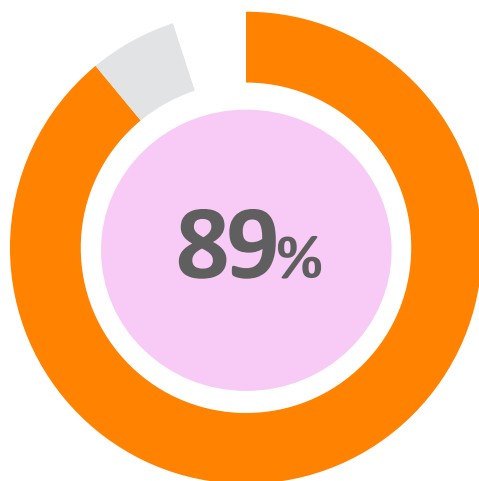
“It’s like when you are blessed, you become a blessing to somebody else... Feeling like you’ve brought something beneficial to others.”

– Potential Eldercare User

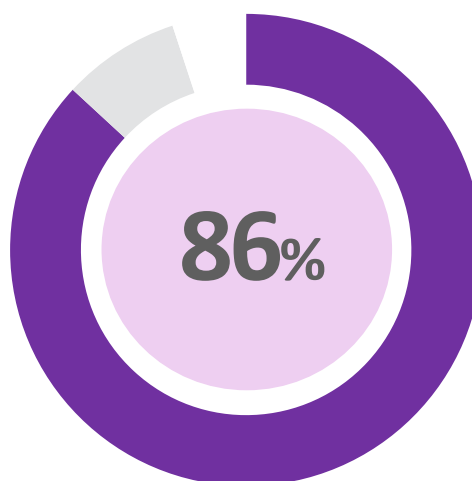
OVERALL, 4 IN 5 PEOPLE ARE CONCERNED ABOUT AGEING IN SINGAPORE; SENIORS (60-75YO) SLIGHTLY LESS SO.

CONCERNED ABOUT AGEING IN SINGAPORE

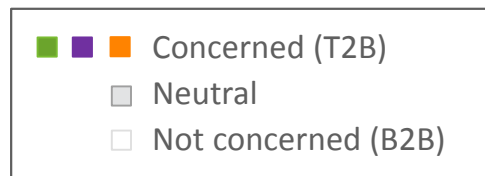
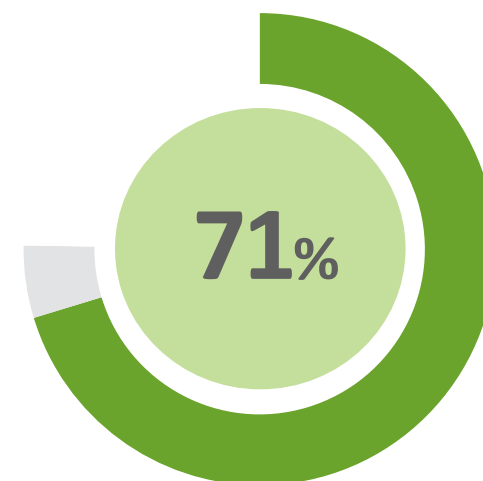
SEG 1 (30-44 YO)



SEG 2 (45-59 YO)

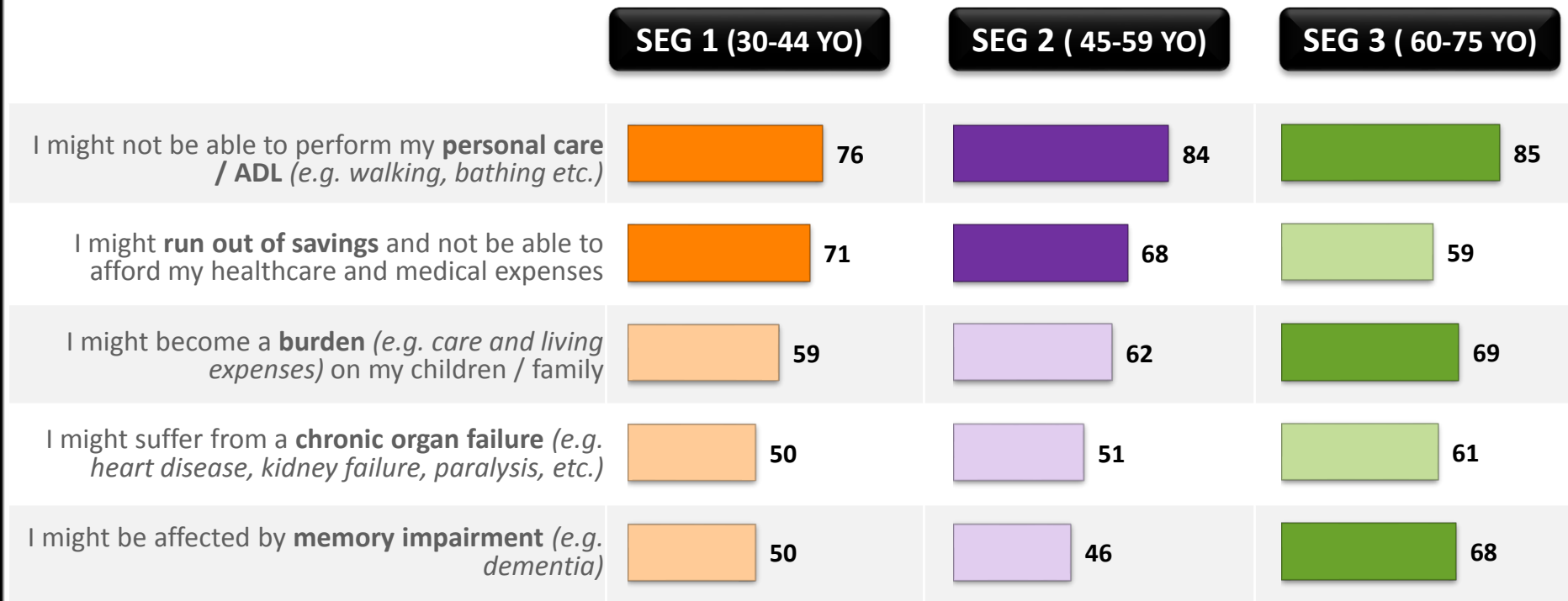


SEG 3 (60-75 YO)



NOT ABLE TO PERFORM ADL IS THE TOP OLD AGE CONCERN FOR ALL. WHILE THE YOUNGER ONES ARE ALSO WORRIED ABOUT RUNNING OUT OF SAVINGS, THE SENIORS ARE MORE WORRIED ABOUT BEING A BURDEN TO FAMILY & MEMORY IMPAIRMENT.

TOP 5 CONCERNS FOR OLD AGE (%)



“Should anything happen, will there be help for us? Can we really afford day care, healthcare? Is it affordable? We have children but they have their own lives too.” –Potential Eldercare User

“Dementia, Alzheimer’s, becoming senile– these are common things that will hit older people. What if there is no security net to fall back on?” – Potential Eldercare User

TO ALLEVIATE CONCERNS ON HEALTH, FINANCES & BECOMING A BURDEN ON FAMILY, SINGAPOREANS CAN LOOK TO **AGED CARE FACILITIES** TO RECEIVE CARE AND **PREPARE FINANCIALLY** TO SUPPORT THEMSELVES IN SUCH A SITUATION.

CONCERNS FOR OLD AGE

- Not be able to perform my **personal care / ADL**
 - Suffer from a **chronic organ failure**
 - Affected by **memory impairment**
- HEALTH**
- **Run out of savings** unable to afford my healthcare and medical expenses
 - Become a **burden (living expenses)** on children/family
- FINANCES**
- Become a **burden (care)** on my children / family
 - Cannot live independently - not be able to perform my **personal care, ADL / suffer chronic organ failure /affected by memory impairment**
- LIVING ARRANGEMENT**

How can Singaporeans enable care for themselves?

AGED CARE SERVICES

- Home Care Services
- Day Care Centres
- Nursing Homes
- Assisted living
- Senior's apartment
- Retirement village etc..

FINANCIAL PREPAREDNESS

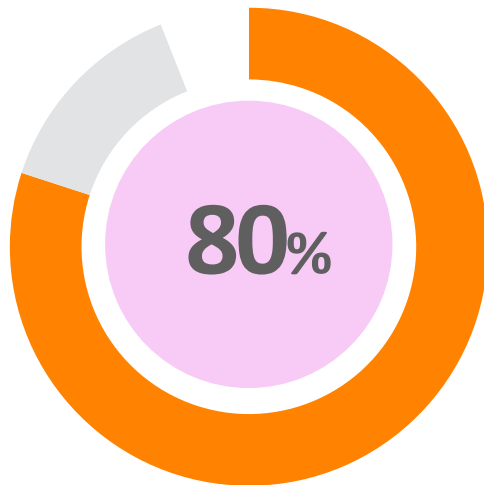
- Awareness of funds required
- Financial planning
- Financial assistance /subsidies

MORE THAN 3 IN 4 PEOPLE ARE CONCERNED ABOUT AGEING IN PLACE.

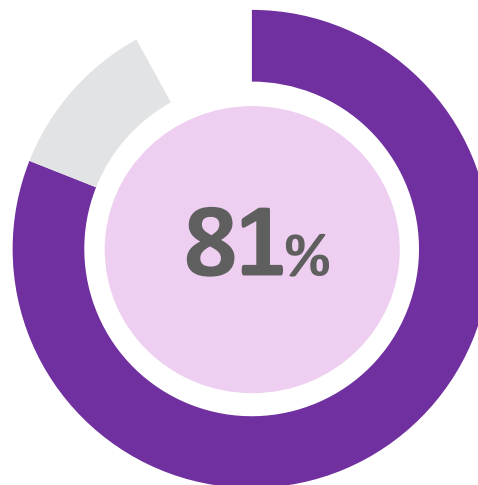
CONCERNED ABOUT BEING ABLE TO AGE IN PLACE*

* *Aging in place is the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or ability level*

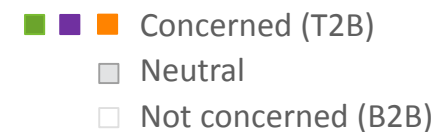
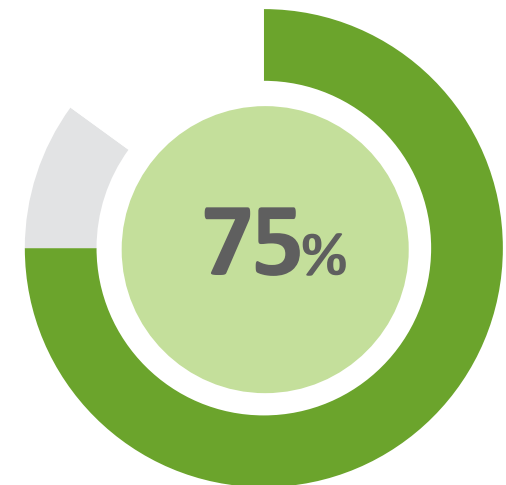
SEG 1 (30-44 YO)



SEG 2 (45-59 YO)



