December 2022

Report of ILC Singapore
From November 2019- December 2022
Submitted by
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Ms Susana Concordo Harding, Senior Director

1. **Research**
   Three research projects have been completed for the past two years as part of the outputs of the ILC Singapore and the Tsao Foundation. These three studies are the following:

   1.1 A mixed-methods evaluation of the Enriching and Mobilising Participation of Whampoa's Elder Residents *(*EMPOWER*)* Program was completed, with the quantitative outcome evaluation conducted in-house by the research team and qualitative process evaluation led by Prof. Mohan Dutta, Massey University. EMPOWER is a pilot intervention program by the community development team in ComSA, Tsao Foundation. A report was prepared with the findings and sent to NCSS, concluding the evaluation.

   1.2 Regional Community Resilience Project (RCRP). Commissioned by an international development agency, this regional project examined good practices that enable communities to develop resilience at the community and individual levels at older ages. The project was led by ILC-S with collaboration with COSE from the Philippines and FOPDEV from Thailand. We concluded with the identification of 36 assets, development of an evidence-based community resilience process framework, and a checklist of 15 good resilience practices for community leaders and program managers to plan and evaluate their programs. More details on the framework, cased studies and good practices can be found on our website https://tsaofoundation.org/ilcs-community-resilience/

   1.3 We also concluded a ILC-Global Alliance and ILC-S study looking at the effects and impact of the COVID-19 pandemic on older adults living in Singapore. A quantitative longitudinal design was used to follow through with a cohort of older adults living in Whampoa, central Singapore, followed by qualitative interviews in collaboration with the research agency, Research for Impact (RFI).
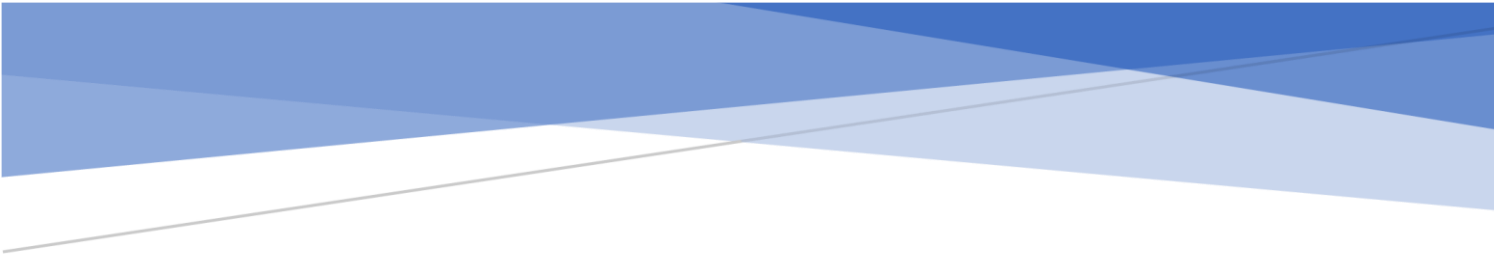
2. Dissemination Platforms/ Engagement of Key Stakeholders

2.1 ILC-S organized and hosted a international webinar in September showcasing good resilience practices from four communities in Singapore, Thailand, and Philippines. Knowledge sharing in the form of case studies were presented in the webinar, sharing with attendees good practices that have enabled communities to be resilient and cope and adapt to risk due to various forms of stressors. There were over 90 registrants who attend the webinar consisting of international community leaders, practitioners, and academics.

3. Collaboration and Partnerships

3.1 The ILC-S team is collaborating with external research agencies and departments within Tsao Foundation on other ongoing translational projects for program planning and evaluation. Working with the Centre For Evidence And Implementation and Research For Impact, the PCHM project evaluates the Person-Centered Medical Home (PCMH) Program and its effectiveness.

3.2 The second project is a collaboration with DUKE-NUS Centre of Ageing Research & Education (CARE) and the Counselling team in Tsao Foundation to develop, pilot and refine an intervention to enhance positive aspects of caregiving. A specific output is the development of logic model and intervention protocol to equip professional clinical staff to work more proactively with caregivers and their family using a resilience strength-based approach.

3.3 A research project looking at the ageism, work and lifelong learning among older workers and learners is commencing in end 2022 in collaboration with SUTD, Lee Kuan Yew Centre for Innovative Cities (LKYCIC). The end goal is to provide policy and programming recommendations to address ageism and improve ecosystem of lifelong learning and work for mature and older workers/learners.

3.1 Lastly we are continuing our regional work on empowering older women, and have submitted a concept note to Swedish International Development Cooperation Agency (SIDA) on a regional project working with six countries- Bangladesh, Cambodia, Indonesia, Nepal, Philippines and Thailand to enhance the financial security of older women over four years.

Enriching and Mobilizing Participation of Whampoa Elder Residents (EMPOWER) Program (2019-2022)

Final Evaluation Report

Acknowledgements for Report

Abstract

Background: EMPOWER is a pilot programme (2019-2022) that aimed to mobilize seniors to identify and co-create solutions to issues that can improve quality of life for seniors in the Whampoa neighbourhood. Adopting an empowerment model informed by the cultural-centred approach, seniors first conducted participatory research to understand wider needs of seniors and related social constraints, followed by participation in Community Design Thinking Workshops (CDTW) to brainstorm and engage stakeholders on proposed solutions.

Methods: A mixed-methods quasi-experimental evaluation was conducted, where we surveyed seniors who participated and did not participate in EMPOWER. Group differences in empowerment-related outcomes from self-efficacy, collective-efficacy, and confidence to advocate for community issues were examined post 1-year. Qualitative interviews sought to explain these changes, focusing on participants' experience of the programme.

Findings: EMPOWER had multiple positive effects within the pandemic period. Post 1-year, participants reported increased collective efficacy (i.e., belief in group ability to achieve community goals) and confidence in influencing community issues. These outcomes worsened for the comparison group. While self-efficacy decreased for both groups, EMPOWER participants reported a smaller decrease, suggesting a buffering effect of EMPOWER. This could be attributed to the CDTW sessions which equipped participants with knowledge and skills to implement civic action initiatives, as well as provided a platform to communicate with government agencies.

Qualitative findings illustrated how EMPOWER provided a safe and inspirational space for seniors to gain confidence and develop their voice, learn to listen through EMPOWER, engage the government and work on collaboratively for collective good. However, constraints to decide on more structural issues, particularly those relating to their built environment were acknowledged. Such sentiments were reflected through the quantitative findings that perceptions of being 'heard' decreased over time for both groups. Programming and research implications from the findings and experiences of EMPOWER are discussed at the end of this report.

Contents

Tables and Figures

1. Introduction

Social inclusion of an ageing population in community life plays a key role in improving the quality of life of seniors. Creating greater opportunities for pre-seniors and seniors to participate in community activities and wider society and empowering them to live with autonomy and to make their own decisions are critical to improving their sense of life satisfaction with their past, present and future. The Social Service Sector Strategic Thrust (4ST) launched in July 2017 supported this vision for a "society where persons, seniors alike, will be empowered to take leadership to chart their course and shape their communities."

The EMPOWER programme was co-created through a partnership between Tsao Foundation and the Center for Culture-Centered Approach to Research and Evaluation (CARE) to build the capacity of an ageing population in Whampoa to articulate their voice, participate in community life, co-create solutions to their everyday challenges that are rooted in their lived experiences, and participate in implementing these solutions. The programme built on the strengths of the existing "Enabling Whampoa Community to Age Well" programme in the form of the Community for Successful Ageing Community Development (ComSA CD) intervention developed by Tsao with funding support from the Tote Board Community Health Fund in 2014.

Drawing upon the key tenets of the CCA[i] that offer a framework of empowerment through voice, the empowerment intervention in Whampoa was designed as ground-up, community-based, and culturally- centered. At the heart of the programme is the recognition of the agentic capacities of ageing communities in defining the problems they experience and building solutions that address their everyday needs[ii].

The EMPOWER was designed to:
   (a) help develop individual agency of seniors with access to choices, knowledge and resources and connections to community to be able to make informed decisions and thrive with renewed independence, resilience and purpose;
   (b) create additional platforms to build the capability of seniors as proactive actors in solution building, addressing community challenges in health and well-being as a collective and in collaboration with residents of all ages;
   (c) help catalyse a mind-shift where the cycle of "intergenerational reciprocity" is recognized and better understood and the seniors becoming more "valuable and valued" in the community.

EMPOWER's overall goal was to build a ground-up community-based, culturally-centered, peer-leader-based empowerment programme for catalysing community-based active ageing and community participation and action in health and wellness. The programme sought to:
   (a) Develop a culturally-centered community-based process for community inputs and community participation in the decision-making process;
   (b) Build a structure for seniors and mature residents to sustain a robust participation and decision-making process; and

(c) Develop the capability of seniors and mature residents to develop and implement civic action initiatives that will enhance Whampoa's ability to age well.

EMPOWER adopted the Culture Centred Approach (CCA) as a framework in the development of an empowerment intervention that offers localized solutions driven by the engagement of communities in the identification of opportunities for improving community health and wellbeing.[iii] The CCA employs the methods of participation, listening, and dialogue that facilitate the involvement of the local community in the definition of problems and solutions. The core elements of the CCA involve the creation of spaces for knowledge sharing, collaboration, and decision making at the community level, building on the various resources (knowledge, communication spaces, technology etc.) brought to the table by the academic-community partnership and other key stakeholders.

Overview of the Culture-Centred Approach

Figure 1 below illustrates the community driven framework of the CCA.[iv] The CCA utilizes community-based participatory strategies for building community-based communication infrastructures by emphasizing the central role of the community in defining the problem and corresponding solutions, attending to opportunities for empowerment that are built on the concepts of listening and dialogue.[v] The methodological tools of the CCA, (a) listening, (b) dialogue, and (c) participation generate key concepts and infrastructure design solutions through the conversations between communities and other key stakeholders.

Figure 1. CCA-based approach to designing community-place solutions
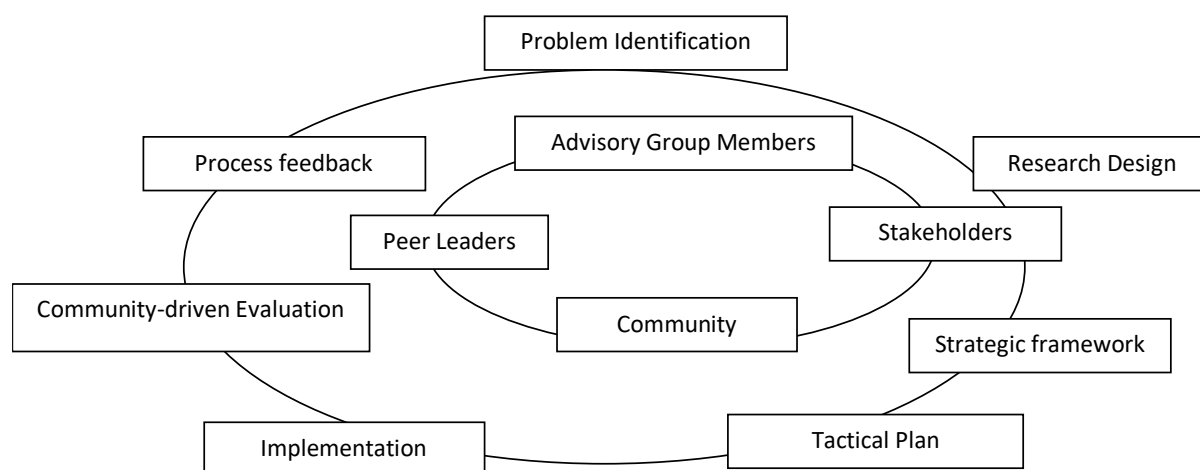
The CCA employs the methods of (a) participation and (b) dialogue that facilitate the participation of the local community in the definition of problems and solutions. The core elements of the CCA involve the creation of spaces for knowledge sharing, collaboration, and decision making at the community level, building on the various resources (knowledge, communication spaces, technology etc.) brought to the table by the academic- community partnership.

With an emphasis on local participation, CCA methods involve cyclical, iterative and dynamic communication processes that include: 1) identifying and selecting community partners; 2) developing communication processes for participation, collaboration and decision making that

emphasize local decision-making; 3) identification of community specific needs and corresponding research problems guided by community participation; 4) developing the communication processes, resources, and strategies for creating community- specific solutions through the involvement of community members and through their leadership in the decision-making processes; 5) developing research methodology built upon community and academic partnership; 6) implementing the community-based, community-driven solutions; 7) analyzing and interpreting data through collaboration between academic and community partners; 8) developing the design and community resource mapping; and 9) establishing community structures and processes for sustaining the CCA-based solutions.

Local community participation fosters a dynamic and interactive relationship among structure, culture, and agency[vi]. Structure refers to the overarching framework of organizing that limits and enables access to resources. Culture is conceptualized as the contextually situated framework of meaning making that offers the template for everyday action. Agency reflects the participation of individuals, households, and communities in making sense of the structures and in simultaneously negotiating them. Community participation strengthens individual and community efficacy in problem solving by catalyzing community participatory processes[vii]. Moreover, the CCA suggests that the creation of participatory spaces catalyzes the participation of community members in a range of community activities, in solving problems, and in community efforts seeking to develop health and wellness solutions.

Details on the Implementation Process

Empower advocates were educated in the nuts-and-bolts of the CCA process: (a) Voice, Dialogue, Humility; (b) Culture, Structure, Agency; (c) research process; (d) expressing voice; and (e) communicating through diverse channels and platforms (interpersonal, letter, advertising, video storytelling).

The communication skills of participation, dialogue, listening, and voice that are delivered through the programme are supported by existing communication scholarship on the CCA.[viii] These communication skills translate into greater degrees of empowerment, self and collective efficacy, and self-care. What the literature also tells us is that communities with stronger skills in participation, dialogue, listening, and voice are more involved in practicing preventive behaviours, seeking resources to address challenges to health and wellbeing, and take active involvement in improving personal, family, and community health. For instance, in the work on participatory communication and empowerment carried out with sex workers, sex workers are more empowered when they have participatory and dialogic skills, and this empowerment translates into a high uptake of preventive behaviour.

Each of the elements of participation, dialogue, listening, and voice are delivered through training programmes that draw on the extensive communication scholarship in these areas. For instance, the training on participation covers (a) identification of personal barriers to participation, and (b) development of communication capacities for collectively identifying a problem, conducting research, conducting a situation analysis, and engaging in action to solve the problem based on the analysis. Similarly, the training on listening covers (a) perspective taking, (b) paying attention to difference, (c) evaluating evidence, and (d) inviting multiple viewpoints based on evidence. These

aspects of communication training for empowerment are delivered through group-based problem solving, where participants learn the skills by collaborating in groups to address specific problems identified by the group.

We recruited a total of 52 community advocates over 2 rolling Batches. Batch 1 consisted of eight Campfire Gatherings with 32 Community Advocates for the former, while batch 2 we recruited 24 Community Advocates. The initial training of the advocates guided them to identify key issues they wanted to address for seniors in their neighbourhood and develop a research study with the Tsao team and Dutta to inquire more on these problems. They discussed, prioritised, and selected three key issues relevant to their community in Whampoa and Boon Keng. They underwent training to conduct in-depth interviews, outreach to recruit participants, as well as share their findings at various stages of the process.

Key Issues discussed in batch 1 campfire gatherings:

1. Social Isolation faced by seniors in Whampoa and Boon Keng
2. Challenges faced when using the overhead bridge between Whampoa and other neighbourhoods
3. Challenges faced transport services between Whampoa and Boon Keng, as well as from Whampoa to other parts of Singapore

Key Issues discussed in batch 2 campfire gatherings:

1. Experiences of work by seniors in Whampoa and Boon Keng
2. Challenges faced with high medical costs faced by seniors in Whampoa and Boon Keng
3. Challenges faced with caregiving for persons with dementia by seniors in Whampoa and Boon Keng

Table 1 Issues identified by seniors through the campfire gatherings

Issues identified	Solutions initiated through planning and stakeholder engagement
Challenges to navigating their built environment (overhead bridge, transport gaps)	Development of wheelchair friendly shuttle service, in partnership with Handicaps Welfare Association (HWA)
Social isolation experienced by seniors in the community	Formation of loving care friends' group, trained by SAGE counselling on befriending and doing mini needs assessment
High medical costs, caregiving stress	Creation of public education video highlighting caregiving stress
age-based work discrimination	Exploring formation of job market with Workforce Singapore

The findings presented was then fed into the Community-level Co-creation Design Workshops, where advocates collaborated with members of the wider community in co-creating solutions. In the first round, there were 6 CDTW sessions, where an issue was discussed over 2 sessions. In the

second batch, we combined 2 sessions into one and hence there were 3 CDTW sessions conducted. 70 participants attended the CDTWs over the 2 batches. From these campfires, we identified and developed 30 ComSA Champions, who helped to further drive the design and implementation of solutions to the issues. In the implementation, some of these issues were combined due to their overlapping nature, resulting in four key working groups for brainstorming of solutions. The overall programme flow is summarized in Figure 2.

Figure 2 EMPOWER Programme Flow

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┌─────────────────────────────────────┐
│   RECRUITMENT OF COMMUNITY           │
│            ADVOCATES                 │
└─────────────────────────────────────┘
                 │
                 ▼
        ┌──────────────────┐
        │   Community      │
        │   Advocates      │
        │   (Total 52)     │
        └──────────────────┘
                 │
                 ▼
        ┌──────────────────────────┐
        │   Campfire Gatherings    │
        │  (6 to 8 sessions per    │
        │   year; 10am – 4pm)      │
        └──────────────────────────┘
                 │
                 ▼
┌─────────────────────────────────────────────┐
│   Listening to Stakeholders and Residents   │
│  (2 rounds of 90 interviews with residents  │
│   and 30 interviews with service            │
│   partners/key informants; total 180        │
│   resident interviews and 60 partners       │
│   interviews)                               │
└─────────────────────────────────────────────┘
                 │
                 ▼
        ┌──────────────────┐
        │   Community      │
        │   Design Thinking│
        │   Workshop       │
        │  (2 batches; 9   │
        │   sessions)      │
        └──────────────────┘
                 │
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        ┌──────────────────┐
        │ Community in     │
        │ Action           │
        │ (4 Projects in   │
        │ total; from April│
        │ to December)     │
        └──────────────────┘
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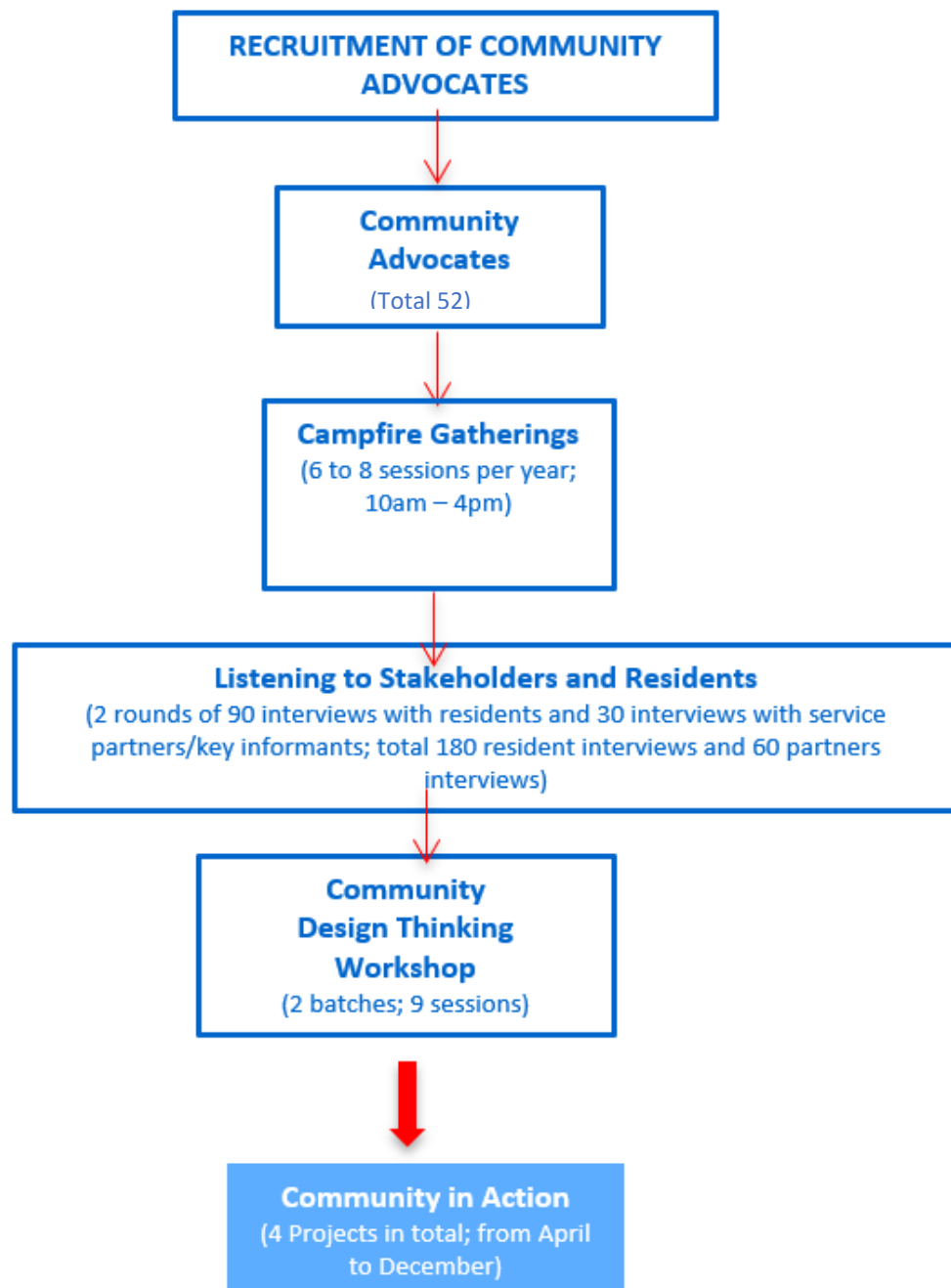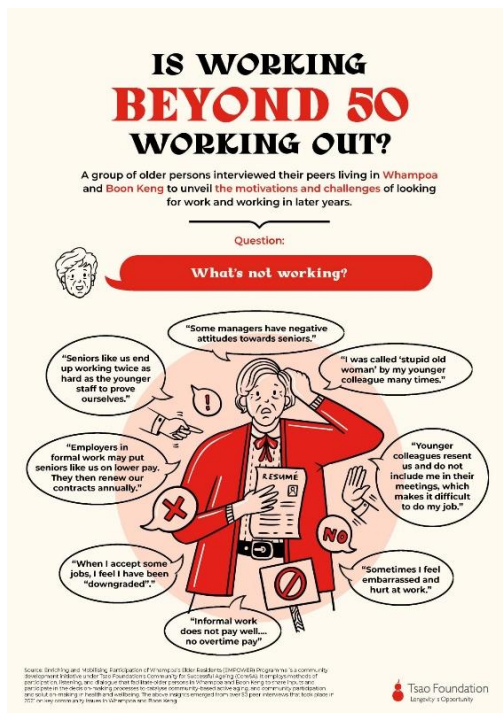
Figure 3 Programme pictures and description

Engaging in small group discussions

Engaging stakeholders like HWA, LTA, AIC, SAGE counselling to disseminate findings

Turning findings into infographics to engage other seniors and stakeholders

Marketing brochure co-created by participants for the wheelchair friendly community shuttle services

2. Qualitative Evaluation

The qualitative evaluation of the EMPOWER programme draws on in-depth interviews that have been carried out with the ComSA advocates who have been through the intervention education in the CCA, participated in the identification of problems, participated in designing and carrying out the research design, participated in interactions with key stakeholders, and participated in the Design Workshops.

Data Collection and Analysis

We report here on the in-depth interviews (n = 16) that were conducted after the completion of the project with the ComSA Advocates who participated in the CCA training. There were 15 female and 1 male interviewees, age ranges between 66 to 86 years old. all interviewees were of Chinese ethnicity, except for one of Indian ethnicity. These post-intervention interviews resulted in 224 single-spaced pages of transcript

The data were analyzed using the co-constructivist grounded theory approach, placed within the conceptual framework of the CCA (Charmaz, 2000). This involves an iterative process of going back and forth through the data, engaging in the reflective process of memo writing, and cross- checking the emergent concepts from the interviews. The memos serve as reflexive entry points for sense-making. The interviews were coded line-by-line to identify concepts before forming relationships between the concepts, and then providing theoretical integration.

Participants' Experience of the Programme

The themes are organised around the participant (a) understandings of the relationship between voice and empowerment, (b) the role of the EMPOWER programme in their empowerment, and (c) the value of sustaining the programme.

The relationship between voice and empowerment.
Ageing community members who participated in the EMPOWER programme reflected on the role of voice in their empowerment, noting that it is important to express their voices to be able to participate in the life of the community. Having a voice is tied to being able to be heard in the community, and having one's needs addressed. Notes a participant, "If you want to be heard you must rise up. You raise up. You didn't raise up you just keep yourself then grumble… [laugh]." This is further elucidated by a participant,

> Then at least you know what our senior want loh, what my problem loh. If I don't speak up, then how, you know? Now I staying alone you know, nobody there. How to cope myself? Too different, my children. Each one, one thing. And then they have no time for me. At least you all help us. More or less lah. Do little bit also good, better than nothing, right? [pause] Say like that correct?

Having a voice and raising issues is seen as an important step in having challenges addressed. Note the following articulation, "…At least we speak up they know that…we dare to- we dare- [9.49: inaudible] what I talking. Whether they listen, but I speak up already. Hopefully they will listen loh. So old already. Living alone. Some compassion on us. [10.02: inaudible]. If I don't say, then who will know." In a number of narratives, participants refer to voice in the contexts of strength, courage, and ability to raise issues. For instance, consider the following statement, "We can say what we want to say." In the context of Singapore, saying what wants to say is understood by the participants as a significant achievement.

Voice is tied to a sense of purpose. For a number of ageing participants, expressing voice is understood as an assertion of one's existence, expressed in relational contexts. Notes a participant,

> You feel you still exist, somebody wants to converse with you, somebody is raising some viewpoints for you to hear, somebody listens when you speak, that means you still exist. If you speak and nobody listens, and nobody wants to talk with you, you will become even more unsociable, so having a voice is very important too. You will only have a voice if you have friends. You will still have a voice when you have colleagues. If you stay alone by yourself at home, and no volunteers visit you, like none at all, you'll become very lonely, so having a voice is very important.

Consider here the reference to the listener in expressing one's voice, which becomes the basis for validating the existence of an ageing person. Voice mediates one's thoughts and feelings and the relationships with others. According to a participant, "That means you voice up so what (is) inside your heart can be heard. So, you won't keep yourself, then you won't become grumble [laughs]." Having a voice is interconnected with being heard. The relational context of voice is further elucidated in the following statement,

> This is you must…talk face to face, and see their action, and they must see my action of talking. That would be a different thing right? It will remain in your mind, you know. If you talk on the phone it won't remain in your mind. It won't remain in you. Said ok I talk already, finish, I just put down. This one, no. "Oh when I was talking she was listening like that", "Oh she was angry", "She was happy". You know, that will affect you.

Furthermore, participants connect the expression of voice to the support one receives as an ageing person.

> I think… a voice represents our thoughts. Like I have an opinion and I express it with my voice, I say it with my voice. People around me would know. It's like, when you are unwell, you tell others that 'I'm feeling terrible'. Then others would know, 'oh, so you feel that way'. So, I always tell those around me, 'If there are any problems, you must say it. If you are suffering in any way, you need to tell others. If you do not say it, others wouldn't know. If you tell others, perhaps there are many people who could help you. Don't suffer in silent, don't shoulder heavy burdens on your own, difficult things.' We live only a few decades. Why wouldn't you want somebody to help you? If someone helps you, they are sharing your load. Perhaps for this thing, you feel that 'I'm suffering so badly! I can't solve it. I don't know how to resolve this.' But others could possibly help you solve the problem, and you wouldn't need to suffer.

Being able to express one's voice serves as the basis for being able to secure help from others in one's interpersonal network and in the broader community. Through voice, the problems experienced by an ageing person draw in interpersonal and community networks in the development of solutions. Therefore, voice mobilizes broader interpersonal and community resources in working toward addressing the challenge being experienced by an ageing person. The ability to express oneself through voice strengthens the confidence of the ageing community. Notes a participant, "Yes, after I came here, I saw many things. Once you start speaking up, you gain more confidence."

Interaction: Response to voice. The notion of the intertwined relationship between voice and response to it reflects the broader concept of dialogue that is generated through voice. A participant observes, "Whoever I'm talking to, when I'm talking to the person. Like I'm talking to you now. Now

you are listening. So when you are listening and you shaking your head and all that, I would think 'Ok, I think...she's...very happy with my interview.' You see." Another participant posits, "The response is very important, that's why I want to talk to people face to face, you see. I hardly use my phone, you know."