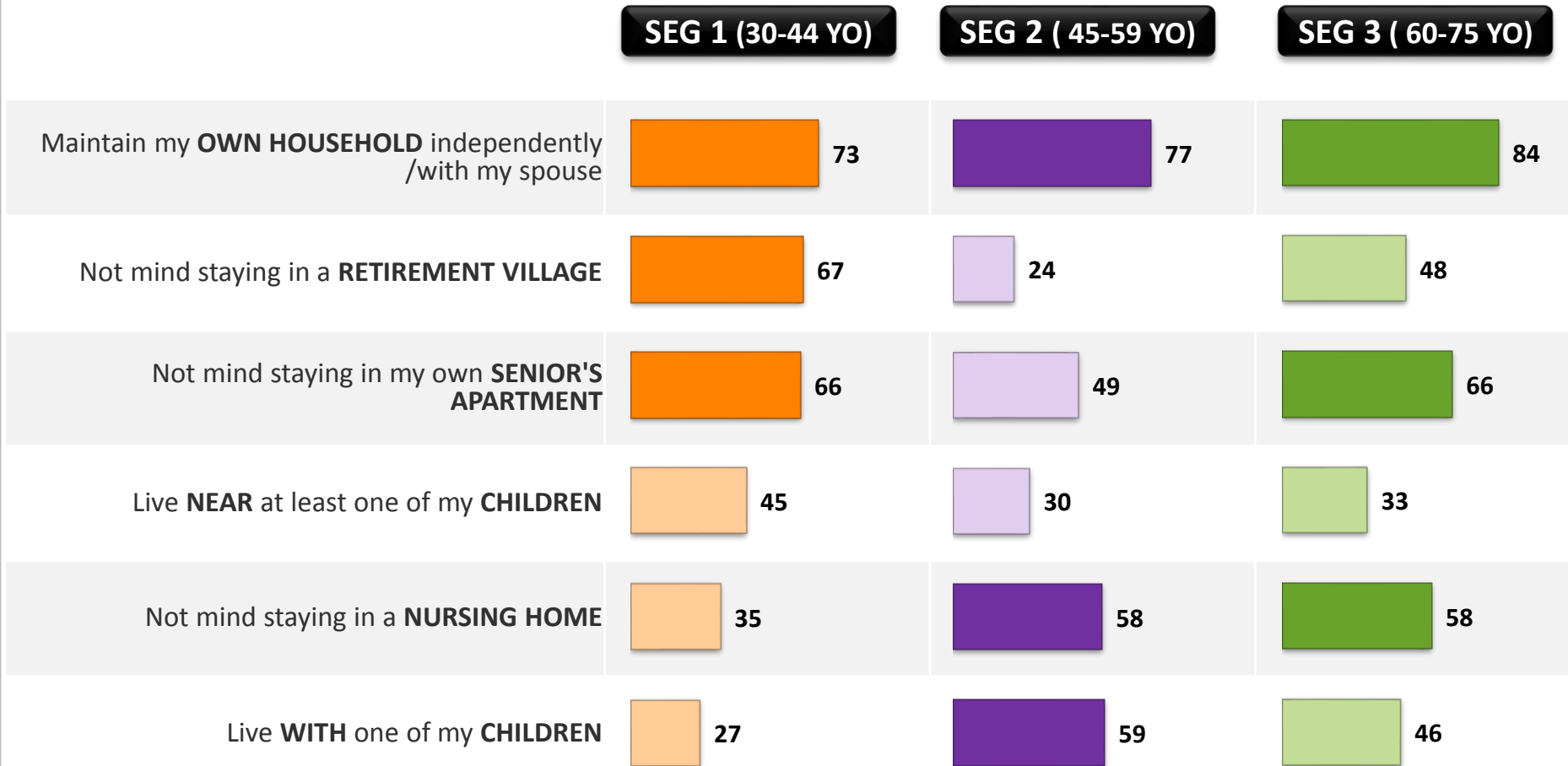
SEG 3 (60-75 YO)



IN OLD AGE, WHILE MORE THAN 3 IN 4 PEOPLE WISH TO STAY IN THEIR OWN HOUSEHOLD, SURPRISINGLY MAJORITY OF YOUNG ADULTS (30-44YO) & SENIORS (60-75YO) ARE OPEN TO STAY IN **SENIOR'S APARTMENT** OR **RETIREMENT VILLAGE**.

NURSING HOME IS ALSO AN OPTION FOR SENIORS & PRE-RETIREMENT AGE FOLKS.

EXPECTATIONS OF LIVING ARRANGEMENTS IN OLD AGE (T2B %):



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)

Q21. Expectation of living arrangements in old age



QUALITY ELDERCARE SERVICES

THE OBJECTIVE OF ELDERCARE IS SEEN AS THAT TO **MAINTAIN THE CURRENT HEALTH CONDITION** OR TO **IMPROVE THE WELLBEING OF SELF/ ELDERLY CARED FOR.**

ELDERCARE SERVICES & GOALS

ELDERCARE SERVICES

Home Care Services



Day Care Centres



Nursing Homes



ELDERCARE GOALS

1. STABILIZE WELLNESS

If the elderly person is doing well physically and mentally, the goal is to **maintain or keep in check their current condition**

OR

2. ENHANCE WELLNESS

It is also about **enhancing** the elderly person's well-being for further improvement so they can **thrive and enjoy an active and fulfilling lifestyle**

THE FOLLOWING **FOUR KEY FACTORS** ARE ATTRIBUTED BY BOTH CAREGIVERS AND POTENTIAL ELDERCARE USERS FOR THE NEED FOR ELDERCARE...

PROBLEMS SOLVED BY ELDERCARE SERVICES

LACK OF TIME

Primary caregivers who are working adults often **do not have sufficient time** during weekdays to care for the elderly persons owing to their work schedules



LACK OF SPACE

For some inter-generational families, there is often **not enough space** in the house to provide separate room for the elderly with medical conditions (with equipment required etc.)



Caregivers at home often **lack the expertise** needed to adequately care for the elderly, particularly if they require **medical attention**

LACK OF EXPERTISE



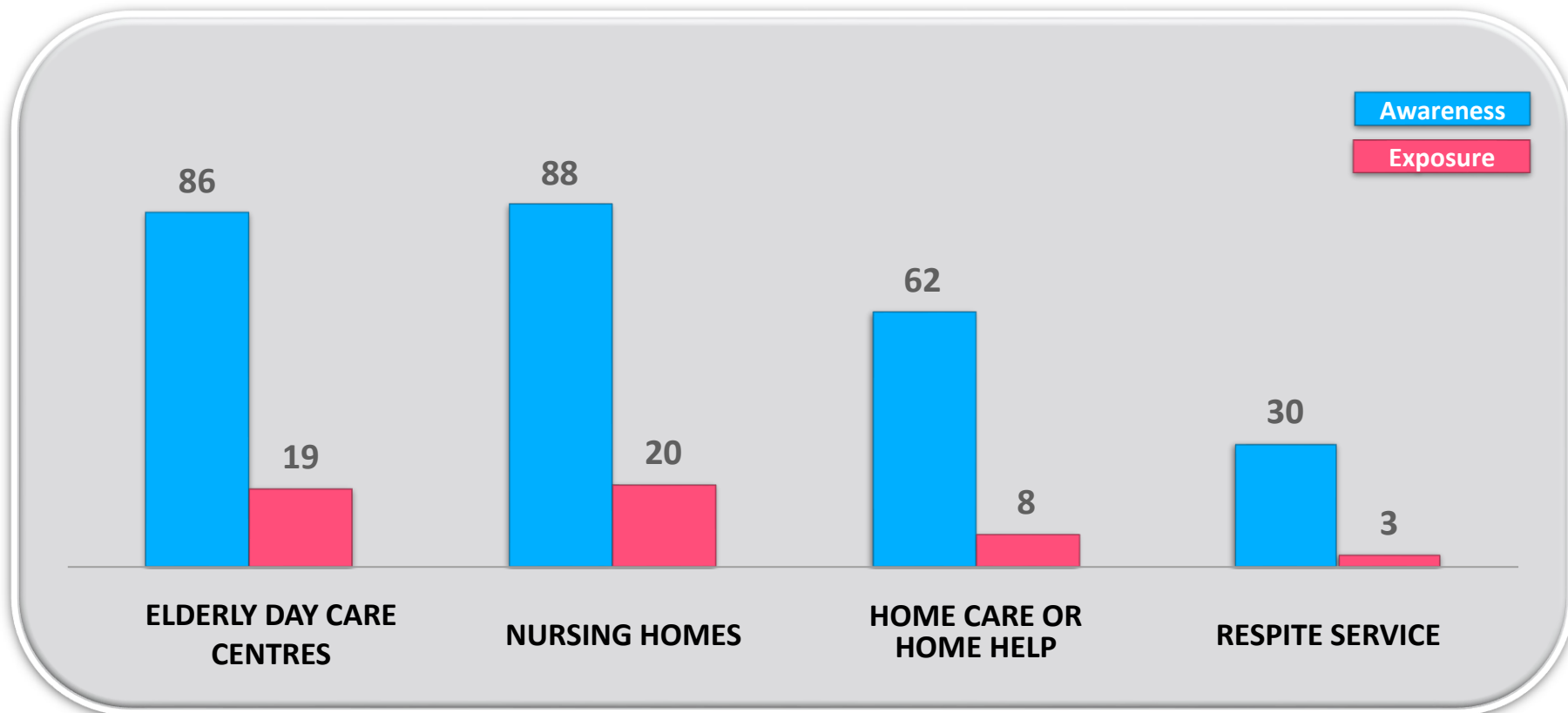
In **fostering mental and emotional wellness**, lively interaction in the eldercare centres is greatly beneficial, as compared to being left alone at home

LACK OF SOCIAL SUPPORT

AWARENESS OF ELDERCARE SERVICES IS HIGH - MORE THAN **8 IN 10 PEOPLE ARE AWARE OF** ELDERLY DAY CARE & NURSING HOMES.

WHILE THE EXPOSURE & USAGE IS MUCH LESS – **2 IN 10 PEOPLE HAVE SOME RELATIVE STAYING** USING EITHER ELDERLY DAY CARE OR NURSING HOME FACILITIES.

AWARENESS & USAGE OF AGED CARE FACILITIES | overall (%)



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)

Awareness Q17a. Awareness of aged care facilities

Exposure Q17b. Any family members or loved-ones currently or in the past, use the services of aged care facilities



CONSIDERATIONS FOR USING ELDERCARE SERVICES

THE EXPECTATIONS OF AN IDEAL ELDERCARE FACILITY ARE MULTI-FACETED.