Voice is thus understood as dialogic, tied to the response of the "other" who is listening to the voice. Consider the following reference to feedback when discussing voice, "If it's constructive, they may accept the feedback. You might think it's good, but some others don't think so. So it's hard to say, so... if you think it can be said... it's another thing whether they accept it or not." Note here the role of feedback and the corresponding actions that are generated through voice. In other words, voice becomes the basis for actions as responses to it.

Simultaneously, voice is tied to the resulting actions in response to it, with participants noting the sense of fulfilment when the issues raised or solutions suggested are worked on. Shares a participant, "It's nice when you can speak up and others accept your suggestions. That's the best." At the same time, other participants offer that it's not always likely that the problem will be addressed or the solutions offered will be implemented, "For me is, I raise the problem, but depends on them. (if they want to make changes) it's not 100% must like that. (Referring to the listener)." Participants discuss strategies for raising their issues so their voices will be heard. For a number of participants, being reasonable in raising issues and offering solutions is critical. Here's an excerpt, "And also must be reasonable. Some people just want to complain this, complain that...[laugh]."

Voice as empowerment. Participants note their sense of empowerment as feeling satisfied at having expressed their voices. This is what a participant shares, "Because they have...have...have let us voice out, so we just speak. Have sense of satisfaction." In speaking out, the participant feels satisfied. This is shared across the interviews, where participants refer to a sense of satisfaction with the act of speaking. Consider the following excerpt:

> At least, I say my problem. Whether it's solved or not solved, at least I talk out ah, I feel very relieved la...Relieved la. All I speak out. Whether you all take action...sometime not everything I want you all will solve la. At least I talk out la. This problem, either solve or not solve but already say out. Hopefully will solve. To me la.

Note here the sense of relief felt at having expressed one's felt needs. This is intertwined with the sense of loneliness and dependence one feels with ageing, referring to voice as a resource in addressing the challenges.

> At least [12.24: inaudible] in your body huh, you release something, like you wash a trail ah. At least it's clean la. You are more happy, you are more relaxed. Whether it's done or not la. Not everything like yesterday you speak I talk about myself, the...the...the I see doctor, I think [12.42: inaudible]. I say how come I have to give the...some people the two room flat, a lot of privilege. You all say this kind of [12.51: inaudible], nothing! Not even this, cannot. If the children don't help us, who is going to? I hope the others hearing my voice will do something. Right or wrong? At least more or less la, can try at least to explain to us, how to give you la, where to get help la. When we raise for help. We are already so old. We also want love la [laughs].

The role of the EMPOWER programme. For all the participants, the EMPOWER programme built their capacities for voice, creating a learning environment where they could come to develop an

understanding of voice and express their voices in participating in community life. Participants share the role of the EMPOWER programme in building learning resources among the ageing population on how to express themselves. Notes a participant, "I used to not even know how to speak or what to say."

> The programme is seen as a resource that has built the capacity of the community in speaking out, "Yes, more or less. I can (express myself) with more friends." According to a participant,
>
> Ya, I learn that I dare to speak up. Last time I very quiet one, very nervous. Even now also very nervous but at least I dare to speak. Not so…not so so nervous like last time huh. When I talk, I don't know how to say people how to talk? Now down there at least they give us a chance to talk, to really enjoy and then write. How to write and how to represent myself.

The confidence in voice built by EMPOWER is highlighted here, "Learnt to be more daring to speak up, like this loh. Many people in the audience, many people, and can speak." Noted another participant, "Confidence improved a lot [by participating in EMPOWER]." Here's another observation, "Confidence is because, I feel that others' logic is good, I can accept. After accepting, then can learn from others. Other people's words, we can learn and then be able to do it." Participants referred to the stakeholder meetings and community design workshops where they had the opportunity to share out their ideas, research findings, and solutions with others in the community. They reflected on the training in conducting research and presenting evidence that strengthened their capacity to speak out in community settings. Consider the following statement:

> From all the people around me loh, like you all loh. This one first time, Tsao Foundation. You all ah last time [laughs] talk to us, don't know then what is that what is that…no more idea coming in…because we all stay at home we don't know right? Because how to learn more right? Then we are going…we went to the hotel there, so many people around, different kind of people coming in.

The participants shared the ways in which the EMPOWER programme and the opportunities to communicate in the programme strengthened their confidence in themselves, both as individuals and as collectives of seniors. Consider the following interview:

> It does build our…confidence. Like, if I had not come out for activities, is just more and more, that…closed minded [Chinese translation: 闭门造车]. When you can come out then you will know, many many others are all stronger than you. We must learn from them.

Narrative accounts offered by the participants document the ways in which carrying out the interviews, sharing interview findings, and engaging in the community design workshops created opportunities for others to hear their needs in the community. Here's an excerpt from an interview:

> So, our voice is rather insignificant, (they) don't hear it, they (/the important people) don't hear us, but there are still opportunities to do so. If we take part in some activities, through things like interviews, they will somehow get to hear our voices. So, if you really want to make your voice heard, you will need to take part in some activities and raise your views, voice your opinions. If you just stay at home, who's going to hear you. (Laughs)

Note here how the participant refers to the EMPOWER programme creating the space for key stakeholders with power and influence to hear the voices of the seniors. This is reflected well in the following articulation,

> Yes, I can now be heard in Whampoa. I'm sharing this with you now… Unless I don't take part in this programme, because in Whampoa I take part in many (events), so we more or less voice out. When we

talk, can find out what (are) the problems…in the community… and then can raise up and the last [recalled something] only remember the last day right they did a learning how to write, so like you have (concerns) you voice up.

For the participants, this ability to voice up offers a sense of achievement:

Achievement is- that's what I'm saying that now I'm able to stand up to everything, you see. And making so many friends. And then, I know at my age I can still do things. All these are achievements, right? So I'm very happy, proud because I can achieve things. Which I think about few years back wouldn't have thought. That's the end of my life. See, because when you reach a certain age, you feel you are finished. But I…now I feel that seniors also can! Every senior, if given a chance is able to achieve something. That is my ideal.

The EMPOWER programme gave the sense of confidence to participants that they can speak out, and this translated across contexts. Participants felt more able to speak up across different interpersonal and community relationships and setting. This in turn gave them a sense of pride, reflected in a sense of achievement.

Learning to listen through EMPOWER. The ageing participants who participated in EMPOWER shared the role of the programme in building their capacities to listen to others, develop empathy for other seniors, and develop a collective framework for working collaboratively. Listening formed a key element of the education in the CCA, and its interconnectedness with voice was noted by all the participants. Across the interviews, learning to listen formed the basis of voice, which worked together to strengthen the collaborative capacities of the participating seniors. Notes a participant, "It's good. For others with friends, and for teaching, it's good. Listening to others is good la. Like introducing." Here's another observation that refers to listening, "Participate in more activities. Listen to how other people speak. Try to improve. Learn from others by listening to them." The EMPOWER programme created an environment for peer-to-peer learning, with participants suggesting that they learned to voice out by observing others do so as they went through the different voice exercises, "I can learn many things. At the very least, I can learn some techniques about how to speak." The peer-led learning offered by the programme created opportunities for learning by observing others practice voicing their thoughts. According to a participant, "I listened to others make speeches and learnt how to answer questions. For example, the topics of bridges and seniors who are living alone, in particular, how we might take care of them."

Participants pointed out the ways in which EMPOWER created opportunities for listening to diverse opinions, "Ah! Listen to many people's opinions. Individual opinions different. See whose opinion suitable or not." They referred to being able to develop an approach toward understanding different approaches to addressing problems:

People have their own stance. Correct stance, correct life outlook. People want to think- everyone has unique thinking. And everyone has their own strengths, and weaknesses. So must understand each other, respect each other. Don't divide. Most importantly, must understand each other. Understanding.

Dialogue is a key element of the CCA, and an education in dialogue through conversational spaces that invite diverse viewpoints is noted by several participants. Here is an articulation shared by a participant:

Everyone should sit down and talk, discuss, you raise your views and I raise my own. And then compromise, sometimes you have to do that. Sometimes you cannot insist that something must be done this way or that, sometimes you have to give way, you won't always win and so what if you do? So, I feel that it is best that everyone can discuss amicably.

Another participant shared,

When others hear my voice, I would say very practically, all sorts of people exist in this world. Maybe when we talk about something, different people listen to the same message and respond differently, give different feedback. We have to respect different people. Even our fingers vary in length. In the past my mother used to tell us that 'our fingers vary in length, so you should not negate the opinions of others, you shouldn't negate others, regardless of their rights and wrongs, because everyone has their own views', I respect that very much. When I speak about something, what I perceive to be right may not be so for someone else. I have to respect what they think. For this thing, I might think it is very right, but there may be dissenting views. For example, I come to participate in activities, some people would say 'oh it's good you go to learn things', 'you'll become more clever'.

In referring to learning to understand diverse voices, the respondents point out that they learned to work across their differences, taking turns, listening to different ideas, coming up with solutions and then voting on those solutions. For the participants, the process of voting on the different ideas generated was empowering. They also noted how they had opportunities to dialogue further on the solutions, re-visit their votes, and consider what would work for the collective good of the community. Here is a participant:

If something I suggested was objected by someone, or if someone doesn't agree with me, I'm willing to listen to their opinions. For example, something I do now, of course I'd be very happy if you accepted it, because you think the way I do, and you identify with my thoughts. If you felt it wasn't good, I would be willing to listen to you tell me why it isn't good. Maybe your point on why it is not good would be stronger than my "good" points? Then it would mean I have to stand with you on that. I have to accept your views. It's like voting.

Learning to engage the government. Participants noted the EMPOWER created opportunities for them to engage in communication with different government agencies, with the engagement process being led by their needs. The process of engaging the government offered an understanding of the planning and policy processes. This was shared by a participant,

I think we…we have learnt a lot from them and those who come to us are all very nice people. We always think that government people are very strict, very proud. But when they come and talk to us we feel they are also like us. It's only we assumed they are like that. But when they come, they are so nice to us, they explain to us. And they stoop to our senior level to explain to us. That is very important. Not…they don't use words that we don't understand. They come to our understanding level, and they explain to us. So that is very important. Especially the one yesterday that social worker. Ms Lina I think, if I'm not mistaken. She. You know, she explained to us so well, that everybody understood, why they can't use CPF for this and that, Medisave and all that, you see. A lot of us did not understand that. We were thinking we are being- they are being unfair to us. Our money we cannot use for medicine, why? But then she explained to us, there's a, you know, limit to this, limit to that, how you can use certain…so all these government talks are very important to us. They do talk on TV and all that, but we don't listen. But when they come to us and talk, we feel we are special. [I laugh] They are coming to us to talk. So, we listen. So, it's very important.

Note here the articulation of the dialogic opportunities with government stakeholders as playing an important role in helping participants understand government processes and decision-making. Moreover, participants note the ways in which they engaged the government agencies created

opportunities for mutual dialogue, opening avenues for collaborative decision-making and co-designing of solutions to address community needs.

When reflecting on their experiences in interacting with the government agencies, participants reflected mixed responses, tied to their expectations regarding whether the solutions they proposed were being implemented. While some participants expressed disappointment that the solution they proposed was not being implemented in the immediate context, others noted that the interaction with government agencies created an opening for the agencies to listen, irrespective of whether the solutions were being implemented immediately. Consider the following excerpt:

> We talked to them, listen to our opinion, not so willing to listen. Government, they don't listen to you. They want themselves .. they mostly don't listen to you. It's up to their fancy. If they want to do, they will do. If they can find a way they will engage someone to do. No way then they won't do. Don't need us to tell them to do. It depends on the situation. Some are easy to do then they will do it. Cannot do, then no way. Then you will walk up and down the footbridge. Take it as exercise.

A participant reflects on their interaction with a government agency in the context of a problem being raised and corresponding solutions being proposed.

> Ah. Because last time we said about that overhead bridge, do that lift. Say very long, say very long he also never implement. Because this do the lift, also, the expenses also quite high. So maybe he…[P laugh]. Don't know…he ah…no movement ah…Should be have listen la [referring to the MP]. But he…unable to implement, like that…The most effective, of course is being able to materialise the promise. Of course that is the best.

Note here in the narrative the sense of feeling heard that is tied to the materialization of the proposed solution. For some of the participants, the feeling of whether they are heard or not is tied to whether the solution they collectively proposed was being implemented in the immediate context. This led to disappointment for these participants. Yet, other participants noted the dialogic process with the government itself is important and is a marker of the government having listened,

> Yes, I think so they have listened to us. And because they said, they have learnt a lot from us also? So they can go back and discuss with their seniors and see whether…why these things never happen, you see. So, I think they have. Because they have responded. That shows they have listened to us. The response itself is already there.

The response in the form of the government agency participating in the dialogic process with the group is understood as a form of listening. Another participant voices the sense of happiness they feel at having been heard by the government,

> Of course, I am happy about it. Whether they accept is another thing. As long as you feel your voice needs to be heard, you will be happy that they have heard it. Then whatever the outcome is, it is not a problem. It's just whether they need to do that.

What is evidenced across the interviews is the diversity and complexity of the engagement with government agencies. EMPOWER created openings for these dialogues between the seniors and the government agencies, and that is critical to the ageing community learning to engage the government in dialogue. This process of engaging the government in dialogues around problem solving contributed to the sense of happiness the participants felt.

Learning to work on collaboratively. The participants learned to collaborate by working together in the EMPOWER programme. The opportunities for collaboration were grounded in learning to address collective solutions. Here's a participant:

> I feel… I'm an elderly too. I feel that if I expressed my views and shared my experiences, I would be a voice. If others find use for my voice, if someone else finds my suggestions useful, perhaps I could change some things, improve that for the better. That would make me happy too.

Note here the reference to the use of voice for collective good. For a number of participants, observing the opportunity for creating solutions that would benefit the community as a collective was a source of satisfaction (more on this in the next section). The nature of collaboration is highlighted in the following account,

> I think those who did manage to raise some suggestions had done well. They've built the overhead bridge at Boon Keng. The one for pedestrian crossing. We also suggested building a Whampoa MRT station. Our suggestions have to be passed along and we won't know if the authorities higher up will accept them.

Participants point to the ways in which they work through the dialogues within the group meetings, and this process of working through different viewpoints, they come to develop solutions. A participant observes,

> Of course, will want to voice a bit like this la. But scared that people sometimes, don't accept what you say, this whatever whatever. [P laugh] Some people you say that, when you say and after listening, he not happy, will just shout at people there whatever. What can you do? Each other quarrelling like this, also no benefit. Slowly listen to how people say, and then see whether can or cannot. And then decide mah.

Another participant observes that after deliberating on solutions, the group votes on them, and this creates an opportunity for thinking through the solutions collaboratively. According to a participant, "Ah! Of course, must be the whole group's views. Say out. See whether everyone can absorb (referring to the Voting process)." A participant suggests that the process of developing a collaborative environment takes time, "…slowly loh, let them slowly do. Now meet with pandemic, they are very hard."

Learning to work toward collective good. In the voices of the participants, the EMPOWER programme created a learning environment that considered what is collective good for the seniors in the community. They noted that the intervention created an opportunity for them to contribute in ways that would benefit other seniors. Here's an articulation:

> First point, we can while away a bit of our…time. Second point, I also can do something beneficial to others. Like help others. Those others who need. This kind is good. One action, serve many purposes [Chinese translation: 一举数得]. Very good. Really very good.

Sharing with each other problems experienced by seniors created the opportunities for voice, "Ya for our own good, we are senior ah. At least someone, know our heart you know. We don't speak up, then nobody know what is inside us, what's our problem. So we, we talk to you, at least we know what advising us, how to cope. Can hear or not?" Another participant observes,

> Learnt sharing, learnt…that is, must…some communication tactics. Campfire also helped me a lot. I can bring my husband out. That time he still participated. He was still receptive. Actually, when he was

young, was also activist. Just from this pandemic, this illness started, he don't want to come out. So even worse, his legs walking and all that. Will cause him to even…If not, I wish he will exceed 90. End up, only 89. To us have benefits. Campfire come out, we all will…[thinking] Feel very good la, this programme. Let us learn a lot, learn many things. Everyone split the work, team spirit, all these…Can understand each other.

The opportunity to work together for collective good contributed to the participants feeling good about themselves as participants. The practices of collaboration in the group were voiced by other participants,

Everyone can…cooperate, is most important. Understand each other, work with each other. Then, how to say…and learn from this...learn what…learn…err…what should do, and what should not do. And give and take. Must also give and take. And, don't always harbour thoughts that you are the most correct. Not necessarily. Others, many methods. Better than yours.

Finally, for the participants, the lessons in thinking about the collective good, beyond what is useful for oneself, were empowering. Here's an articulation that notes the relevance of rising beyond the complaints one might feel individually,

But don't just raise up if really is not good you see like recently haven't…the person go to the MP, MP write to hospital but actually it's not the correct(way). The personal people is wrong one, it's he grumble grumble, and the hospital or what then he go and complaint to MP because here is once we got the feedback, the whole hospital, the CCTV, the security all will…so much effort because of one complaint. So the person is like easy to complain right but (they) don't know how other people… Because of (that) small, small thing(s) become big thing(s).

Learning journey. Participant reflections on EMPOWER refer to the intervention as a learning journey, as an opportunity to learn about the challenges experienced by seniors, policy frameworks around issues, and potential solutions to be co-created. Here's a participant:

The workshops have shown me there are so many issues that never heard of, never dreamt of, I…we just read the newspaper and all that. But after going through, I can see that we…we have to go through so many things, so many issues, so many people, then only something can be done. So, it's not like you want this, you can be done today. You know, we just grumble after the government saying the government never do this for us but then we…now I realise, how much of problem the government has to go through to get issues done. Although this campfire thing has been a simple thing, but it has shown me a great deal.

Participants expressed that the learning programme helped them heal and negotiate ageing effectively, "Better la. I have progressed. Means climbing upwards. Won't say like some people…I say something. Actually, when you reach old age, most will have a bit of dementia. Can have this kind of activities, is really a good medicine." Here's another articulation, "For people, at least they help the seniors also la, we help each other la. Then you teach us how to carry on, what is this, what is good. Like, we don't know the drama, we can join in…everything ah."

Through the process of participating in the programme, seniors developed better understanding of other seniors in the community. They referred to activities such as conducting the interviews and making sense of them,

What I have learnt… what I've learnt is that, I understand old folks more now, and get to talk to them. I got to understand people around me and know them better. For example, if I hadn't come here, I wouldn't get to know so many people. Like I come here to make new friends, because there's an

organisation like Tsao Foundation. So sometimes I will tell my family members, 'You know Tsao Foundation, their office is in Bukit Merah, Tiong Bahru,' their office is very big, I didn't know they have more than a hundred staff members.

In describing the learning process, participants reflected on the dialogues designed by the culture-centered process:

> I will, for example, we talked about a topic at the campfire, like we raised a topic on what we are talking about today, what are we discussing mainly. The group leaders would ask us, for example, what are our views. What are our opinions. Then I will share my views and also listen to what others have to say. Then we will consolidate everyone's views, consolidate the perspectives of everyone and think of better ways to improve the environment in the community, improve the lives of residents. This is a good thing. Change will bring about good improvements. This is very good, I learned a lot like this, gained new knowledge.

The learning environment in EMPOWER was sustained by peer-to-peer education and support. A number of participants noted that they learned by observing others speak out in the programme, and in turn, encouraged others to speak out. The education components of listening, turn-taking, reflexivity, and collective participation strengthened the learning journey of the participants. Here's a narrative account,

> Actually, everyone has their life experiences. Everybody, maybe they are actually very rich in life experiences, their lives. It's just that they are just not good with expressing themselves. So, I will also tell them, 'Just say it, just say it!' I always tell them. I kept encouraging those around me to talk. 'It's ok, even if Mandarin is not your forte, you can speak in your dialect. We can translate that too.'

Another participant similarly shared how they encouraged others, "I said, 'You have to express your views.' Like me…" Participating in the programme created a sense of pride that the participants shared with their families,

> I feel that…I'm very proud of it like I said. That I'm…I can play a part…in understanding and I can make use of it in my own family or to my friends. "You see, this is how you use your Medisave because so and so, and I have also, can bring it…". Now I know where to bring them if they need help. That is very important. So long I didn't know, you know. So- but now I know that I can go to the social workers, or I can go to the CP off- CPF office. Because we are old, so we don't know. Youngsters know all that. But we, as old people we don't know. But now we know where we can get help.

Creating connections. Participants reflected on the ways in which the EMPOWER programme created connections among them. Describing the programme, a participant shared, "very good, very good. They bring us [14.19: inaudible], bring us out and see our old friends. Like see a lot of old friends we sometimes never meet." The regular meetings at EMPOWER offered opportunities for participants to connect with each other, "Ah! Because sometimes never see them mah. Correct? Because some stay very far away, no phone no nothing. Normally see them once a month here, can see many friends." EMPOWER facilitates friendships, "And then you'll get to know many friends." According to a participant,

> You can't see those things, you can't see what you learned. At least you can learn how to be with other people. When you are with other people, you may not agree with their views and they may not really agree with your views, everyone will just talk about it. That's to say, be accommodating. Everyone learns to accommodate and listen (to each other). You will also hope that others will listen to you when you speak.

The attachments formed among the seniors through their participation in EMPOWER offer emotional support, as one participant notes, "because I think we take part in this campfire… everyone comes often and more or less are sentimental towards each other. We are more or less very familiar with each other. If there's anything we want to say, of course, I need to watch my words, we can still speak our mind. It's good, not bad." Participants refer to the friendships created by EMPOWER,

> I think in the process I've made so many friends because I join in all the classes, the Zooms and all that, so. Then now, most of the time everybody wants to go out, with me. And I also feel like going every now and then! This has never happened before, [7.07: inaudible] years ago before I join this foundation. Has never happened to me. Although I was working and we have colleagues and all that. But now after joining this foundation, I find everybody is willing to be friends with me. And I'm very happy with them also. So friends means too many already la! [I and P laugh]

Across narratives, participants share the ways in which EMPOWER helps them cope with loneliness, "at least, you wouldn't feel lonely. You have many friends...there are many friends here and everyone can chat… You can share whatever is bothering you and others can share theirs too. It doesn't necessary happen here, but I'm just saying it could be so. Some people go there and not talk to others, then there is no point." The opportunities for interacting with each other through the expression of voice build authentic connections that contribute to creating social support networks. Observing how they support each other, shares a participant:

> Because our group is…we know each other so we help each other. One person voice(s) out this one, then we compliment, so it's good… We settle the one group that one like you know each other right so it's like freely to talk and we (have) more support for the group.

The support creates a nurturing environment within which participants can safely voice their ideas and thoughts. Respondents also refer to the multiple opportunities for volunteering,

> We all were happy, came here to help. 10 of us helped to arrange the chairs and tables for 100 seats. Arranged them nicely for 100 people. There were disserts later: bean curd, curry puffs. After eating, when we were leaving each was given fruits. We also helped to distribute the fruits; and put back the chairs and chairs. We are volunteers but we taught the other volunteers. We had riddles, games, and gave away some food items like biscuits and sweets to the winners.

Note here the role of peer-to-peer learning in supporting each other and building an infrastructure of seniors who volunteer. The various activities as volunteers created additional openings for building connections,

> Felt very happy as a group of volunteer. Ah Yeh said, "You all come here is to do some duties since you have been here longer, and are familiar here. We are short of people and need volunteers to help out. Arranged the chairs and tables nicely. " We also registered the guests. So many things to do. We ushered the guests to their seats after the registration by Mdm Chua and Mr Lim. Distributed the disserts and curry puffs; then the fruits. (Loud traffic noise). Put away the chairs and tables after the guests had left. There were so many chairs, at least 80! Ten of us Big Family. You 10 only how to do things!

The voice-based activities and research-based activities in EMPOWER created infrastructures for the participating seniors to develop understanding of the struggles of other seniors, and this played a key role in enabling connections,

So when you walk out and interview people, you have the time to chat with them, and find out issues. So…so campfire has been a very good source of a mixing. And now I have made so many friends in the neighbourhood, which I was not able to make before. Because everybody thought…I'm a very proud person or something like that, you know. Because, we don't mix, we just look around. But when we go into interview they have…they come to understand us. That we are also like them, going through issues. And they are quite happy about it, and I'm very happy to be able to…help them.

The opportunities for building connections created by EMPOWER were anchored in safe practices that were inclusive. Participants refer to the inclusivity of the programme,

Because…the atmosphere. Atmosphere is very important. Even though now we still have language problem, the…mixture, their…treatment towards me is more open la. See? Those people who really didn't want to talk or even look at me, are willing to go out and have a cup of coffee with me. So, it's the environment has changed. So, I have changed my mind, my opinion of them.

The voice-based activities, dialogic conversations, activities on listening, and the process of consensus-based decision-making followed by voting on solutions fostered participant engagement with diversity. Note here the reference to the inclusive atmosphere of EMPOWER, including building resources for participation in different languages, that created new connections and friendships rooted in inclusivity.

These connections and friendships transformed how participants spend their leisure time, introducing them to new activities and new connections, and simultaneously positively transforming their familial relationships. Consider the following observation,

So much so that my son told me "Ey mum, next Thursday I would like to- ". Because once a month my eldest son takes me out for lunch. Because he has no time and all that so, I'm staying with the youngest but not the eldest. So he called "Mum, Thursday, next Thursday", said "Are you free? Ah wait ah, ya are you going to look at your diary?". [I laugh] You see! Because they know I'm very busy already now. So they are happy, I'm happy. So they know they don't have to you know, sort of…run after my mother every time. So these three years has made me that. After coming here, this is how I am. Last time if my son doesn't call, I won't tell them but I would feel "What is life?" that kind. But after coming here, I got no time. Everyday I have something, you see. So, coming here is one of God's gift to me.

Salient here is the positive role of EMPOWER in the participant's life, giving a sense of purpose to the ageing community.

Collective efficacy. The empowerment, sense of voice, and confidence expressed by the participants translated into an overarching sense of collective efficacy as a group. Participating seniors felt that through the process of working together, they could voice their challenges as a collective, articulate solutions, advocate for these solutions, and participate in implementing the solutions. The EMPOWER programme contributed to the sense of confidence the participants felt in themselves as a group, and in their ability to co-create and carry out solutions. The expression of voice was shared as a key element in encouraging others and the broader collective of seniors to express their voices,

This is what I think, when I come out to speak, it's not that I'm very good at speaking. I just hope I could change others. My greatest thought is that as I step forward, regardless of whether what I say is right or wrong, whether I spoke well or not, I hope to change those who dared not step forward.

It is worth noting that the EMPOWER programme built the sense of providing support to others among the participating seniors, forming the basis of the collective efficacy the seniors felt as a group. In the excerpt below, the participant refers to their role in encouraging other participants through the use of voice,

> I hope to encourage them. Because they may feel, 'I'm scared.' But when someone beside them encourages them, 'Don't be afraid, if you don't feel like going up there yourself, I'm with you, I will help you as you go up.' They will be more confident. They will feel, 'I don't need to be afraid that I would say the wrong things, or if I couldn't finish my statement. There's someone with me'. So they would be more confident.

The sense of confidence that is felt as a collective is reflected in the below excerpt,

> I think most of them are...I think most of the seniors are quite smart! They also- you know, after going through all these, now they are smarter. They can explain, they can talk. At the beginning, yes all of us were a bit...and I was the only one shouting around but now, everybody voicing out. Because they already know there is somebody's voicing and it's accepted. So now everybody is voicing out and that is very important. Because seniors must be able to talk, freely. That is very important. Of course, not nonsense. But freely, logically, you know, with meanings. That's very important.

Through their participation in EMPOWER, over the course of the programme, participants developed a sense of strength as a collective that could make a social impact, influence the course of outcomes for their own community, and participate in decision-making processes that influence community life.

Resilience. The EMPOWER was carried out in the midst of the pandemic and the related pandemic responses with changed the communicative processes of EMPOWER. Meetings needed to be moved from face-to-face interactions to online interactions that were held over zoom. Amidst these challenges, participants responded with strength. They re-turned to the programme, adjusted to the different and changing needs of the programme, and stayed with the different activities. They noted that even as they struggled to learn the technology when meetings moved online, they kept returning to the programme and drew on their strengths to do so.

Participants also referred to strength in learning to share ideas, irrespective of the feedback. They noted that this was important cultural learning as the broader face-saving context of the culture meant that it was difficult to share ideas, especially in situations where the participants feel uncertain about what the response will be. Communicatively, they depicted the ways in which they grew their strength by learning to understand the concept of difference, by developing a sophisticated understanding that not everything they voice would be implemented, and at the same time, by recognizing that voicing is part of the problem-solving process. The process of learning through EMPOWER strengthened their capacities to share out ideas, irrespective of potential feedback that might be negative. Here's an articulation,

> For me, personally, I feel that I really want to talk about what I know, and share with others. Sometimes I know that someone may not agree with this thing I am going to say, but I am willing to try, I am willing to say it. Even if someone identifies with me or if someone objects, if I don't share this suggestion, it will not become a suggestion. So why don't I try? So I tried. It's alright. I always tell myself, 'It's alright.' Of course it's best if someone agrees. Even if nobody agrees, I will take it that I have spoken my mind, and it will be alright.