EXPECTATIONS FROM ELDERCARE FACILITIES IN SINGAPORE

VALUE AND AFFORDABILITY



AFFORDABILITY

CUSTOMER EXPERIENCE



QUALITY OF STAFF

QUALITY OF LIFE



ENVIRONMENT & FACILITIES

CONVENIENCE



LOCATION & ACCESSIBILITY



ACCESS TO PROFESSIONALS



STANDARD OF FOOD



VISITING HOURS



PERSONALIZED SERVICE



PROGRAMS & ACTIVITIES



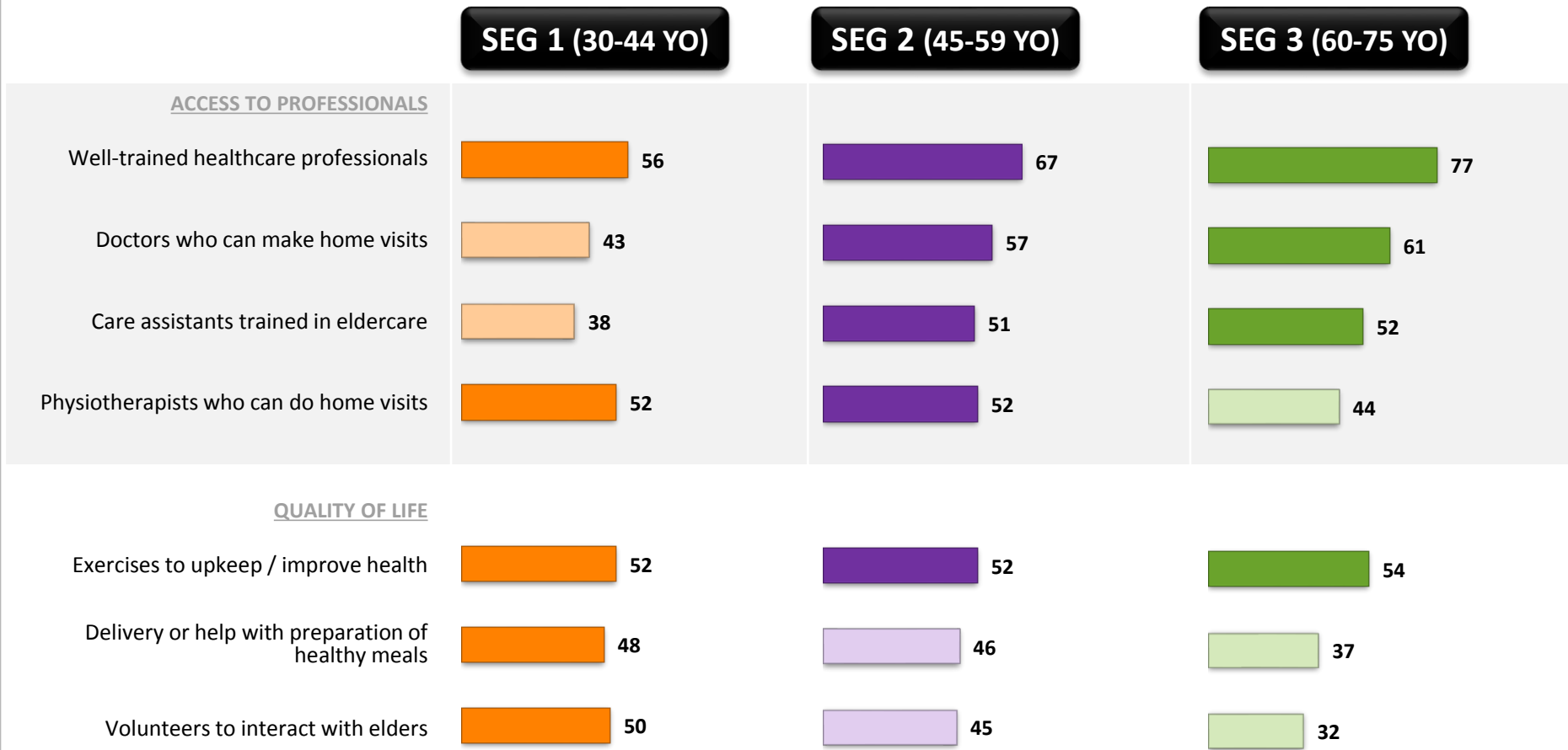
QUALITY OF VOLUNTEERS



LEVEL OF AUTONOMY

HOME CARE SERVICES ARE EXPECTED TO PROVIDE ACCESS TO PROFESSIONALS (NURSES, DOCTORS AND PHYSIOTHERAPISTS) WHO CAN MAKE HOME VISITS. PROVISION OF CARE ASSISTANTS, EXERCISE SESSIONS AND VOLUNTEERS TO INTERACT WITH ELDERLY ARE OTHER KEY FACILITIES EXPECTED.

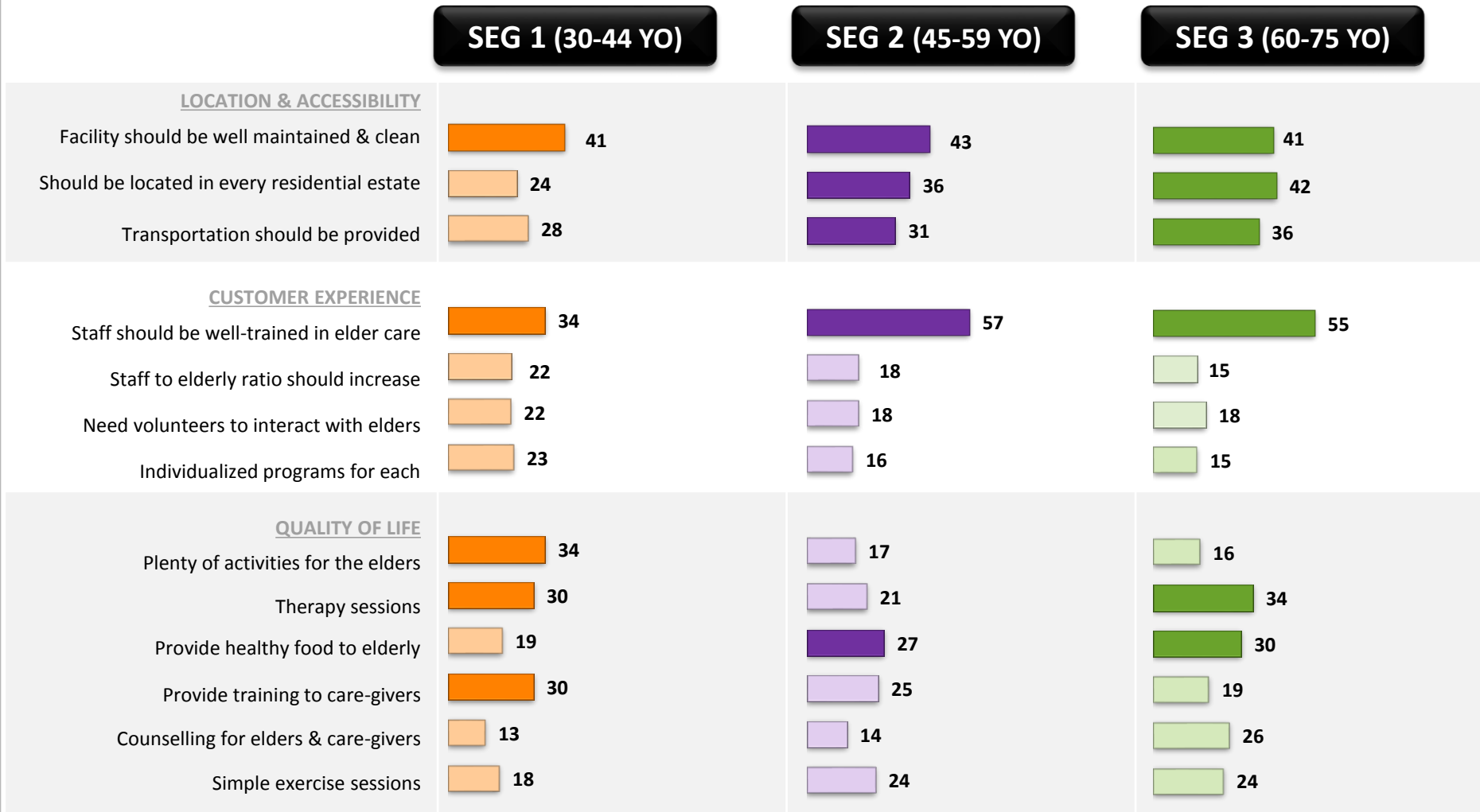
HOME CARE - FACILITIES EXPECTED | Top 5 (%)



Base: Those who are aware of but never used home care services (n=332), Segment 1 (n=68), Segment 2 (n=194), Segment 3 (n=70)
 Q42a. Expected services from home care

ELDERLY DAY CARE SERVICES ARE EXPECTED TO BE WELL MAINTAINED & CLEAN, LOCATED IN EVERY RESIDENTIAL ESTATE/ OR PROVIDE TRANSPORTATION AND MORE IMPORTANTLY, PROVIDE WELL-TRAINED STAFF. THERE IS ALSO A DEMAND FOR ACTIVITIES & THERAPY SESSIONS, HEALTHY FOOD AND TRAINING TO CAREGIVERS.

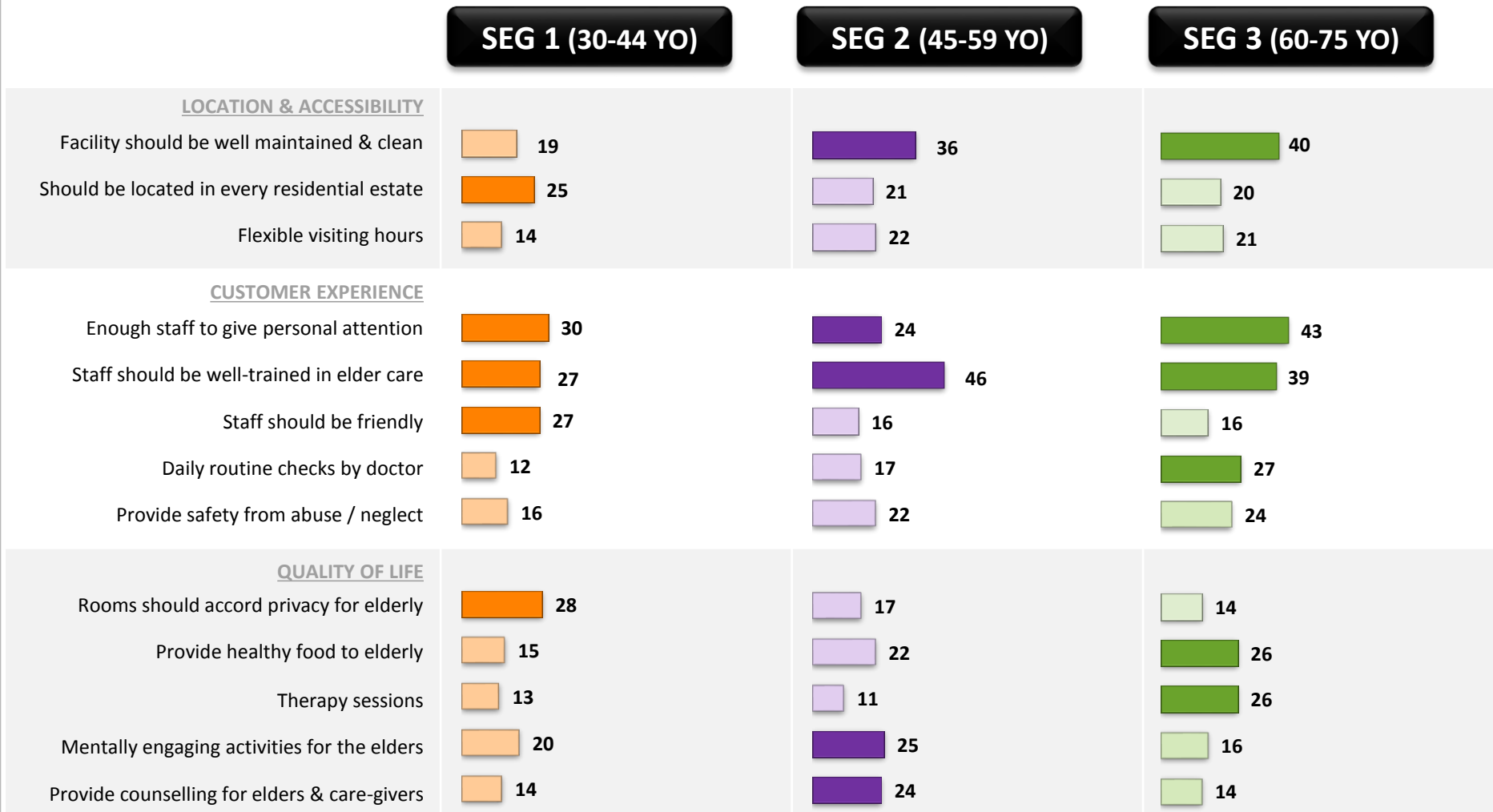
ELDERLY DAY CARE - FACILITIES EXPECTED | Top 5 (%)



Base: Those who are aware of but never used day care facilities (n=316), Segment 1 (n=67), Segment 2 (n=175), Segment 3 (n=74)
 Q29a. Expected services from day care

NURSING HOMES ARE EXPECTED TO BE WELL MAINTAINED & CLEAN, AND PROVIDE ADEQUATE & WELL-TRAINED STAFF. THERE IS ALSO A DEMAND FOR PRIVACY OF ELDERLY, HEALTHY FOOD, ACTIVITIES & THERAPY SESSIONS AND ROUTINE CHECKS BY DOCTOR.

NURSING HOMES - FACILITIES EXPECTED | Top 5 (%)



Base: Those who are aware of but never used nursing home facilities (n=332), Segment 1 (n=68), Segment 2 (n=194), Segment 3 (n=70)
 Q32a. Expected services from nursing homes

OVERALL, 2 IN 5 PERSONS ARE SATISFIED WITH CURRENT NURSING HOME.
 TOP 5 IMPROVEMENTS SOUGHT ARE MORE BASIC IN NATURE, MOSTLY RELATED TO
 LOCATION & STAFF.

PERFORMANCE OF CURRENT NURSING HOMES

SATISFACTION (%)

■ Good (T2B)
 ■ Fair
 ■ Poor (B2B)



TOP 5 IMPROVEMENT AREAS (%)



Base: Caregivers of those who have used nursing home facilities (n=85)
 Q33. Ratings of nursing homes, Q32b. Areas for improvement for nursing home

PERCEPTIONS ABOUT EXISTING NURSING HOMES REVOLVE AROUND... BEING EXPENSIVE, NEEDING MORE & WELL-TRAINED STAFF & A HOMELY ENVIRONMENT.

PERCEPTIONS OF NURSING HOMES IN SINGAPORE

THE POSITIVES

- *“Being able to provide a homely and safe environment for the elderly to stay in”*
- *“basic facilities for the old”*
- *“Clean, well kept, government regulated and aided”*
- *“Friendly environment, homely food, and good medical facilities”*
- *“Good professionals, but gradual lack of manpower”*
- *“I feel they are doing good, but still if we care about the elderly and their happiness then we should make arrangements for them to stay near us and under our supervision.”*

THE NEGATIVES

- *“Depressing, routine, not enough programmes, low ratio of caregiving staff to patients, expensive ”*
- *“boring, dull with served by ill mannered medical staffs ”*
- *“A temporary solution. Last resort. They are last place on earth I will go ”*
- *“Demoralizing. Gives a feeling of being abandoned. Rundown ”*
- *“ expensive, overcrowded, long waiting time no guarantee that one will get a place, even after the loved one had passed on”*
- *“caregivers are not screened and trained adequately”*

OVERALL, 1 IN 2 PEOPLE ARE WILLING TO STAY IN A NURSING HOME THEMSELVES. HOWEVER, THEY ARE LESS PREPARED TO SEND THEIR FAMILY MEMBERS TO A NURSING HOME. NEARLY 1 IN 3 ARE STRONGLY AGAINST IT.

NURSING HOMES - WILLINGNESS TO SHIFT (%)

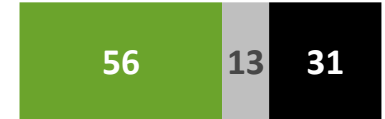
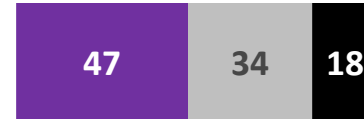
SEG 1 (30-44 YO)

SEG 2 (45-59 YO)

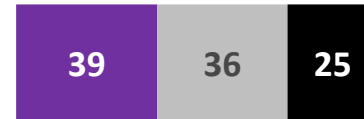
SEG 3 (60-75 YO)

WILLINGNESS TO SHIFT TO NH

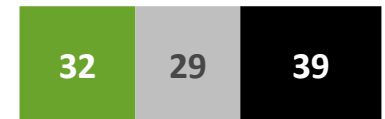
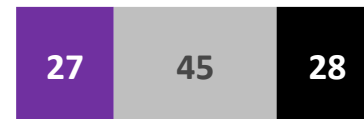
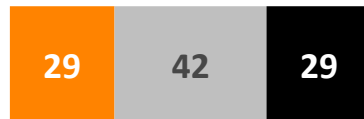
Willing to stay in a nursing home in Singapore, should I ever need to



Willing to send family members to nursing home in SG, if needs arises



I will NOT put my family members in a nursing home, even if I have to quit my job to look after him/her

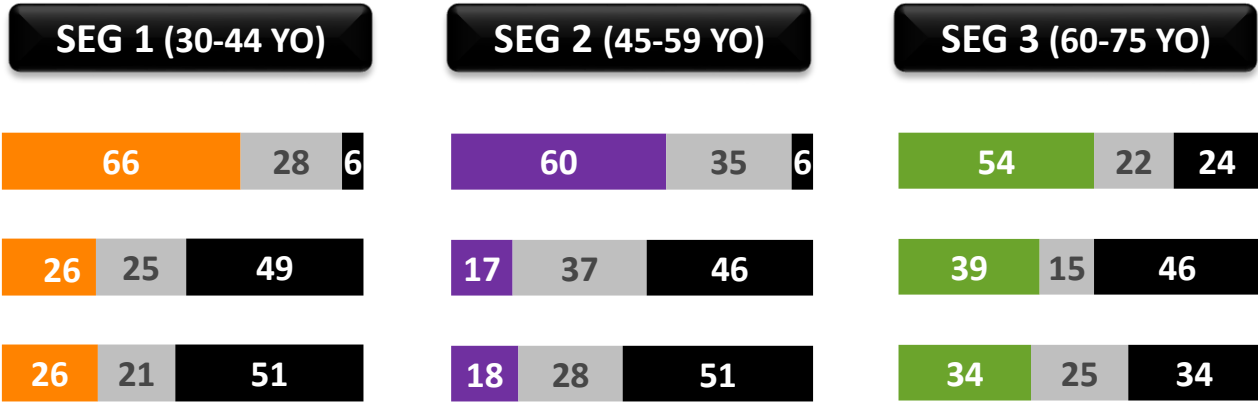


■ ■ ■ Agree (T2B)
 ■ Neutral
 ■ Disagree (B2B)

MAJORITY FEEL THAT **SINGLE OR TWIN BED ROOMS** ARE MORE APPROPRIATE FOR NHs AND MOST PEOPLE PREFER **LONG-TERM CARE INSURANCE** TO FUND A SINGLE OR TWIN BED ROOM STAY.

NURSING HOMES – LIVING ARRANGEMENTS & FUNDING STAY IN NH

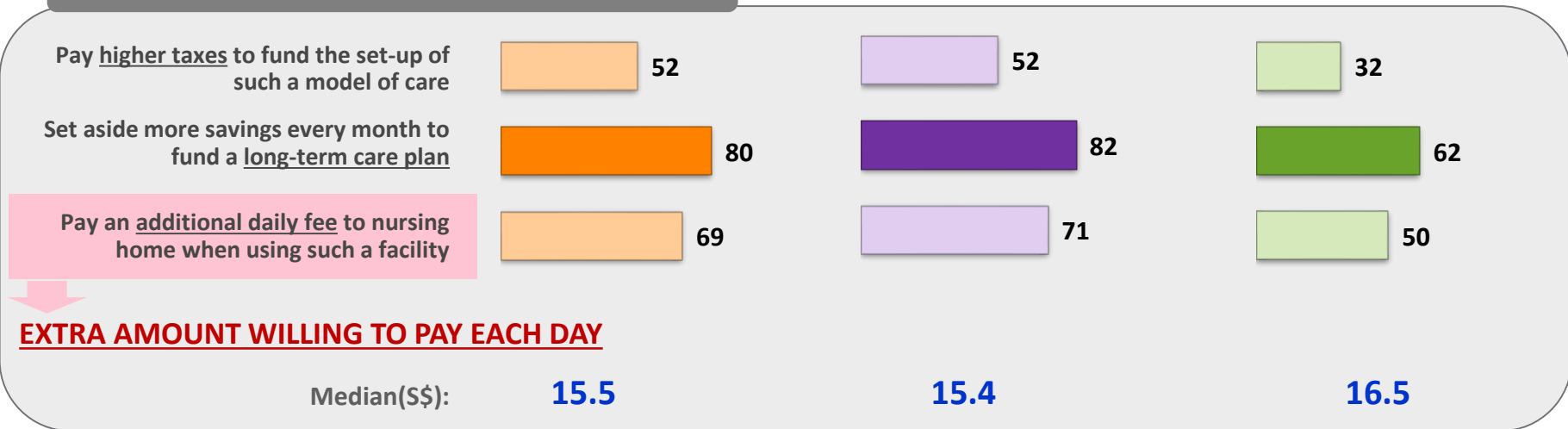
LIVING ARRANGEMENTS (%)



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)

Legend: Agree (T2B) (Green/Purple/Orange), Neutral (Grey), Disagree (B2B) (Black)

FUNDING SINGLE OR TWIN BED ROOM STAY (%)



EXTRA AMOUNT WILLING TO PAY EACH DAY

Median(\$\$): **15.5** (SEG 1), **15.4** (SEG 2), **16.5** (SEG 3)

Base: Wanting to stay in single or twin bed rooms in NH (n=599), Segment 1 (n=137), Segment 2 (n=346), Segment 3 (n=116)

Q35. Living arrangements in nursing home Q36. Sentiment for additional cost; Q70. How much more are you willing to pay each day to stay in a single or twin bed rooms at nursing homes?

ASSISTED LIVING FACILITIES – DEFINITION & PICTURES SHOWN

Assisted living facilities offer a **housing alternative** for older adults who do not require the intensive medical and nursing care provided in nursing homes.

These facilities **provide supervision or assistance** with activities of daily living; coordination of services by outside health care providers; and monitoring of resident activities to help to ensure their health, safety, and well-being.

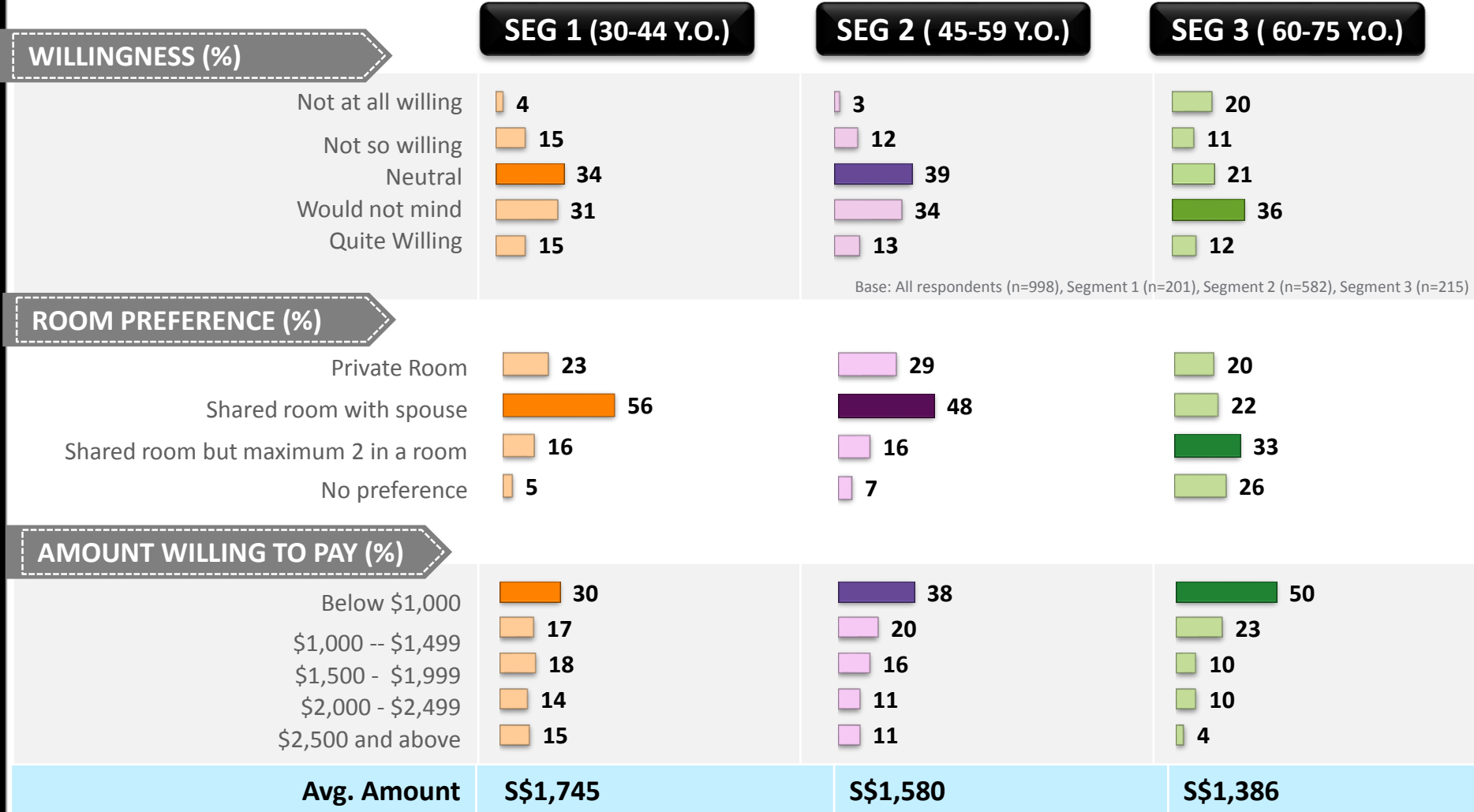
In overseas examples, these could be apartments or single or twin-sharing rooms, where seniors can stay alone or with their spouse. They can be situated next to nursing homes, or could have the nurses' stations within the facility. Hence residents can tap on the support service such as having their meals, housekeeping, nursing and medical care.