Note here the strength the participant draws upon in noting that what they share might not be agreed upon by others, and yet, is a key step in finding solutions as a community. This sense of cultivating strength is particularly key within the broader cultural context of face, with the participants developing the strength to articulate their understandings, irrespective of what possible responses might look like. Here's another participant that refers to this process of communicative resilience in participating in conversations to address problems,

> Sometimes I think, perhaps I hadn't thought that through very well. Maybe our suggestions… if there are objections, it means our views are not very well thought out. Like what you said, there's no right or wrong answer. It's just my personal view. Perhaps there are objections, but you must think it through again, 'Were my views a little too extreme? Should I consider things from a wider public perspective from now on?' But don't worry, don't worry about whether it is right or wrong. We can even say that you wouldn't know unless you've tried. Nobody would know if you don't say it. So I always tell those around me, 'Tell me what you want to say, if you are afraid to speak up, I can help you say it. But you have to speak up, you must speak your mind.

Another participant reflects this by stating, "If you don't say it, others wouldn't know about this. Isn't that so?" Resilience here is expressed in the strength in expressing one's voice. Resilience is also understood as commitment to complete the programme in spite of the various challenges such as the pandemic,

> What I hope… I hope that in a programme, everyone will… For example when a programme comes out, everyone will do their best to complete it. Even if we don't know what the outcome will be, we would have done it (well). I hope every group member will bear responsibility, I hope that they will really do it, and not just do things half-heartedly. If you keep doing things half-heartedly, then there's no meaning to it. If everyone do things half-heartedly, we can't get anything done.

Affective affinities for EMPOWER. The strong learning that the ComSA advocates referred to in their description of the EMPOWER programme translated into positive feelings for the programme. Participants often referred to the transformative role that was played by the programme in their lives and in their engagement with the community. A participant shared the following, "The programme is very good. Advise people to do good. Say something honestly. Have this kind of organisation ah, really I sometimes…really admire you all COMSAR have this kind of a…organisation ah…really is…very good. Very good, very good." Another participant noted, that the programme is "very good, take care of us. Got teach us, tell us stories, tell us go where, many things. Very long already now. Many years now….Jasmine Flower, the one who bring us. She don't work anymore. Married already la. Do you know Jasmine Flower? [10.59: inaudible] That one very good, very funny. Very good." In another articulation, "Oh! I think they…do quite well. Efficiency, is very…very…very good." Across the narratives, EMPOWER is seen as a positive source of support and empowerment.

Affinities for Tsao. The positive attitude toward EMPOWER translated into participants expressing positive attitudes toward Tsao Foundation, noting that the listening framework in EMPOWER is reflective of the broader listening orientation of Tsao Foundation,

> Got some other- other, other people other charity, like they send, sometimes they send the NUS students, complete a survey. They also help us write. But Tsao foundation is more important la. We are very close to them already. [P laugh] They are the one who started all these right? Then we know where to go. This the- the- the usual there. Then we can go there. The [15.02: inaudible] ration a lot of help. I

also want to thank the Tsao Foundation. No one- who want to help us? Listen also don't know our problem. And this, Tsao, you bring the problem, of the planner or what. At least you all hear our voice.

Participants noted the role of Tsao Foundation in creating the space for learning, which in turn created the impetus for their contribution. They shared that they participated in the programme and committed to learning because of the commitment demonstrated by Tsao in creating the programme, in implementing it, and in sustaining it despite the challenges.

> About me taking part in this programme… When I take part in activities, I would do my best. I try my best to do it. Even if I don't do well, I would have tried my best. So when I get handed this programme, I would hope for it to do well. If I don't do well, it means I haven't tried hard enough. Of course, it shouldn't get too tough, I'm already so many decades old. But I have done my best. You've taken on this programme, which means you have the responsibility. It would be best if you can do it well. If you can't, see if there are any ways to salvage it. Think of ways. That's how it is. Hope to accomplish one's mission. Because when you accomplish your missions, you will be happy. You will feel that 'I have tried my best, I have done it'. Honestly speaking, Tsao Foundation lets me come to attend lessons and learn things, so I learned new knowledge. It enriched my life and knowledge. I should pay it forward. Honestly speaking, I should pay it forward, and I am always very grateful. Because if you don't learn, you won't gain knowledge. Then you would learn things in your life and you'll be able to share it with others. It's a very good thing. Many didn't have this opportunity to do so.

The opportunity of learning created by EMPOWER was expressed in gratitude felt toward Tsao Foundation for co-creating the learning and voice infrastructures for the participation of the ageing community.

Desire for EMPOWER to be Sustained. The success of EMPOWER as an empowering programme for the seniors led to conversations on the sustainability of the programme. It was important to the ComSA advocates that the EMPOWER programme be sustained, particularly the components of the programme that sustain and strengthen their voices. Notes a participant referring to the role of the programme post-COVID,

> Because some friends getting old already. If no somebody connect, how to look my friend? And especially during this time, pandemic time. Ah, very hard. "Oh Tsao Foundation call, we come we meet together", then we can come together right? Without this ah, "Oh I not free leh", I dare not come out you know. You see the Covid, everyone stay at home. If you all don't call us, how can we go to the hotel Ramada?

The Campfire Programme offers an entry point into connections for participants, which they feel needs to be sustained,

> Sometimes, us elderly people feel very lonely. When we attend the Campfire Programme, we get to talk about things. Things which are related to our daily lives. Some of us have similar experiences. That of loneliness. If there are other programmes by the Tsao Foundation, which include speaking – someone gets to speak – then you can share, if you have any grievances. Or share what your circumstances are like. In my home life, my son is busy and I can't fault him for that.

This need for continuity post-COVID is further articulated here,

> Actually the group now, what we need is outing. Outing like, [15.24; I: "inaudible"] "Ok ya, we want to do this project". We all must go there and see that project. I feel- I know it's not, the time is not right yet, but we are too isolated inside sitting in one place and talking. It would be better if we can go

somewhere else, sit in the open air and talk, you know. We can have the same talk, but in an, open air area where we can you know, sort of…more environmental…freedom. Other than that, I think we are doing well.

3. Quantitative Evaluation

Hypotheses on Program Outcomes

Based on the EMPOWER activities, we hypothesized that post 1-intervention, seniors who participated in EMPOWER would report a greater improvement in related outcomes such as perceived voice (A), confidence in influencing community issues (B), collective efficacy (C), community belongingness (D), and individual outcomes such as self-efficacy (E) compared to those who did not participate.

We also hypothesized that seniors who participated in EMPOWER would have *reduced* scores post-intervention in loneliness (F) compared to those who did not participate.

Data Collection and Analysis

Given the focus on empowerment in the intervention, we did not randomize participants and used a pre-post quasi-experimental design to compare effects of participation in EMPOWER's community design thinking workshop intervention. We recruited a non-equivalent comparison group consisting of seniors who lived in Whampoa and Boon Keng but did not participate in the programme.

To assess programme outcomes (Table 3), a two-group, pre-post-test design was used to test the hypotheses. A survey was administered with those who were exposed as well as unexposed to the programme. In addition to these outcomes, we also collected data about age, gender, ethnicity, working status, housing status, and frailty status of participants in the survey.

The baseline survey was completed within the first two weeks of participating in the community design thinking workshop. The same survey was administered with both intervention and comparison participants post one year. Overall response rate was more than 80% for the baseline survey but decreased post one-year due to relatively higher dropout among the comparison group (48%) compared to the intervention group (8.93%). Nevertheless, there was no significant difference in baseline demographics between participants from the comparison group who dropped out (n=81-42) versus those who did not drop out of the post 1 -year survey (n=42).

Data was collected by in-house research staff in Tsao Foundation, as well as freelance surveyors who were briefed by the research team. The survey was translated into Mandarin, Malay, and Tamil, and pilot-tested before administration. Comparison of outcome measurement scores was done using the spilt-plot two-way analysis of variance statistical method to examine the effects of intervention between groups and across time.

Table 2 Summary of scales used to measure intervention outcomes

Outcomes	Details on Scales used	Reliability (α)
Perceived Voice (A)	Self-constructed and adapted from previous voice survey by Professor Mohan Dutta. A higher score indicates higher perceived ability to voice their concerns and having someone hear individuals.	.91
Confidence in advocating for community issues (B)	Self-constructed and adapted from previous voice survey by Professor Mohan Dutta. The higher the scores indicate a higher reported confidence in advocating for community issues.	.89
Collective efficacy (C)	Figueroa, M. E. K., Rani, D. L., & Manju Lewisnline, G. (2003). Communication for social change: An integrated model for measuring the process and its outcomes. A higher score indicates greater abilities of individuals to work with other members of the community collectively.	.79
Sense of community (D)	Figueroa, M. E. K., Rani, D. L., & Manju Lewisnline, G. (2003). Communication for social change: An integrated model for measuring the process and its outcomes. A higher score indicates individuals feeling a greater sense of belongingness to their community.	.86
Self-efficacy (E)	General Self-efficacy scale Schwarzer, R., & Jerusalem, M. (1995). Generalized Self-Efficacy scale. In J. Weinman, S. Wright, & M. Johnston, Measures in health psychology: A user's portfolio. Causal and control beliefs (pp. 35-37). Windsor, UK: NFER-NELSON. A higher score indicates individuals' belief in their capacity to execute behaviours necessary to attain performance for specific	.83
Loneliness (F)	UCLA 3-item loneliness scale. The higher the score indicates greater subjective feeling of loneliness.	.85

Change in Participants' Outcomes

Participants' Profile. Referring to Table 3, majority of participants who completed the survey were female, of Chinese ethnicity, not working, received primary and secondary education, and with higher proportion of participants aged between 70 and 79. There was no significant baseline difference in demographic profile and frailty status of the intervention versus comparison group.

Perceptions of having a voice. Contrary to what we hypothesized, there was no significant difference in perceived voice (Figure 3, A) between the comparison and intervention group post 1-year intervention. Overall, perceptions of having a voice decreased over time for both groups, as indicated by the significant effect of time between the baseline and post 1-year voice scores ($p <$ .01). The main effect ($p = .40$) between intervention and comparison group and the interaction effect were not significant ($p = .22$) (Figure 3, A).

Table 3 Demographics of intervention and comparison respondents

| Demographics	Intervention (%) (n=51)	Comparison (%) (n=42)	p-value
Gender (Female)	80	86	.53
Education			.52
Never attended	13.7	23.8	
Primary	31.4	33.3	
Secondary	43.1	33.3	
Tertiary	11.8	9.5	
Age			.49
50-59	7.8	2.4	
60-69	19.6	23.8	
70-79	51.0	42.9	
80 & above	21.6	31.0	
Ethnicity			.17
Chinese	88.2	97.6	
Malay	3.9	2.4	
Indian	7.8	-	
Employment status			.82
Employed	16	14	
Retired/Never worked	84	86	
Physical health: Frailty*			.88
Not frail	22	24	
Pre-frail	47	43	
Frail	31	33	

* Measured using the 5 Item FRAIL scale

Confidence in influencing community issues. Nevertheless, there was a significant difference for confidence in influencing community issues (Figure 3, B) between the comparison and intervention group post 1 -year intervention. The two-way ANOVA yielded a main effect between the intervention and comparison group, $p < .001$, such that the mean scores was significantly higher for intervention group. More importantly, the interaction effect was significant, $p = .03$, indicating that this difference in trend was significant. The main effect for the two time points was not statistically significant, $p=.63$.
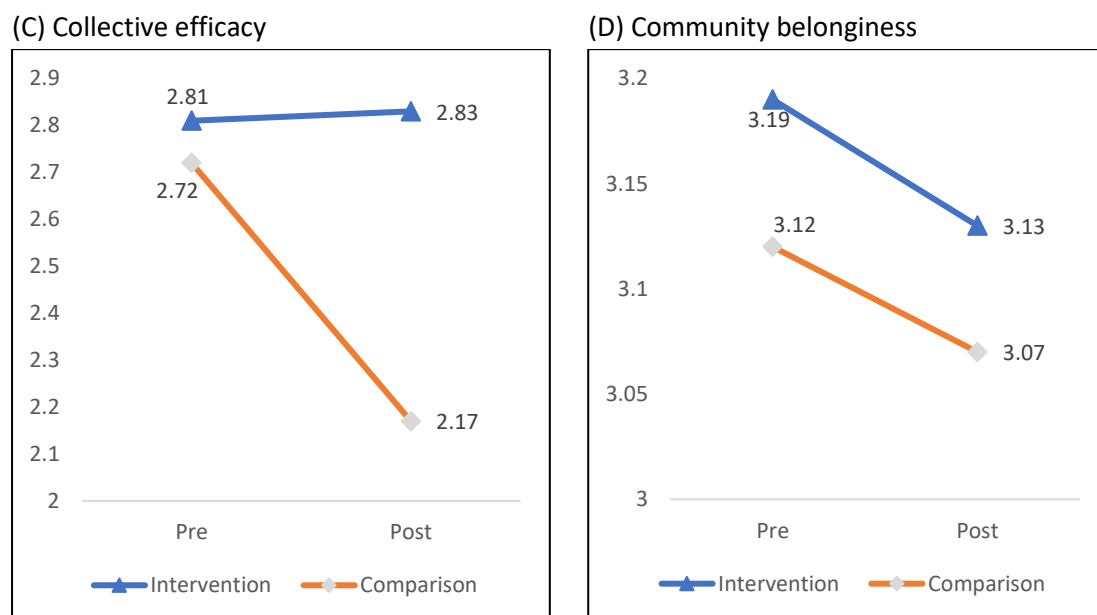
Collective Efficacy. All effects were statistically significant for collective efficacy (C) at $p < .001$. The main effect of time has a greater change in mean scores in the second period (Figure 4, A). The main effect between groups showed that the mean scores of the intervention group is significantly higher than the comparison group. The interaction effect was significant, indicating the difference in trend between the two groups was significant. Collective efficacy increased for the intervention group but decreased for the comparison group between the two time periods.

Community Belonginess. The two-way ANOVA did not show statistical significance for all effects for Community belongingness (Figure 4, D). Visually, community belonginess decreased over time for both groups, but there was no main effect of time and group (p=.41, .23), or interaction effect (p=.94) Therefore, the hypothesis is not supported.