MORE THAN 2 IN 5 PEOPLE ARE **WILLING TO STAY** IN ASSISTED LIVING FACILITIES, WITH THE HIGHEST AVERAGE AMOUNT WILLING TO PAY AMONG SEGMENT 1 AT S\$1,745.

THE YOUNGER ONES (<60 YO) **PREFER SHARED ROOM WITH SPOUSE**, WHILE SENIORS (>60YO) PREFER SHARED ROOM WITH MAXIMUM 2 IN A ROOM.

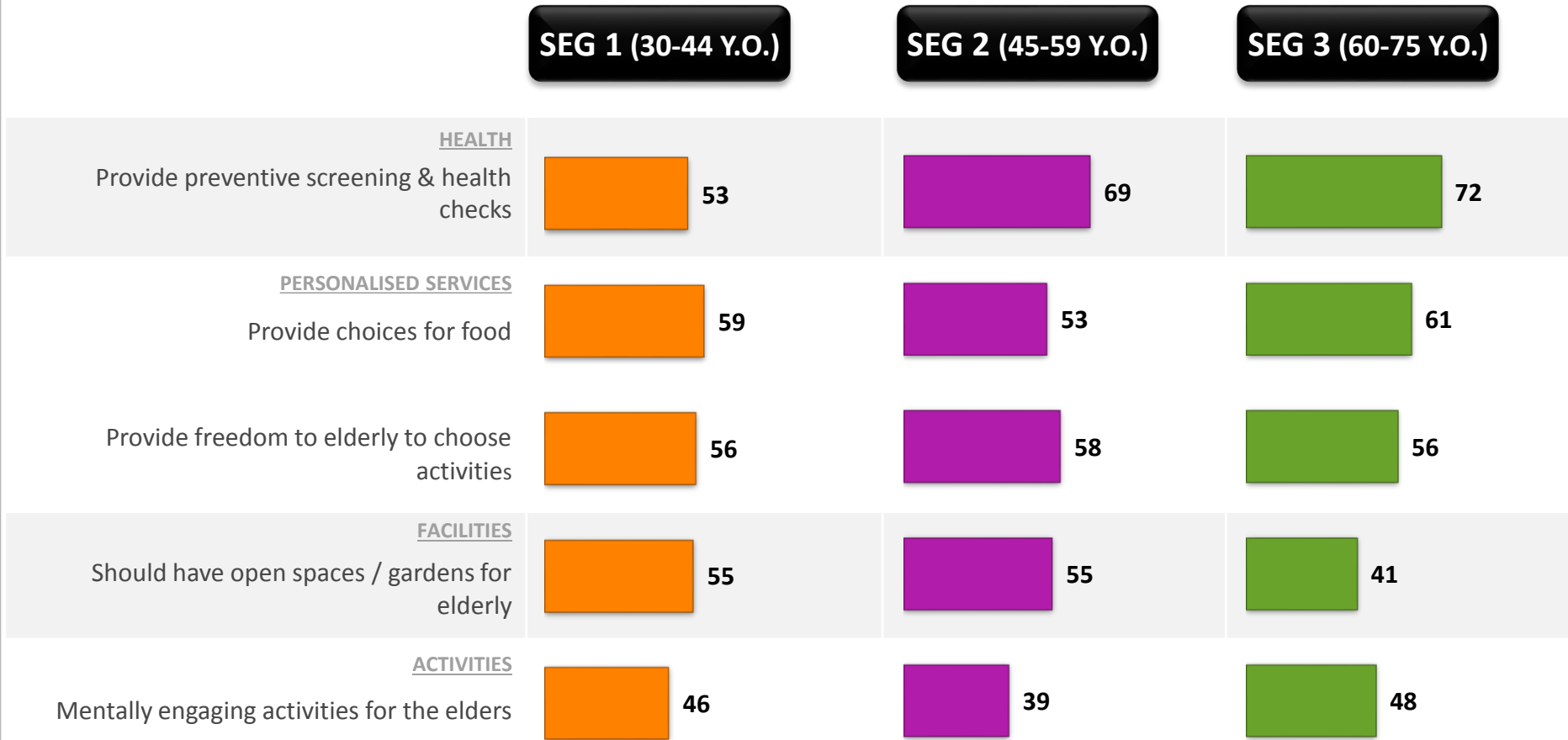
ASSISTED LIVING FACILITIES – WILLINGNESS & PREFERENCES



Base: Open to moving into assisted living facilities (n=935): Segment 1 (n=196), Segment 2 (n=567), Segment 3 (n=172)

MOST PEOPLE EXPECT THE ASSISTED LIVING FACILITIES TO **PROVIDE PREVENTIVE SCREENING & HEALTH CHECKS, PERSONALISED CHOICES FOR FOOD, ACTIVITIES & ROUTINES, OPEN SPACES / GARDENS AND MENTALLY ENGAGING ACTIVITIES FOR ELDERLY.**

ASSISTED LIVING FACILITIES – TOP 5 SERVICES EXPECTED (%)





FINANCING SILVER ASPIRATIONS

4 IN 5 PEOPLE BELOW 60 YO ARE FINANCIALLY PREPARED TO DEAL WITH FUTURE HEALTHCARE EXPENSES. THE PREPAREDNESS IS LESSER AMONG SENIORS AS NEARLY **1 IN 3** ARE DEPENDING ON EITHER GOVT. SUBSIDIES OR SUPPORT FROM CHILDREN / SPOUSE.

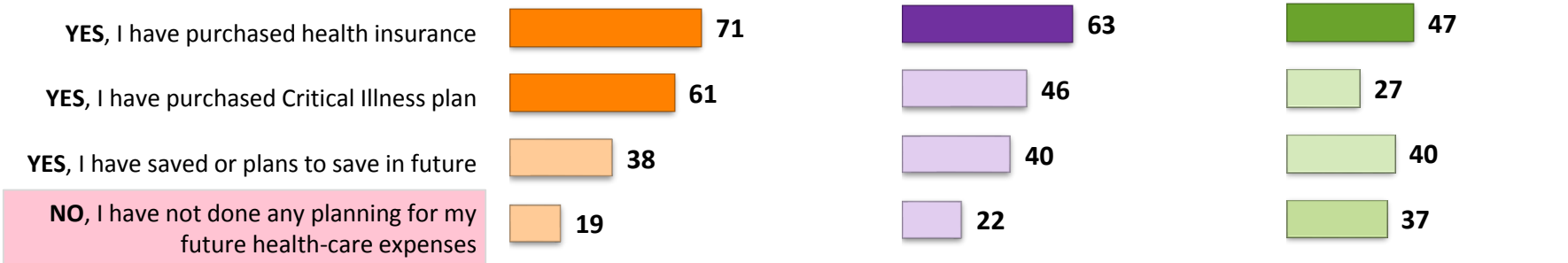
FINANCING HEALTHCARE CONCERNS (%)

PLANS FOR FUTURE HEALTH CARE EXPENSES:

SEG 1 (30-44 YO)

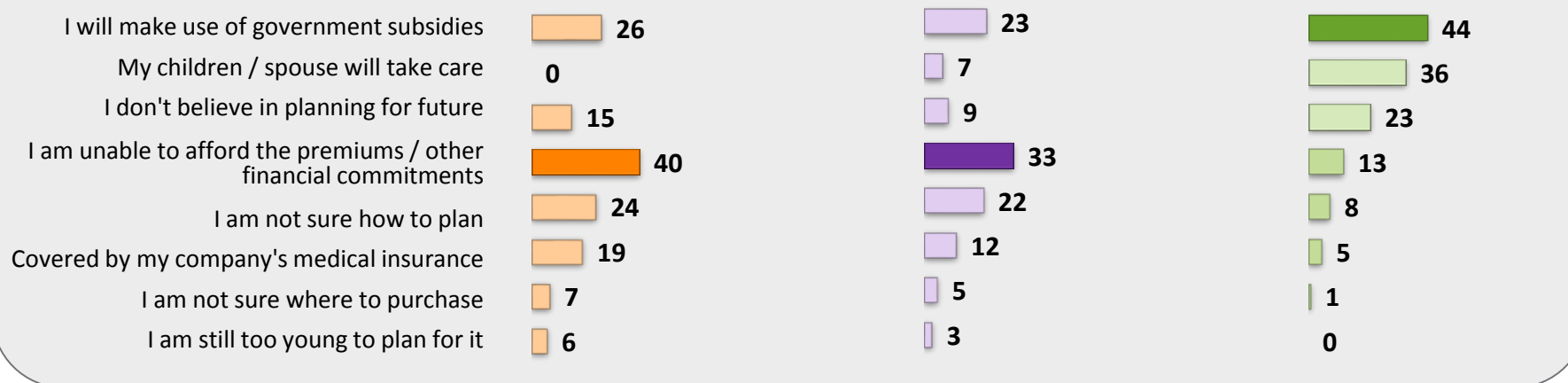
SEG 2 (45-59 YO)

SEG 3 (60-75 YO)



Base: All respondents(n=998): Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)

REASONS FOR NOT PLANNING



Base: Those who have not done any planning for future health care expenses (n=240): Segment 1 (n=38), Segment 2 (n=122), Segment 3 (n=80)

Q46. Plans for future health care expenses

Q47. Reasons for not planning future healthcare expenses

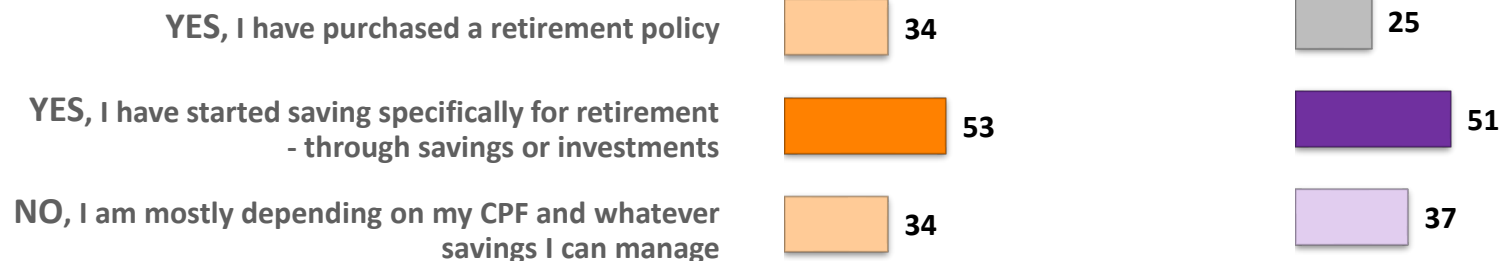
NEARLY **2 IN 3** PEOPLE BELOW 60 YO ARE ACTIVELY SAVING FOR RETIREMENT. AMONG SENIORS, MAJOR SOURCES OF FUNDS ARE SAVINGS, CHILDREN & CPF BESIDES SALARY FOR THOSE WHO CONTINUE TO WORK.

MAJOR SOURCES OF FUNDS TO FINANCE SILVER ASPIRATIONS (%)

PLANS FOR FUNDING POST-RETIREMENT EXPENSES (%):

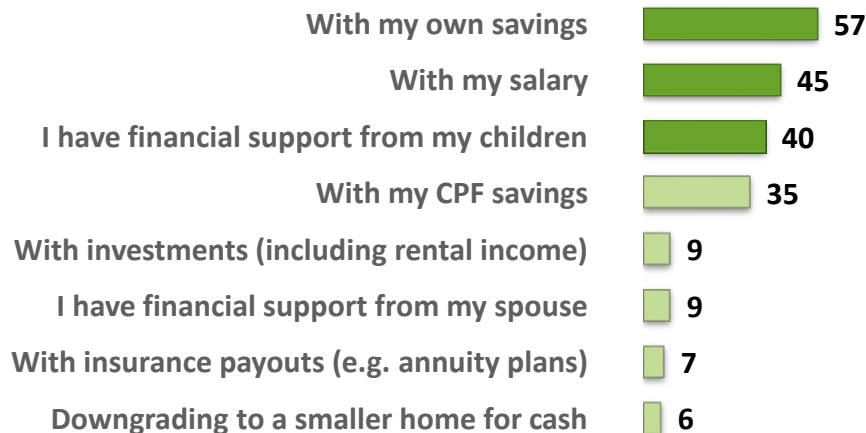
SEG 1 (30-44 YO)

SEG 2 (45-59 YO)



SOURCE OF FUNDS FOR SENIORS (%)

SEG 3 (60-75 YO)



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)

Q48. Plans for post-retirement expenses; Q49. How do you support yourself financially for your day-to-day expenses (e.g. food, transport, shopping)?