Figure 4 Perceived voice (A) and confidence in influencing community issues (B) interaction effect graphs

(A) Perceived voice

(B) Confidence in influencing community issues
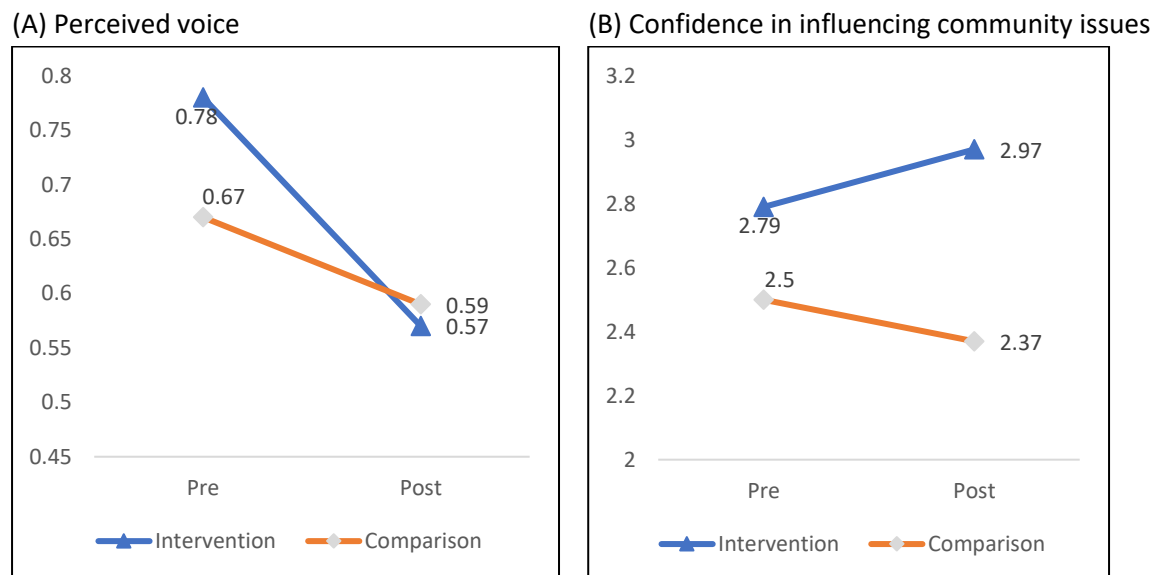
Figure 5 Collective Efficacy (C) and community belongingness (D) interaction effect graphs
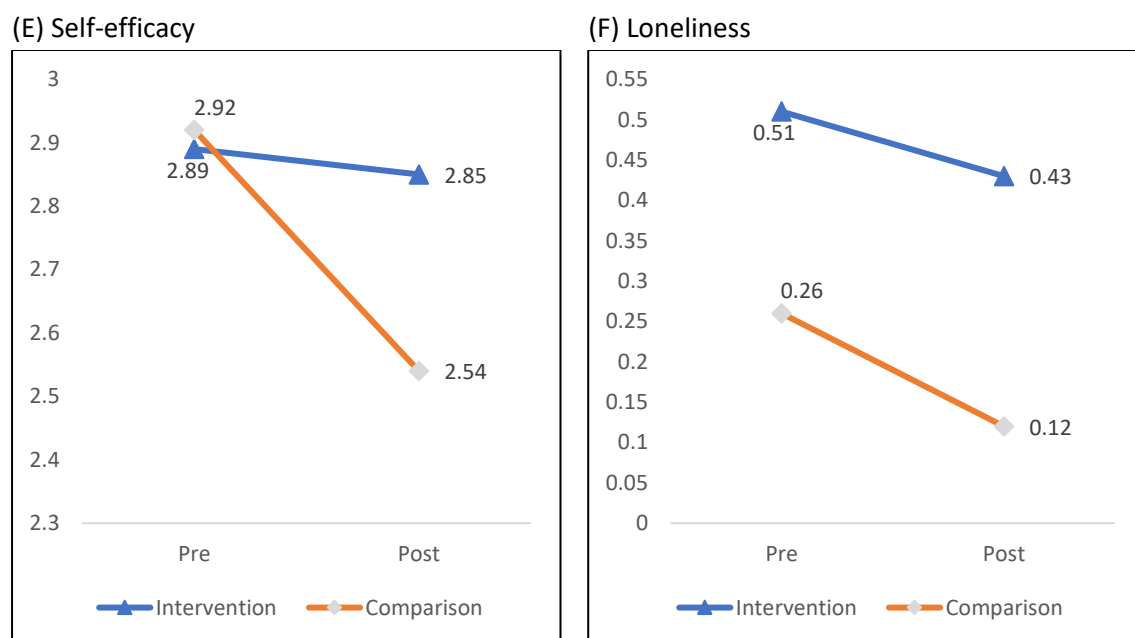

(C) Collective efficacy

(D) Community belonginess

Self-efficacy. Referring to Figure 5 below, all effects were statistically significant for self-efficacy scores (E). The main effect of time, $p < .01$, showed that there was significantly greater change in scores in the second time point (after the intervention). The group main effect, $p = .01$, indicated that the intervention group is significantly higher in their reported self-efficacy compared to the comparison group. The interaction effect, $p = .03$, showed that both the intervention group and comparison have significantly decreased at the second time point but the decrease in scores was much greater for the comparison group.

Loneliness. From the analysis, the main effect of time for loneliness was marginally significant, $p = .06$, indicating that there was a decrease in reported loneliness in the second time point (after intervention). The main effect between groups was statistically significant, $p < .001$, such that the comparison group reported that they felt less lonely compared to the intervention group. There was no statistical significance for the interaction effect.

Figure 6 Self-efficacy (E) and loneliness (F) interaction effect graphs

(E) Self-efficacy

(F) Loneliness

To summarize the quantitative findings, post 1-year, participants reported increased collective efficacy (i.e., belief in group ability to achieve community goals) and confidence in influencing community issues. These outcomes worsened for the comparison group. While self-efficacy decreased for both groups, EMPOWER participants reported a smaller decrease, suggesting a buffering effect of the programme on self-efficacy of participants. There was no significant difference between the two groups over time for the three other outcomes of loneliness, community belongingness, and perceptions of having a voice.

4. Discussion

Both quantitative and qualitative findings of EMPOWER evaluation lend strong support as to how the programme influenced seniors in a wide array of positive ways, particularly in terms of confidence in influencing community issues, collective efficacy, and self-efficacy. The positive impacts of the programme on these outcomes may be attributed to how the EMPOWER programme strengthened their capacity to voice their ideas, explore solutions to the challenges they experienced, and participate in broader community-wide conversations to understand stakeholders and other community members' perspective on their cause and solutions, and to participate in the implementation of the solutions. It is likely that the commitment of the program team to working closely with senior to co-design solutions has positively influenced their belief together as a group, strengthening their confidence and self-efficacy.

These findings are worth highlighting given how implementation of programme was adversely affected by COVID-19 pandemic, where restrictions on social movement and community participation likely impacted seniors' community networks, their voice and ability of seniors to do activities, and related sense of self-efficacy. However, it is noteworthy that self-efficacy of the intervention group has dropped lesser compared to the comparison group, indicating a buffering effect of the program on self-efficacy of participants.

A key finding from the qualitative evaluation of EMPOWER with the ComSA advocates that voice is a key ingredient of the empowerment process. The lessons of the CCA on the different features of voice, listening, participation, and dialogue resulted in ComSA advocates reflecting these lessons in their understanding of and use of voice in community-led problem solving. Participants demonstrate a complex understanding of the intertwined relationship among voice, dialogue and listening, reflecting the pedagogy of the CCA that shaped the structure of the workshops. They demonstrate having learned through the programme the listening skills that strengthen their capacity to dialogue with different opinions and worldviews.

However, we see from the quantitative survey that the there is no significant difference between the two groups over time in terms of perceptions of having a voice, which contrasted from the qualitative findings. This may be because the qualitative findings focused on a subset of participants in the survey - particularly only the community advocates (n=16) who had undergone voice training from the campfire gatherings. There were participants within the larger intervention group survey (n=51) who only attended a few sessions of the community design thinking workshops. The nature of the issue to be addressed may have also affected perceptions of having a voice. For more structural issues, such as installing lifts at the overhead bridge in Whampoa, this was difficult and rejected by the Land Transport Authority due to cost reasons. Without undergoing voice training and further conversations with other stakeholders to come up with alternatives solutions to the issue, there may not be a significant impact on these participants' perceptions of having a voice.

Limitations and Challenges

There are several limitations in our evaluation which should be acknowledged. Firstly, the small sample size of intervention participants as well as final number of advocates whom we interviewed. The former may have resulted in the lack of power to reach statistical significance in the quantitative

analysis. There may also be possibility of selection bias, as we did not randomize the intervention and comparison group due to the focus on empowerment in the programme. There may be other factors not measured in the quantitative survey that could have resulted in the group differences in outcomes. While we know from the programme team that EMPOWER participants' partners had passed away during the pandemic, family relations or experience of bereavement was not measured in the survey. hence could not be controlled for in the analysis to account for these group differences.

There were also multiple challenges that the EMPOWER programme experienced, both from working with participants as well as stakeholders of the program, which included:

- *Building capacity and agency of group*. Boosting the confidence of our senior participants was a challenge as close to half of participants received no to only primary education and often lacked confidence to voice their opinions or step out. Hence, strengthening the group's agency and capability to organize activities and self-govern, essentially the empowering processes was tricky. In addition, group conflict was present in many of the sessions as there were dominant individuals, and further impeded by the pandemic period. A key turning point was when we offered personal development and digital training to senior participants and trained our volunteers in managing group dynamics. Over time, senior participants were more open to giving and receiving ideas and accepting differences in opinions.

- *Connecting the dots and promoting mutual understanding*. Another challenge was having participants deciding issues they want to address together and there after defining priority areas or feasibility of solutions based on our knowledge of stakeholders' perspectives. The more dominant participants may not always have the best solutions, and more was needed to bring out the voices of quieter participants. There was also disconnect between stakeholders, e.g., government agencies and bringing different partners together. There were several instances where stakeholders were not engaging senior sufficiently nor empowering them and showed only perfunctory responses to their presentation and requests. Overall, we experienced considerable difficulties in outreach to both government agencies and seniors during the pandemic period.

- *Structural constraints*. We had issues with space for organisation of events and meetings. The community centre had closed the use of their premises during the pandemic period, and. Alternative, more expensive venues had to be sourced to conduct events and planning meetings. There were issues that seniors wanted to address but had lesser influence over the outcome. For instance, requests to improve on built environment (e.g., the overhead bridge) or amend transport routes (e.g., to TTSH) were all rejected. Therefore, there is need for more community platforms for seniors to organize and have a voice.

- *Measuring empowerment-related outcomes.* For the quantitative evaluation, it was not easy to obtain validated and suitable measurement tools that could accurately capture community level outcomes targeted in EMPOWER (e.g. collective self-efficacy). Over the course of the programme, the team has approached empowerment as a means to promoting resilience among older adults, but the resources poured into the community was beyond the individual outcomes. More research is required to develop suitable measurement tools to holistically assess community resilience and community capacities from empowerment programmes.

While this evaluation draws from two sources of data, interviews with the COMSA advocates and survey carried out with advocates and wider attendees of the community design workshops, it does not capture key stakeholders' perspective of the programme.

5. Conclusion: Programming and Research implications

Despite these limitations and challenges, it should be noted that EMPOWER programme played a key role in building connections and strengthening community ties for the participants. The different aspects of the programme such as conducting in-depth interviews, conducting community workshops, interacting with key stakeholders were vital to strengthening the participatory capacity of the seniors, and in equipping them to work collectively on addressing challenges.

Reflecting on the team's challenges and limitations, we list a few recommendations below on how funders and government agencies can better help social service agencies in Singapore do empowerment related work with seniors.

- **Group formation and bonding**
  - o Allow participants to choose their groupings: and continue discussion with the similar groupings to improve group dynamics over time
  - o Train staff running empowerment activities in group facilitation skills
  - o Overcoming language constraints
    - ▪ Provide translation of key languages in all community activities
    - ▪ Safety in numbers: place participants into groups where they can communicate and express themselves.
    - ▪ Organize bonding activities outside of program so participants can better communicate
- **Navigating structural constraints**
  - o Explore Creative, bottom-up solutions that can be initiated by seniors in partnership with community partners to overcome more structural issues faced, and maintain collective self-efficacy and collective optimism of the group
  - o Share empowerment principles with wider group of partners- not just SSAs, but grassroots partners, government agencies who address issues related to seniors (Agency of Integrated Care, People's Association etc.).

This is likely one of the few quasi-experimental evaluations of empowerment related programmes for seniors in Singapore. The use of mixed methods allowed us to triangulate the findings in different angles, both to assess outcomes as well as explain these outcomes through inspecting qualitative experiences of changes. Future research ought to look at creating infrastructures for education in the CCA (dialogue, voice, listening, and participation) for the wider community group of participants, also exploring ways in which ComSA advocates as peer educators can carry out the training.

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PROMOTING RESILIENCE IN AGEING COMMUNITIES

A practice checklist and reflection guide

Developed by

Tsao Foundation
Longevity is Opportunity

ILC Singapore
International Longevity Centre
A Tsao Foundation Initiative

in collaboration with

COSE

Why Resilience?

- With population ageing and the increasing occurrences and variety of stressors we face today, the need to build resilience, both for older persons and the wider community members at the community level, is ever more pressing.

- We define **resilient communities** as communities that are **risk-centric** and able to **cope, adapt, or transform risks** they face by **developing and effectively using** their **capacities or 'assets'**.

- With a focus on **place-based** ageing communities, our aim is to address risks that older persons face so that they can be resilient, flourish and give back to the communities they live in.

- Building a resilient community with older adults as focus benefits the wider community.

Who would use this checklist?

| Staff from community organization/non-profit working with older persons | Local government & staff serving ageing communities | Resident/older resident working with community organizations | **+** | Interested in Managing risk and promoting resilience against risks | Community development and capacity-building of older persons |

How can you use the checklist to do better?

Review community capacity	Reflect on program practices	Join our community of practice
Prioritize issues you want to target for older persons in your community	**Understand** good practices for capacity building so your community can better address this issue	**Learn** from other programs which have implemented some of these good practices
Identify desired domains of community capacity as areas for development to address the issue(s)	**Review** what you have implemented against the good practices recommended	**Explore** collaborations and resource sharing to implement good practices of interest for collective impact
	Reflect on what you can do to adopt these good practices	

Your Name: ....

Name of Program to be reviewed in this checklist: ....

Name of community: ....

Your role in the community: ....

Section A | **Mapping Risks in Your Community**

The purpose of this section is for you to think through the risk that you wish to address in your program, its impact on older persons and your goals in addressing the risk.

1) What issue do you wish to address for older persons in your program? (Please prioritize and do not select more than 2)

Please tick √ issue	Briefly explain why your program addresses this
Environmental ○ Public hazards/disasters ○ Difficulty moving around their living environment and/or using community facilities (e.g., bridges, toilets etc.) ○ Access to natural resources (e.g., fishing grounds, forest lands) ○ Others:	
Psychosocial ○ Mental health and social isolation ○ Issues with family members (e.g., neglect, conflicts, abandonment) ○ Discrimination or/and abuse (Based on age, gender, ethnicity etc.) ○ Others:	
Socio-economic ○ Livelihood and financial insecurity ○ Work-place age discrimination ○ Redevelopment leading to community disruption and displacement (e.g., demolishment of heritage buildings) ○ Others:	
Physical ○ Frailty and high risk of falling ○ Onset of chronic diseases ○ Others:	

2) Which group of older persons **are most affected** by the issues (s) and why?

....

....

3) What are your **key goals** in addressing the issue (s)?

....

....
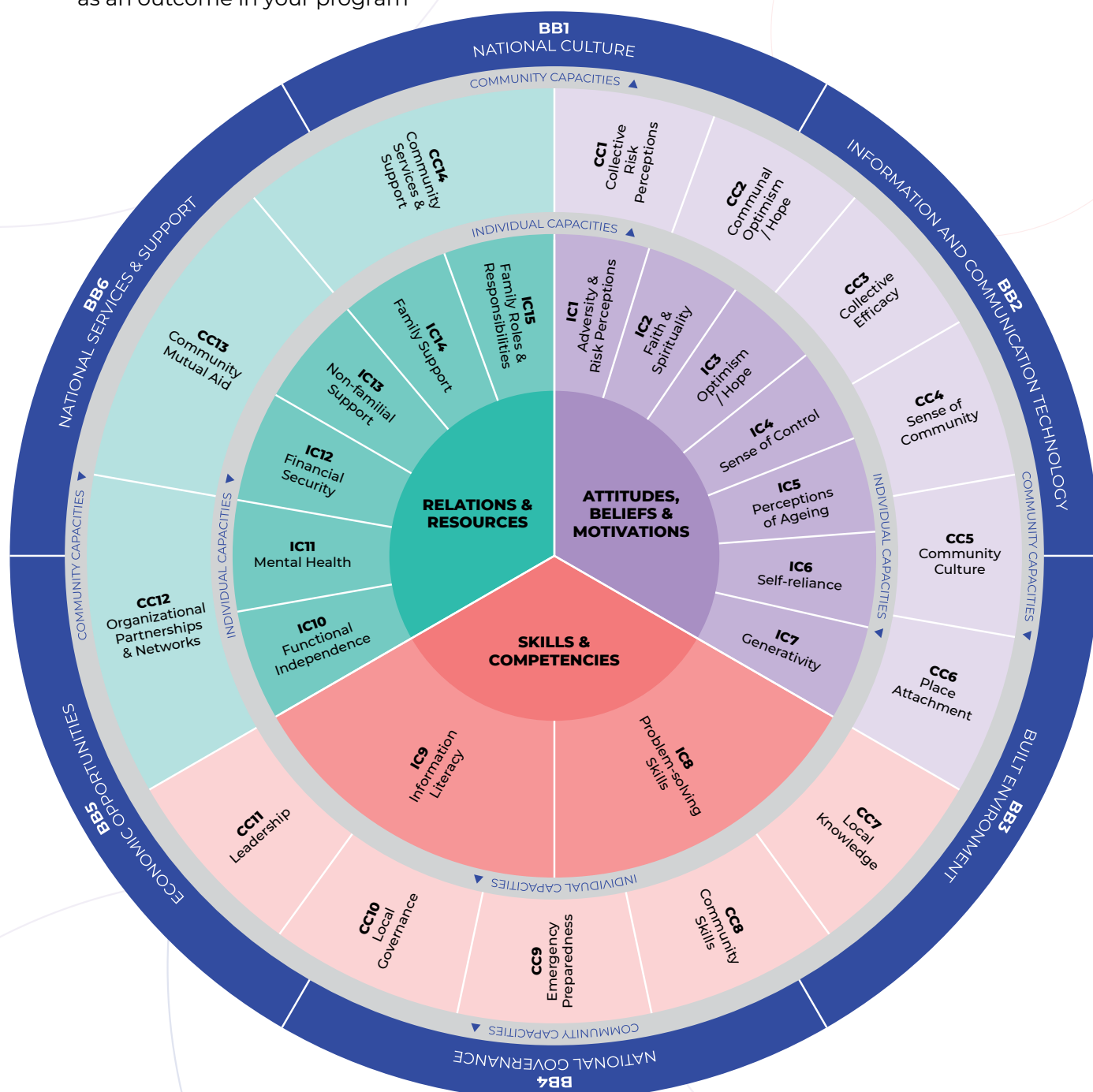
Reviewing your community capacity

◉ **Our research** has shown that there are a total of 35 assets or capacities that communities can use to cope, adapt, and transform risks they face.

◉ These capacities exist at the individual, community, and macro level.
  - Individual capacities (IC1–IC15) here focus on resources that individuals possess at older ages that can help them to age well.
  - Community capacities (CC1–CC14) are resources that a community has that its members can tap into as a whole to address risks they face.
  - Macro capacities (BB1–BB6) are resources that are offered by national government or international bodies that help communities build resilience.

◉ Each domain of community capacity is defined in the following table, and can be measured as an outcome in your program

Look at the following community capacities (CC1 to CC14) and determine which you wish to improve for your program or community. For each of the capacity, there are corresponding good practices recommended for you to adopt in Section C.

			Tick √	Good practice/s recommended for you to adopt
Community Attitudes & Motivation	**CC1**	Wider community members' awareness and perceived importance of the risk (not just your program)	○	1.1,1.2
	CC2	Community's collective optimism about their future in light of risk	○	
	CC3	Community members' confidence in their ability to solve the risk together	○	
	CC4	Connectedness and solidarity across community members of different ages and ethnicities	○	1.3, 1.4
	CC5	Common set of beliefs, values, norms, or practices that community members possess that can be used to address the risk	○	
	CC6	Community members' emotional attachment to place/s	○	1.3
Community skills & competencies	**CC7**	Community members' knowledge to assess and manage risk, particularly among older persons	○	2.1, 2.4
	CC8	Community members' general skills in problem solving, decision-making, accessing resources, and negotiating with relevant stakeholders	○	2.2
	CC9	Plans and protocols to assess and manage the impact of the risk	○	2.1, 2.4
	CC10	Equitable and effective distribution of resources by local government in relation to risk	○	2.5
	CC11	Presence of formal or informal community leaders in providing strategic vision and facilitating action plans	○	2.5, 2.6
Community Resources & relations	**CC12**	Partnerships/networks between civil society organizations, businesses, and government agencies to collectively address risk	○	3.1,3.2
	CC13	Support groups among community members to help each other and exchange resources	○	3.3
	CC14	Accessible and available health and social services that empower and enable older persons deal with the impact of the risk	○	3.4,3.3,3.5

**Reflect on your
Program Practices**

Next, please review what you have implemented in your program or
community against the list of good practices below.

1. Tick the practices that you have already implemented

2. Select the good practices recommended in Section B that you would like
to adopt. i.e., as indicated in numeric-code on the rightmost column

3. It is not necessary for your program to adopt all practices, so select
only those that complement your practices.

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1 **Influencing Community Attitudes, Beliefs and Motivation (CC1-CC6)**

1.1	**Shape cultural values and beliefs for community cohesion**	**If Implemented, describe briefly**
1.1.1.	Identify or develop core values and beliefs that represent the community ◯ Recommended to adopt ◯ Have implemented	
1.1.2.	Modify or create cultural practices to embed shared values and beliefs ◯ Recommended to adopt ◯ Have implemented	
1.1.3.	Help community members share and express their values and aspirations ◯ Recommended to adopt ◯ Have implemented	

1.2	**Use stories or narratives to communicate risk and inspire action***	**If Implemented, describe briefly**
1.2.1.	Evoke empathy by sharing lived experiences ◯ Recommended to adopt ◯ Have implemented	
1.2.2.	Use of communication platforms to frame the issue and engage stakeholders to manage risk ◯ Recommended to adopt ◯ Have implemented	
1.2.3.	Reaffirm/uplift the community through stories of overcoming hardship and difficulties ◯ Recommended to adopt ◯ Have implemented	

1.3	**Preserve and make meaning of shared memories as a community**	**If Implemented, describe briefly**
1.3.1	Preserve memories through art works, spaces, and performances ◯ Recommended to adopt ◯ Have implemented	
1.3.2	Help community members find and narrate common threads/themes behind shared memories ◯ Recommended to adopt ◯ Have implemented	
1.3.3	Engage younger generations to learn and reflect on their history and heritage ◯ Recommended to adopt ◯ Have implemented	

1.4	**Offer older persons more voice and social influence #**	**If Implemented, describe briefly**
1.4.1.	Promote intergenerational bonding through activities or storytelling ◯ Recommended to adopt ◯ Have implemented	

1.4.2.	Invite older persons to share their experiences and wisdom in public spaces or events ◯ Recommended to adopt ◯ Have implemented	
1.4.3.	Enable older persons to communicate in their language of choice ◯ Recommended to adopt ◯ Have implemented	
1.4.4.	Provide older persons with opportunities to represent themselves in the media and policy-making space ◯ Recommended to adopt ◯ Have implemented	

❷ Building Community Skills and Competencies (CC7-CC11)

2.1	**Integrate local and professional knowledge for risk management***	**If Implemented, describe briefly**
2.1.1.	Provide platform to highlight local knowledge alongside expert knowledge ◯ Recommended to adopt ◯ Have implemented	
2.1.2.	Collaborate with professionals (e.g., academics, engineers, etc.) to gain and share technical knowledge for risk management ◯ Recommended to adopt ◯ Have implemented	
2.1.3.	Facilitate learning exchange with other communities to learn from their best practices ◯ Recommended to adopt ◯ Have implemented	
2.1.4.	Support community members to document local knowledge and experiences for risk management ◯ Recommended to adopt ◯ Have implemented	
2.2	**Equip older persons with knowledge and skills to access resources for their needs #**	**If Implemented, describe briefly**
2.2.1.	Introduce livelihood opportunities and competency training for older persons (e.g., fund raising, proposal development) ◯ Recommended to adopt ◯ Have implemented	
2.2.2.	Increase general digital literacy/information literacy of older persons ◯ Recommended to adopt ◯ Have implemented	
2.2.3.	Coach older persons to inquire, understand, and prioritize issues pertinent to them ◯ Recommended to adopt ◯ Have implemented	
2.2.4.	Teach older persons to assess risk faced from personal, environmental, technological and community changes ◯ Recommended to adopt ◯ Have implemented	
2.3	**Build a local pool of care helpers in the community #**	**If Implemented, describe briefly**
2.3.1.	Provide informal caregivers with assistance to receive training ◯ Recommended to adopt ◯ Have implemented	
2.3.2.	Develop a pool of community-based care volunteers ◯ Recommended to adopt ◯ Have implemented	
2.3.3.	Set up channels to recruit former or retired professional caregivers to older persons and/or their family members ◯ Recommended to adopt ◯ Have implemented	

2.4	**Proactively involve community members to manage risk on a regular basis***	**If Implemented, describe briefly**
2.4.1.	Embed risk management training in schools or public educational institutions ◯ Recommended to adopt ◯ Have implemented	
2.4.2.	Engage community members in day-to-day data collection to monitor and manage risk ◯ Recommended to adopt ◯ Have implemented	
2.4.3.	Conduct geospatial risk mapping at the household/block level ◯ Recommended to adopt ◯ Have implemented	
2.5	**Promote transparency and accountability at the local governance level**	**If Implemented, describe briefly**
2.5.1.	Invite community to present and prioritize problems to solve as part of community planning ◯ Recommended to adopt ◯ Have implemented	
2.5.2.	Encourage transparency and accountability in resource sharing and allocation ◯ Recommended to adopt ◯ Have implemented	
2.5.3.	Establish community-based watchdog groups and auditing committees ◯ Recommended to adopt ◯ Have implemented	
2.6	**Develop and motivate community leaders to achieve community goals**	**If Implemented, describe briefly**
2.6.1.	Recognise and award community leaders for their contributions ◯ Recommended to adopt ◯ Have implemented	
2.6.2.	Mentoring community leaders to build their capacity ◯ Recommended to adopt ◯ Have implemented	
2.6.3.	Equipping community leaders with skills and knowledge to navigate bureaucratic systems ◯ Recommended to adopt ◯ Have implemented	

③ Developing Community Resources and Relations (CC12-CC14)

3.1	**Strengthen partnership across private, public, and social sectors to build community wealth**	**If Implemented, describe briefly**
3.1.1.	Collaborate with institutions (e.g., hospitals, universities), businesses, and cooperatives in the community to invest and support locals ◯ Recommended to adopt ◯ Have implemented	
3.1.2.	Form networks of philanthropy ◯ Recommended to adopt ◯ Have implemented	
3.1.3.	Set up structures to manage community funds ◯ Recommended to adopt ◯ Have implemented	
3.1.4.	Facilitate formation of social enterprises and cooperatives ◯ Recommended to adopt ◯ Have implemented	

3.2	Ensure sustainability of community programs through local ownership	If Implemented, describe briefly
3.2.1.	Commit local government and/or private entities to fund successful programs for continuity ◯ Recommended to adopt ◯ Have implemented	
3.2.2.	Work with stakeholders in the community to develop the program ◯ Recommended to adopt ◯ Have implemented	
3.2.3.	Appoint trusted community figures to endorse programs ◯ Recommended to adopt ◯ Have implemented	
3.2.4.	Foster participatory approaches in managing the program ◯ Recommended to adopt ◯ Have implemented	
3.3	Catalyse community networks and platforms for mutual aid	If Implemented, describe briefly
3.3.1.	Form and manage volunteer networks to pool and share resources ◯ Recommended to adopt ◯ Have implemented	
3.3.2.	Create public platforms to match resources to local needs ◯ Recommended to adopt ◯ Have implemented	
3.3.3.	Provide spaces for community participation, organization, and cooperation ◯ Recommended to adopt ◯ Have implemented	
3.4	Promote personalized care for older persons #	If Implemented, describe briefly
3.4.1.	Encourage shared decision-making of older persons in care planning ◯ Recommended to adopt ◯ Have implemented	
3.4.2.	Integrate delivery of health and social services ◯ Recommended to adopt ◯ Have implemented	
3.4.3.	Support older persons to self-manage their health and chronic conditions ◯ Recommended to adopt ◯ Have implemented	
3.5	Empower older persons by offering them resources and opportunities for decision-making	If Implemented, describe briefly
3.5.1.	Form older persons' associations to represent their interests ◯ Recommended to adopt ◯ Have implemented	
3.5.2.	Provide funds for older persons to organize their activities or businesses ◯ Recommended to adopt ◯ Have implemented	
3.5.3.	Co-design services and programs with older persons ◯ Recommended to adopt ◯ Have implemented	
3.5.4.	Involve older persons in resource mobilization and project management ◯ Recommended to adopt ◯ Have implemented	

Your Action Plan

Lastly, review the corresponding domains of community capacity you would like to improve in section B, alongside the good practices that have been implemented in section C. You can share these findings with your team, to discuss which of these good practices may be most relevant and important to adopt in your program.