HOWEVER, WHEN IT COMES TO AGED CARE, MAJORITY ARE **NOT AWARE** OF HOW MUCH FUNDS THEY REQUIRE & ARE **NOT CONFIDENT** THEY CAN AFFORD ELDERLY CARE EXPENSES.

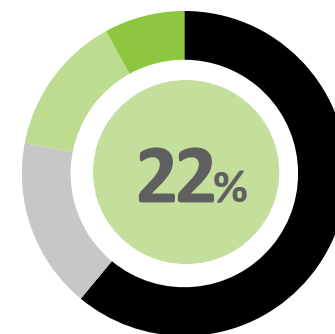
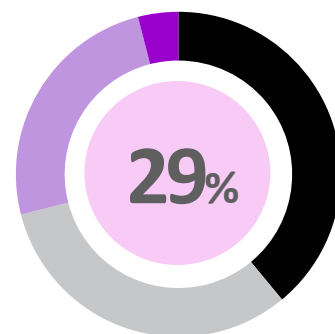
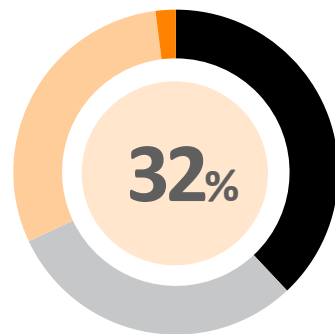
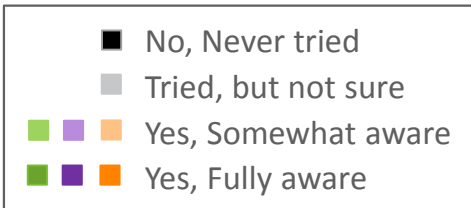
AWARENESS & CONFIDENCE OF FINANCING ELDERLY CARE SERVICES

AWARENESS OF FUNDS REQUIRED FOR AGED CARE:

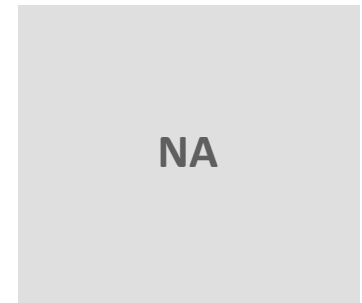
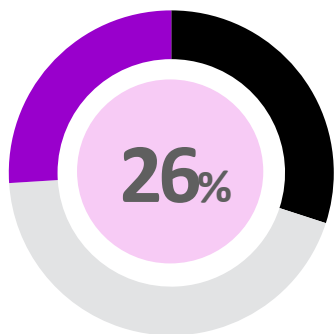
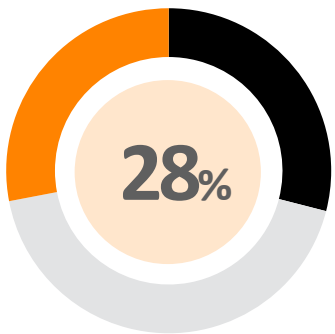
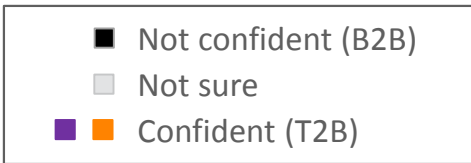
SEG 1 (30-44 YO)

SEG 2 (45-59 YO)

SEG 3 (60-75 YO)



CONFIDENT TO AFFORD / FINANCE YOUR FUTURE AGED CARE NEEDS:



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)

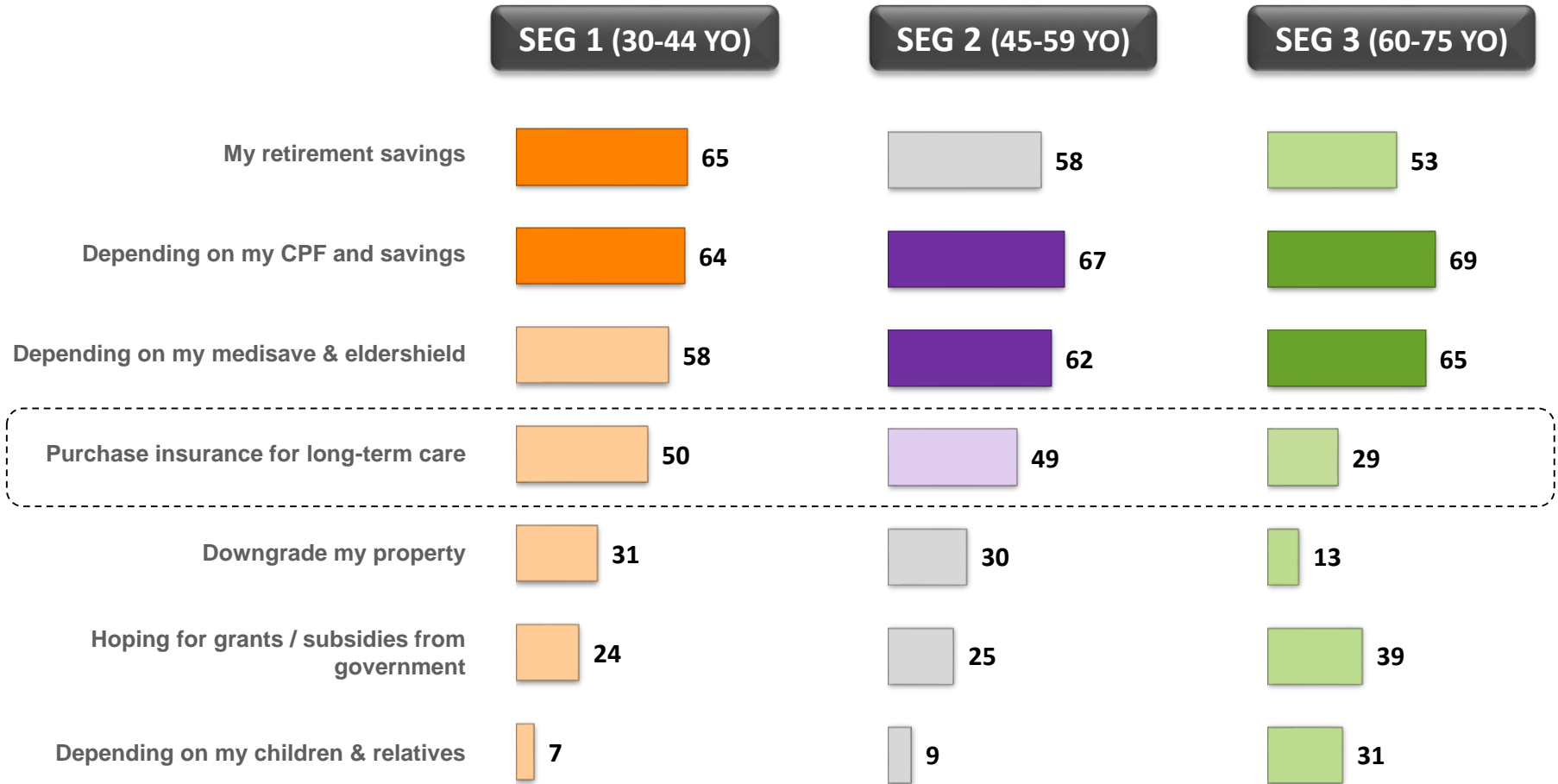
Q50. Awareness of aged care savings required

Q52. Confidence of affording aged care costs

MAJORITY ARE DEPENDING ON CPF, SAVINGS, MEDISAVE & ELDERSHIELD FOR THEIR AGED CARE NEEDS.

NEARLY 1 IN 2 PEOPLE IN THE 30-59 AGE GROUP RATE LONG-TERM CARE INSURANCE AMONG TOP 3 INSTRUMENTS TO FINANCE AGED CARE.

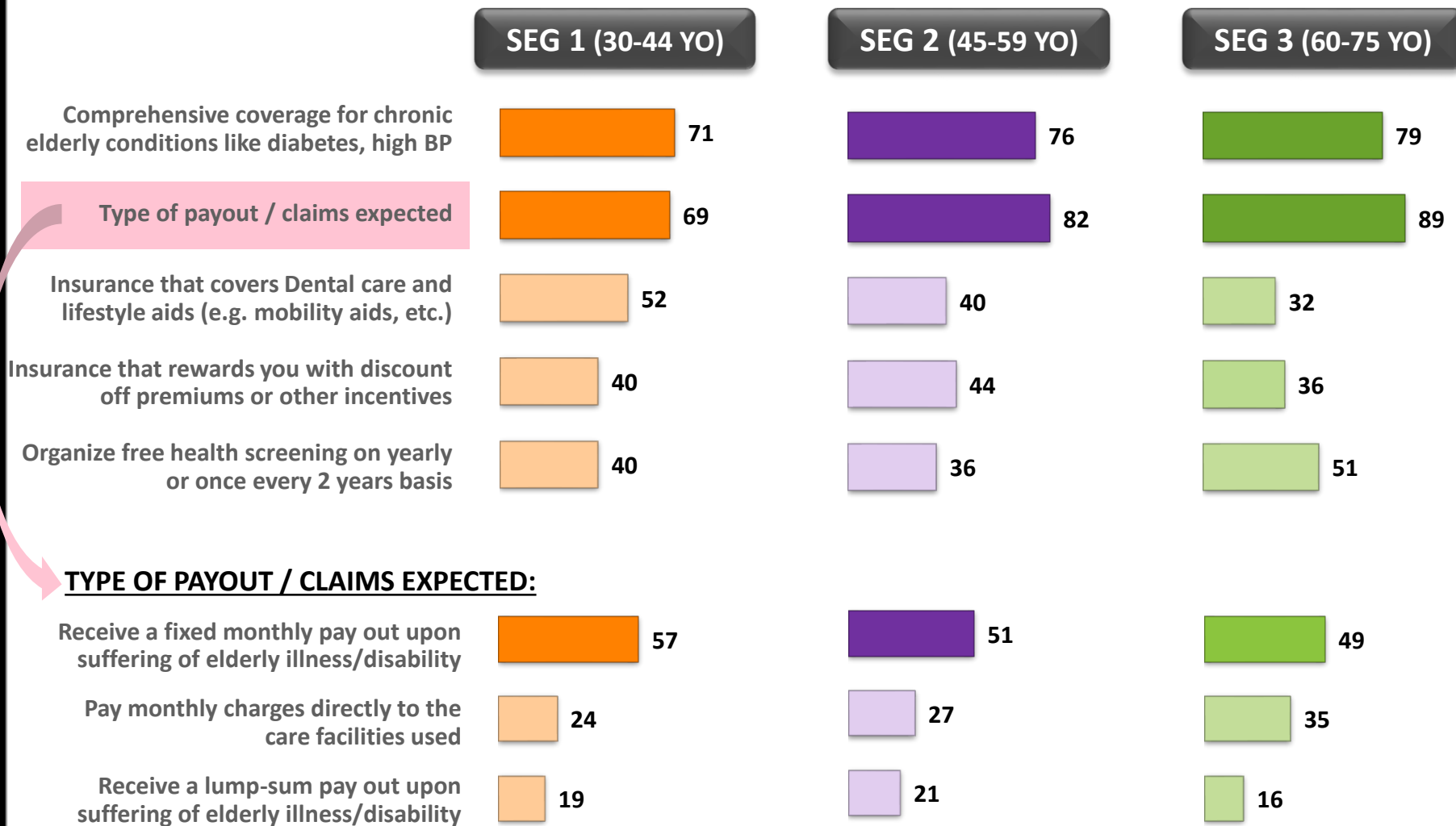
PREFERRED OPTIONS TO FINANCE AGED CARE SERVICES | Top 3 (%)



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)
 Q51. Options to save for aged care

GETTING A FIXED MONTHLY PAY OUT AND COMPREHENSIVE COVERAGE FOR CHRONIC ELDERLY CONDITIONS ARE THE TOP EXPECTATIONS FROM A LONG-TERM CARE INSURANCE PLAN.