For details on each good practice and case studies, please refer to our website.

Summary

1

Influencing Community Attitudes, Beliefs and Motivation

Section B: Number and name of domains of community capacity to target

....

Section C: Write down good practices recommended to be adopted

....

Write down good practices that has been implemented

....

Action Plan

....

2

Building Community Skills and Competencies

Section B: Number and name of domains of community capacity to target

....

Section C: Write down good practices recommended to be adopted

....

Write down good practices that has been implemented

....

Action Plan

....

3

Developing Community Resources and Relations

Section B: Number and name of domains of community capacity to target

....

Section C: Write down good practices recommended to be adopted

....

Write down good practices that has been implemented

....

Action Plan

....

A Friendly Note to our Users

Thank you for using this checklist and reflection guide. We hope that it has helped you in some way with reviewing and planning your program to build resilience of older persons in your community.

You can learn more about each good practice, and case studies on our **website** by scanning the QR code.

Please note that this document is meant to be a guide and is not prescriptive. We have offered **frameworks**, **measurement domains**, and **case studies** of existing practices and resources to help you kick start your journey to improve your program. As stressed above, resilience varies from context to context, and your contextualization is needed for this checklist to gel with your program aims.

Lastly, diversity and collective action is strength. We need your application, stories, expertise, and perspective to enhance this list of good practices so to co-create knowledge as a community. If you wish to embark on this journey with us to create version 2 of this checklist, or would like to give comments, please contact us at **ilc-dept@tsaofoundation.org** and also join our events and community of practice.

Acknowledgements

A longitudinal cohort and in-depth interview study on Whampoa/Boon Keng older adults' wellbeing, vaccination perceptions, pandemic fatigue and coping throughout the COVID-19 pandemic

Since the inception of the COVID-19 pandemic, there were concerns of older adults physical and mental health and wellbeing. In Singapore, the health authority and taskforce have been highly successful and flexible in managing pandemic measures to ensure the safety of residents and maintaining low COVID-19 mortality. Older adults, however, have been disproportionately affected by COVID-19, in part due to lockdown measures as well as societal shifts towards digitalization. Both of which intensified isolation. At ILC-Singapore, we conducted a series of research studies from April 2020 to November 2021 to examine the impact of COVID-19 on Whampoa older adults. We conducted frequent check ins with older participants to keep track of their wellbeing and developed programs (e.g., digital training) when possible to help older adults cope with sudden changes brought about by the pandemic. A total of four points of contact and data collection were made with older participants that were in line with several key periods in the pandemic progression. Fig. 1 shows the timeline and the different research data collection on different factors affecting older adults during the pandemic period.

Fig. 1: Singapore's COVID-19 epidemiological and ILC-S data collection timeline
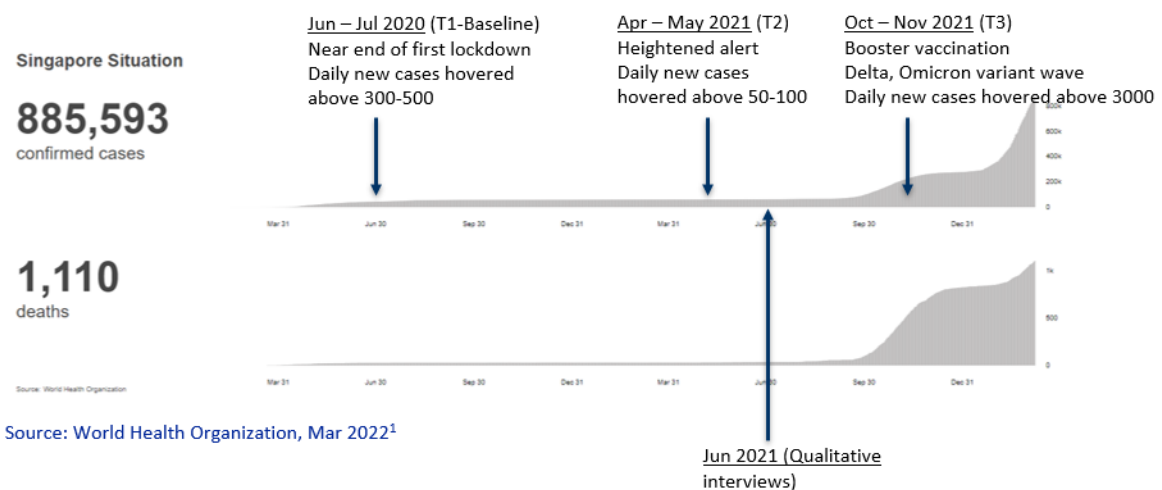
The initial aim of the survey was to understand the impact of the pandemic on older adults, to examine how it has affected them in accessing necessities, financially, disruption and communication with others. But COVID-19 has shown to be very volatile and there were constant changes in its evolution which influenced pandemic measures. The research team then introduced new measures collected at progressive phases to better reflect on-the-ground situation. Subsequent questionnaires included older adults' perception of vaccination, pandemic fatigue, etc. Measures that were in the three rounds of quantitative data are reflected in Figure 2.

Fig. 2. Measures used

We adopted a longitudinal study in which we monitored a cohort of residents in Whampoa/Boon Keng who are current participants or participated in Tsao Foundation ComSA's programs. Qualitative interviews with 17 older adults were further conducted in June 2021 to obtain in-depth themes of their coping and adapting strategies. Interviews were conducted over zoom and in interviewees' preferred language. Audio recordings were transcribed and translated into English for analysis.

For the longitudinal study, participants were convenience sampled from our participant database. The surveys were administered via phone calls and was conducted in either English or Chinese according to participants' language preferences. The surveys were conducted by our core staff team and interns who were with the department during the pandemic period. The sampling criteria is that participants must be at least aged 55 and living in Whampoa or Boon Keng. The breakdown of demographic information of respondents are reflected in Figure 3.1 to 3.6 below.

Fig.3.1-3.6 Participants' demographical profiles (T2 and T3)
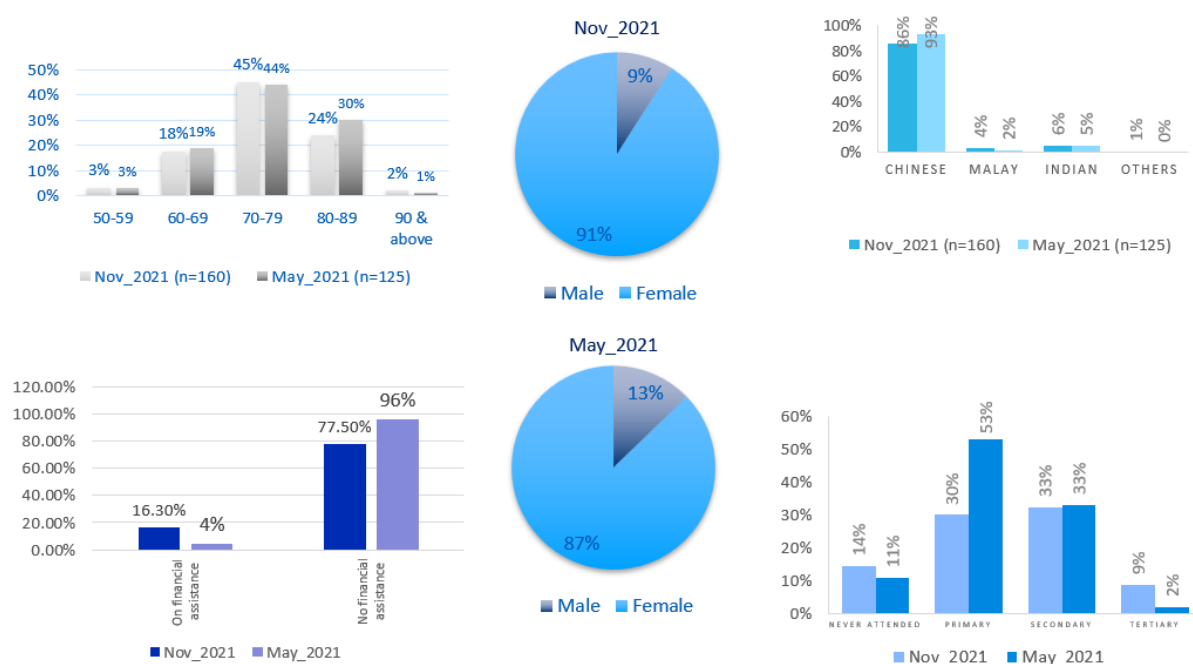
What did Whampoa/Boon Keng older adults experience during the pandemic?

As the COVID-19 pandemic evolved and with greater reported incidence over time, older adults reported increased worry compared to the initial phases (Figure 3). In T2, none of the respondents tested positive for COVID-19 but by November 2021, 4.4% contracted the virus. There were increased reports of older adults' family and friends catching the virus. Furthermore, mortality reports and ICU admissions due to COVID-19 were higher among older adults aged 70 and above. Some who were interviewed shared that they developed a fear of going and fear of being isolated when hospitalisation. All of which may have influenced participants feeling worried about contracting the virus.

With a steep increase in cases between May and November 2021, more pandemic measures were put in place, which further disrupted older adults' daily routine. From the qualitative interviews, older adults lament that the loss of the ability to interact face to face with their family and friends and reduced participation in community activities that disrupted their routine have impacted them most. Older adults did feel isolated and lonely throughout the pandemic.

Hence, we examined older adults' technology and digital ownership, usage, and communication. At T1, technology and digital access were fairly high among older adults aged 55 to 60, with 70% to 89% having at least a smartphone/computer and internet access at home. However, access and ownership dropped for older adults aged 70 and above, with 46% to 54% owning a smartphone with active mobile plan, but only 14% own a computer and have access to the internet at home. Usage of social network services was low among older adults, in which 15% would use SNS such as Facebook and zoom. However, 60.9% reported using WhatsApp frequently, a messaging app that facilitates text communication between users. As older adults lagged in digital adoption, in January 2021 we worked with IMDA and National Youth Council to setup digital intergenerational training sessions.

At T3, older adults aged 50 to 69 reported high ownership of smartphone and internet accessibility. However, there was an increased to 50.5% ownership of smartphones and internet accesses for older adults aged 70 to 79 but remains low for those aged 80 and above (33%). Increased in technology and digital ownership and access did not necessarily translate to usage. A larger proportion of surveyed older adults (60.7%) reported that they are uncomfortable using technologies such as zoom to stay connected with others. Of which, 82.6% of respondents stated that the unavailability of help at home impede their usage as there is no one they can rely on to resolve technical issues.

Older adults received most of their information from print media, local televised news, and online. From the interviews, there is a growing group of older adults who looked to the internet for COVID-19 related information. They were most concerned with certain concerns regarding local and government news reporting were raised as well, including the lack of timely information at times, a seemingly strong bias in favour of vaccines, the lack of adequate education on vaccines and consequences for non-adherence to measures for seniors, and too much coverage placed on seniors and not the younger age groups. Many respondents (48%) were confused with the communicated pandemic measures and protocols as there were frequent changes in the messaging.

The general attitude towards vaccination was positive with majority of respondents. At T2, 86% of respondents have been vaccinated but by T3, 100% were vaccinated. 73% of respondents felt safe after vaccination but interestingly, 21% are not sure whether vaccination will keep them safe. Confidence in the Singapore government and health system were two highlighted reasons for the high vaccination rates among surveyed older adults. Despite apprehension of the COVID vaccines, from the interviews, seniors cited their belief in the Singapore Government and the measures they took were for the greater good and best interest for everyone in Singapore. This confirms the quantitative findings in which older adults were compliant with vaccination even when they were not sure of its long-term side effects. However, there were a small proportion of survey older adults (4%) who indicated that they would reject the booster vaccination. Qualitative responses showed that they believed the first two vaccination to be sufficient and it is too potent and troublesome to take the third booster. They were afraid of the side effects from vaccinations as side effects from the first two shots were severe.

Pandemic fatigue has set in among surveyed older adults, with 30% reported that the were "*tired of restricting liberty to avoid the spread of COVID-19*", "*exhausted from trying to keep up with constantly changing recommendations around COVID-19*", and "*bothered with having to adhere to behavioural guidelines on COVID-19 prevention*". Pandemic fatigue is a state of exhaustion that can lead to negative emotional state. From our study, we found that feeling fatigue from the pandemic is positively related to depression and negatively related to attitudes towards vaccination. Respondents also reported lower perceived physical health.

While the quantitative outcomes showed some aspects of the negative impact on older adults, qualitative outputs showed older adults coping and adapting strategies and resilience. Interviewees adapted to pandemic measures by learning WhatsApp video calls or zoom to connect with family and friends or picked up new hobbies or watched videos and dramas to pass time and cope with loneliness. Factors that led to older adults' coping and resilience were their desire to be self-sufficient and not burden their families and their positive outlook towards life. Instead of focusing on the negative aspect of the pandemic, they decidedly focus on being contended and satisfied with life and taking each day as they come and showing small acts of kindness where possible to neighbours while adhering to pandemic measures as coping strategies.

The pandemic has undoubtedly brought about disruption and increased worry and fear among older adults in Whampoa/Boon Keng. The accelerated shift towards digitalisation has isolated older adults and contributed to their loneliness. Older adults who participated in our digital intergenerational training have improved their digital literacy and willingness to adopt online communication. For a large proportion of older adults who remain uncomfortable with technology use, providing technical help in the family or through community support is necessary for older adults' tech adoption. Vaccination adoption is high among surveyed older adults. Though apprehensive of the efficacy and safety of vaccination, they adopted it because of trust in the Singapore government and believing that their actions would be for the best interest of the nation. Older adults desire more information of the vaccines. Last, pandemic fatigue has set in among a third of surveyed older adults and it is associated with depression, lower perceived health, and more negative attitude towards vaccination. The overall impact of COVID-19 may not have been positive for older adults, but they have risen up in resilience by devising coping mechanism that helped them refocus on the positives.