LONG-TERM CARE INSURANCE – EXPECTATIONS | Top 3 (%)



Base: All respondents (n=998), Segment 1 (n=201), Segment 2 (n=582), Segment 3 (n=215)
 Q53. Expectation from long-term care insurance; Q54. Benefits expected from insurance

MOST PEOPLE ARE WILLING TO PAY AROUND SGD180 /MONTH FOR A LONG-TERM CARE INSURANCE.

PREMIUM WILLING TO PAY | in SGD

OPTIMUM PRICE

(using Price Sensitivity Meter)

SEG 1 (30-44 YO)



\$181
per Month

SEG 2 (45-59 YO)



\$185
per Month

SEG 3 (60-75 YO)



\$175
per Month



SUMMARY



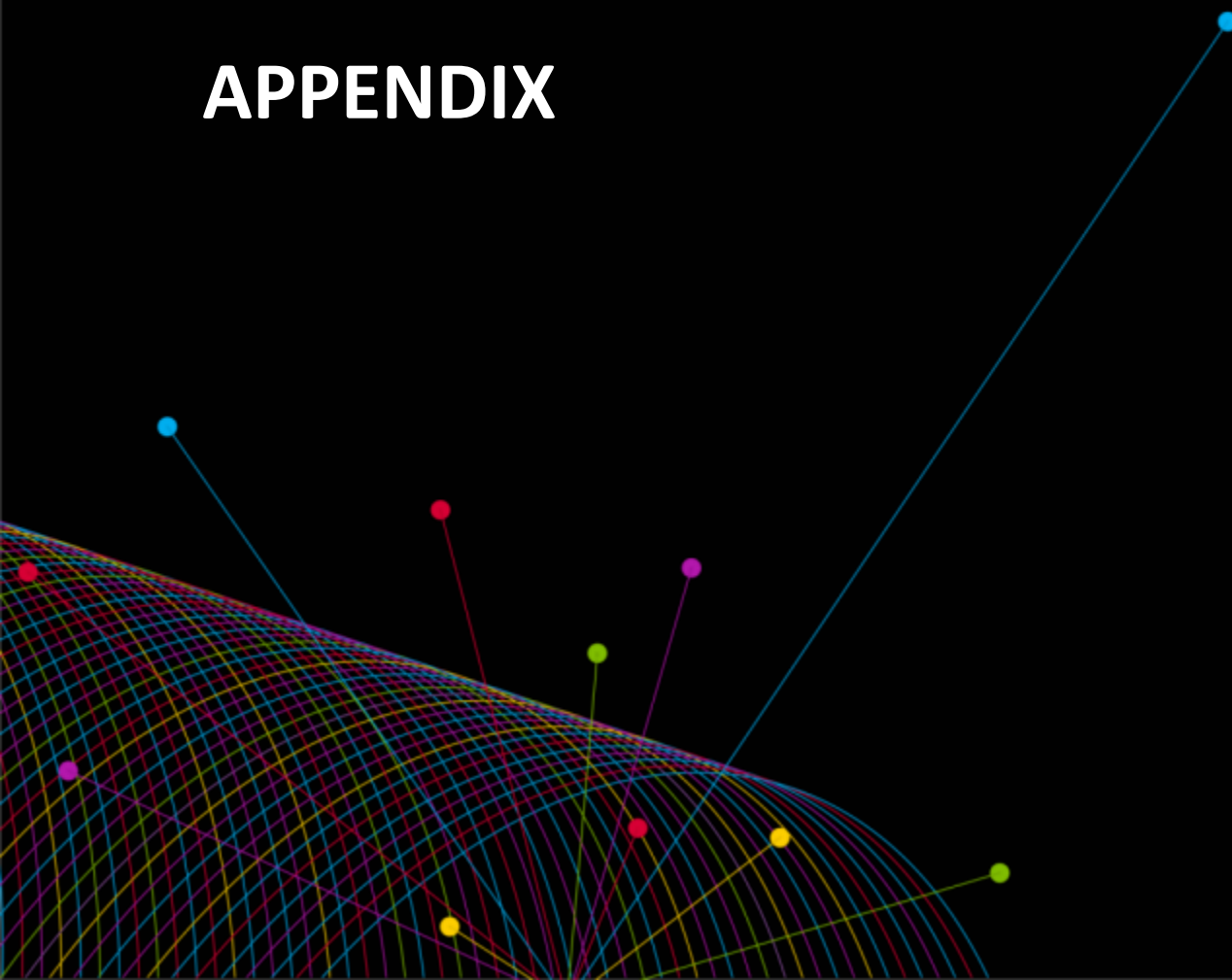
SUMMARY

CONCERNS FOR OLD AGE	<p>For most Singaporeans, key concerns for old age revolve around:</p> <ul style="list-style-type: none">▪ Health and wellness (unable to perform ADL, chronic illness, memory impairment),▪ Financial preparedness (run out of savings, become a burden on children)▪ Living arrangement (burden on children, cannot live independently due to health issues)
AGING IN PLACE A CONCERN	<ul style="list-style-type: none">▪ Majority of Singaporeans (aged 30-75yo) wish to stay in their own household, in old age. And yet, more than 70% are concerned about aging in place – hence the need for aged care facilities
IMPROVE EXISTING AGED CARE FACILITIES	<ul style="list-style-type: none">▪ <u>FACILITIES</u>: Should be well maintained & clean, located in every residential estate▪ <u>STAFF</u>: Should have enough staff to give personal attention, well-trained in elder care & esp. for nursing homes, provide safety from abuse/neglect & daily routine checks by doctor▪ <u>QUALITY OF LIFE</u>: Healthy food, therapy sessions and mentally engaging activities
OPEN TO NEW CONCEPTS	<ul style="list-style-type: none">▪ Majority are open to stay in senior's apartment, retirement village and assisted living facilities, where they prefer to stay in a shared room with spouse
FINANCIAL PREPAREDNESS	<ul style="list-style-type: none">▪ More than 2 in 3 people are not aware of how much funds they require for AGED CARE & nearly 3 in 4 people are not confident of being able to fund their aged care expenses.▪ Majority are depending on CPF, savings, Medisave & Eldershield for their AGED CARE needs
LONG-TERM CARE INSURANCE	<ul style="list-style-type: none">▪ Nearly 1 in 2 people below 60yo prefer using long-term care insurance to save for AGED CARE▪ Getting a fixed monthly pay out and Comprehensive coverage for chronic elderly conditions are the top expectations from an long-term care insurance plan and are willing to pay around \$180 per month as premiums

APPENDIX

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AN UNCOMMON SENSE
OF THE CONSUMER™





OVERVIEW OF RESPONDENT PROFILE

An abstract graphic on the left side of the slide, consisting of a dense, overlapping pattern of thin, curved lines in various colors (blue, green, yellow, orange, red, purple, pink). The lines originate from a vertical black bar on the far left and curve towards the right, creating a sense of depth and movement. Some lines are straight, while others are curved. There are also several colored dots (yellow, green, purple, red) scattered across the lines, with thin lines connecting them to the main pattern.

QUALITATIVE FOCUS GROUP RESPONDENTS

QUALITATIVE RESPONDENT PROFILE

GENERAL PROFILE

- **For Potential aged care user group:**
 - 60 years and above
 - Potential aged care user to consider (somewhat likely/ likely/ very likely) employing any aged care services within the next 10 to 15 years
- **For Caregiver group:**
 - 40 to 59 years
 - Recruit good mix of those caring for persons with:
 - Physical disability/ difficulties vs.
 - Mental difficulties (e.g. Dementia)
 - Good mix of those with experience in day care, home care and nursing homes
 - Recruit a good mix of eldercare services
 - To exclude caregivers of terminally ill elderly in hospice
- **Lower income** groups defined as having MHI of SGD 3K and below
- **Mid/higher income** groups defined as having MHI of above SGD 3K
- To recruit 2 non-Chinese per group

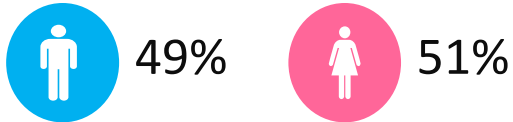


An abstract graphic on the left side of the slide. It features a black vertical bar on the far left. From this bar, a series of curved lines radiate outwards, forming a cone-like shape. These lines are colored in a spectrum including blue, green, yellow, orange, red, and purple. A grid of thin lines is overlaid on this structure. Several colored dots (yellow, green, purple, red) are placed at various points along the lines, with thin lines extending from them towards the right side of the slide.

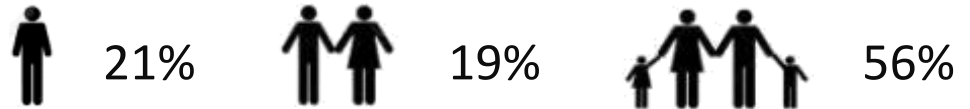
QUANTITATIVE SURVEY RESPONDENTS

RESPONDENTS' PROFILE – SEGMENT 1

GENDER

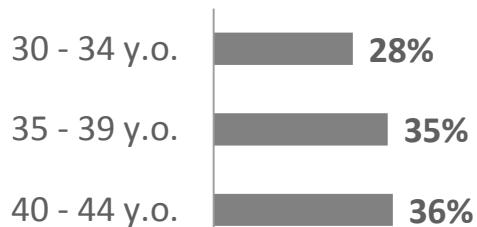


MARITAL STATUS

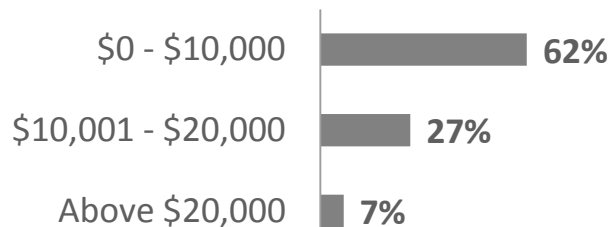


Living with partners / Widowed / Separated 4%

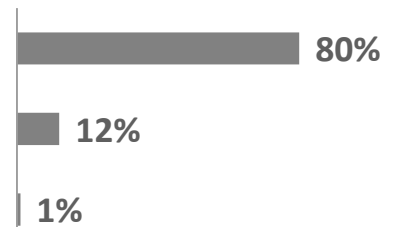
AGE GROUPS (30 – 44 Y.O.)



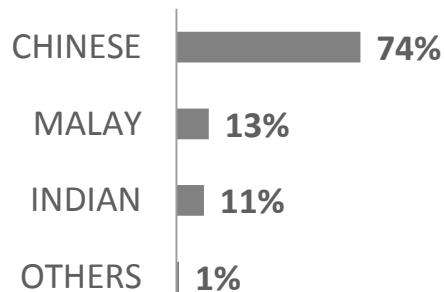
AVG. HOUSEHOLD INCOME



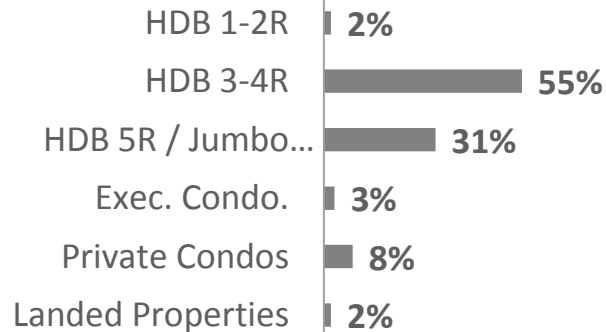
AVG. PERSONAL INCOME



ETHNICITY



HOUSING TYPES



AVERAGE HOUSEHOLD SIZE



Base: All respondents aged 30-44 yrs (n=201)

Q4. SCREENER – AGE GROUPS

Q6. GENDER

Q7. ETHNICITY

Q60. DEMO – MARITAL STATUS

Q65. DEMO – HOUSEHOLD AVERAGE INCOME

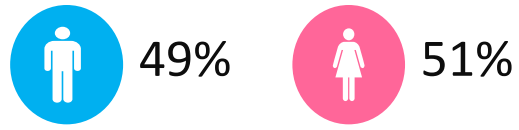
Q67. DEMO – INCOME - MPI

Q64. DEMO – HOUSING TYPES

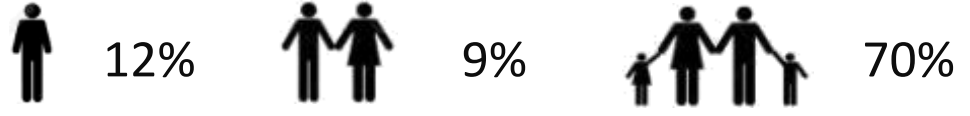
Q66. NO. OF PEOPLE IN HOUSEHOLD

RESPONDENTS' PROFILE – SEGMENT 2

GENDER



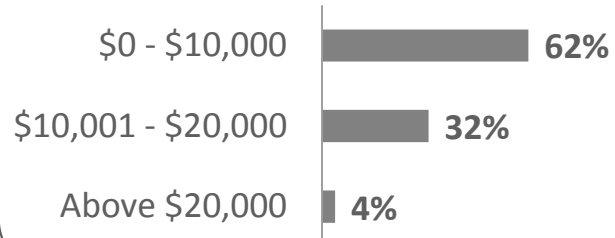
MARITAL STATUS



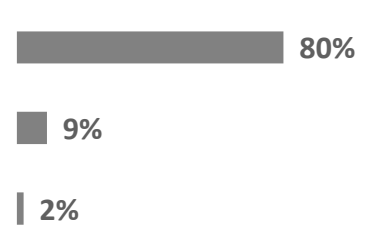
AGE GROUPS (45 – 59 Y.O.)



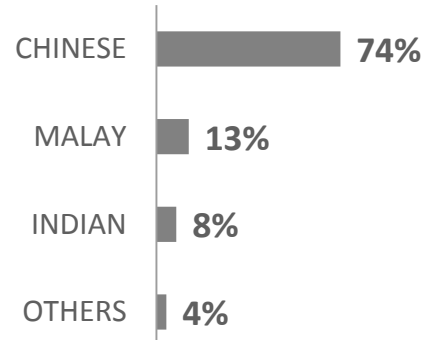
AVG. HOUSEHOLD INCOME



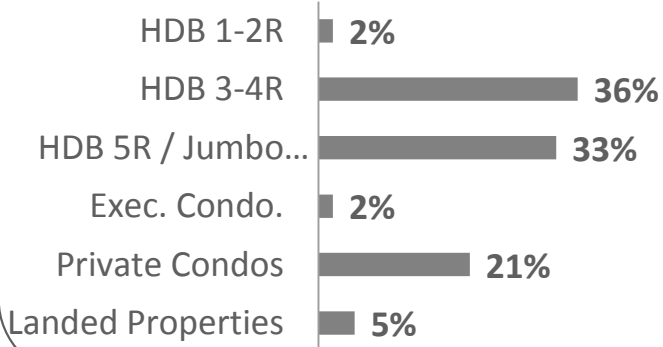
AVG. PERSONAL INCOME



ETHNICITY



HOUSING TYPES



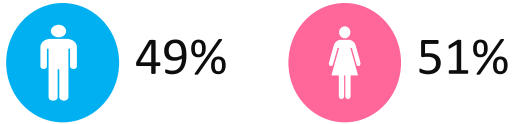
AVERAGE HOUSEHOLD SIZE



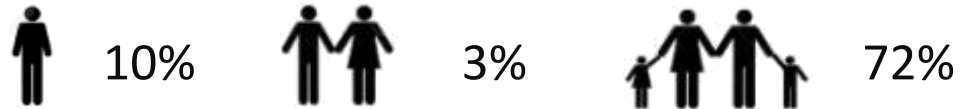
Base: All respondents aged 45-59 yrs (n=582)
 Q4. SCREENER – AGE GROUPS Q65. DEMO – HOUSEHOLD AVERAGE INCOME
 Q6. GENDER Q67. DEMO – INCOME - MPI
 Q7. ETHNICITY Q64. DEMO – HOUSING TYPES
 Q60. DEMO – MARITAL STATUS Q66. NO. OF PEOPLE IN HOUSEHOLD

RESPONDENTS' PROFILE – SEGMENT 3

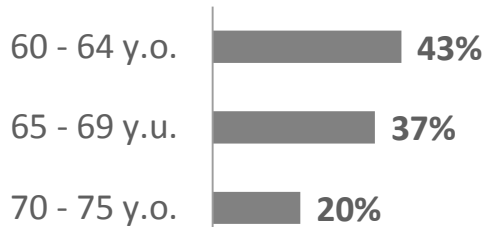
GENDER



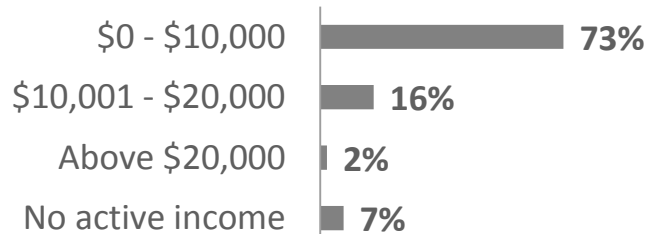
MARITAL STATUS



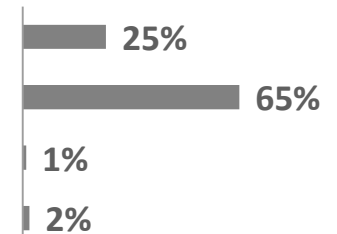
AGE GROUPS (60 – 75 Y.O.)



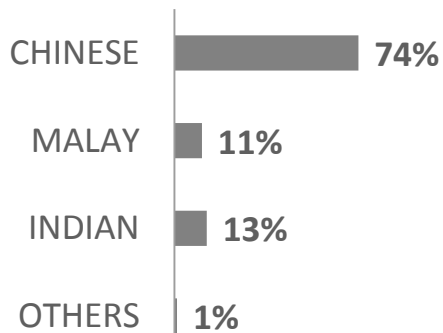
AVG. HOUSEHOLD INCOME



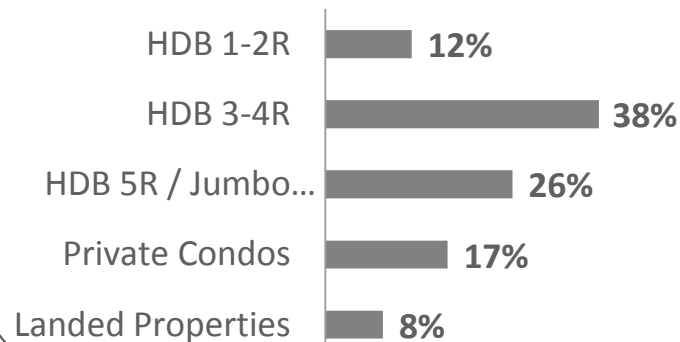
AVG. PERSONAL INCOME



ETHNICITY



HOUSING TYPE



AVERAGE HOUSEHOLD SIZE



Base: All respondents aged 60-75 yrs (n=215)

Q4. SCREENER – AGE GROUPS

Q6. GENDER

Q7. ETHNICITY

Q60. DEMO – MARITAL STATUS

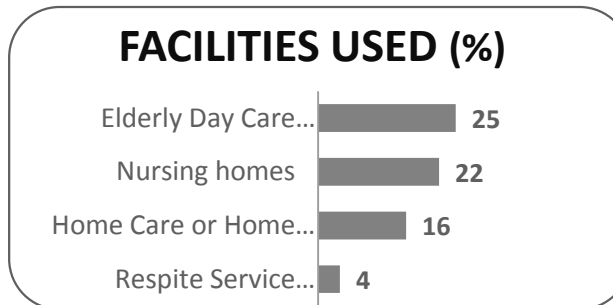
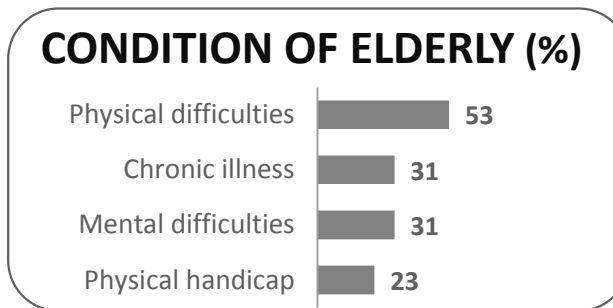
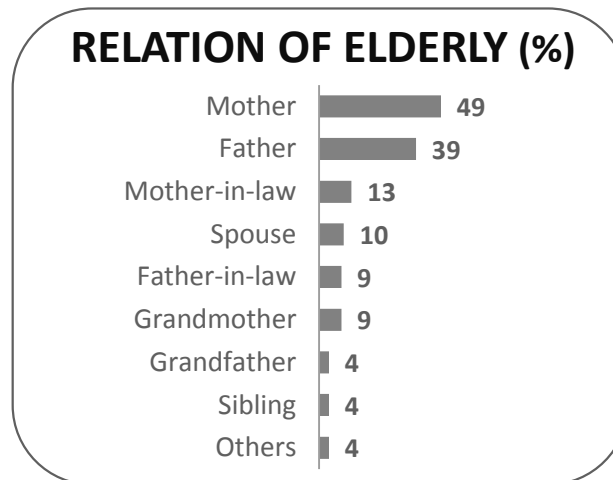
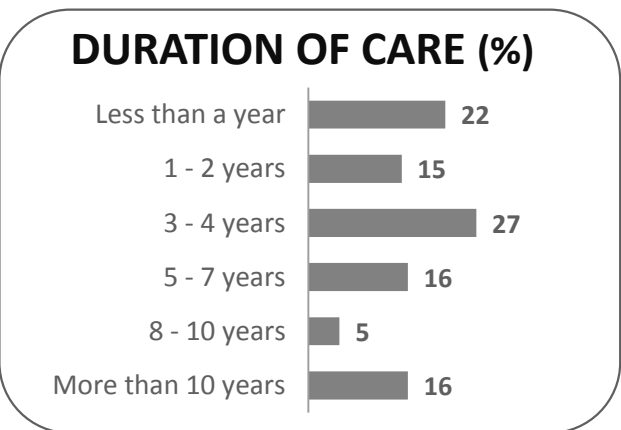
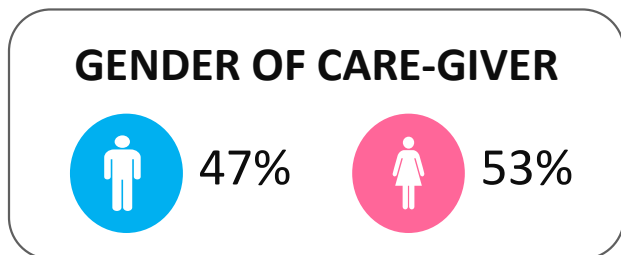
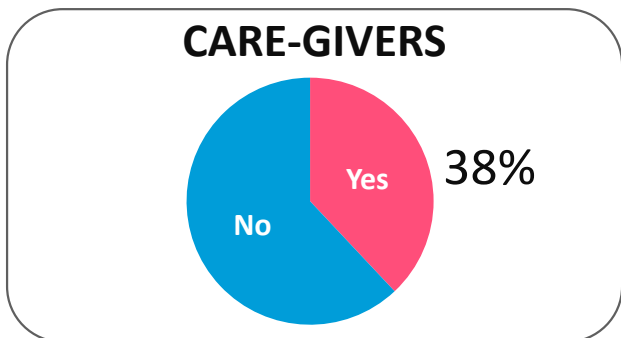
Q65. DEMO – HOUSEHOLD AVERAGE INCOME

Q67. DEMO – INCOME - MPI

Q64. DEMO – HOUSING TYPES

Q66. NO. OF PEOPLE IN HOUSEHOLD

CARE-GIVERS' PROFILE



Base: Care-givers (n=383)

Q6. Gender; Q24. If one is a caregiver;

Q25. Relationship of elderly

Q26. Duration of care for elderly

Q27. Main challenges faced by elderly;

Q28. Types of services elderly received