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# PROFILES AND WELL-BEING OF OLDER ADULT CAREGIVERS IN SINGAPORE

# Profiles and well-being of older adult caregivers in Singapore

## SUMMARY OF KEY FINDINGS AND RECOMMENDATIONS

### *Key Findings*

1. **Demographics of Caregivers.** Approximately 1 in 7 older adults identified as caregivers. Of those who identified as caregivers, 57.25% were women, and 45.24% of caregivers were engaged in full-time employment, balancing work with their caregiving responsibilities.

2. **Care Recipients and Caregiving Responsibilities.** Most caregivers (76.65%) cared for a single recipient and 54.09% of them were 80 years old or above. 66.09% of care recipients had age related limitations such as mobility and frailty. Caregiving responsibilities were primarily administrative in nature, with 59.23% of caregivers managing finances for their recipients and 44.07% arranging for external care services. Nearly half of caregivers (44.63%) provided daily care, and 39.45% lived with their care recipients, which may intensify their caregiving roles.

3. **Impact on Physical Well-being.** We found that 33.99% of caregivers reported having two or more chronic conditions, and 32.70% rated their health as poor or fair. Caregivers often neglect their own health while prioritising the needs of those they care for, worsening pre-existing conditions.

4. **Respite Care Awareness and Utilization**. Only 50.09% of caregivers were aware of these resources, but 82.83% of those who were aware had never used respite care services. This may stem from a lack of awareness, difficulties in accessing such services, or social stigma.

### *Policy Implications*

1. **Enhancing Financial and Workplace Support.** There is a need to introduce caregiver financial literacy programs to help them better manage caregiving expenses. Employers should implement caregiver-friendly workplace policies, such as flexible work arrangements and caregiving leave, to support employees who also serve as caregivers. Additionally, targeted financial assistance should be provided for low-income caregivers to alleviate financial hardship and ensure they can sustain quality care for their recipients.

2. **Increasing Awareness and Accessibility of Respite Care.** Efforts should be made to expand outreach programs that educate caregivers on the availability of support services. The process of caregiving support systems and subsidies should be simplified to increase accessibility. Furthermore, community-based respite care options should be developed to address the specific needs of caregivers.

3. **Strengthening Health and Well-being Support.** Integrating caregiver health screenings into national health programs such as Healthier SG can help caregivers receive necessary support. Caregivers should be encouraged to participate in self-care and mental well-being programs to mitigate stress and caregiver burnout.

## INTRODUCTION

In Singapore, the government espouses a “many helping hands” philosophy towards caregiving, where care for older adults is borne by three pillars: the family, the community, and the state (Mehta & Vasoo, 2000). Of these, the family is regarded as the “first line of support”, rendering family caregivers essential to the care of older adults (Ng et al., 2016). Many of these caregivers are themselves older adults, where the average age of caregivers was found to be 62 years (Tan, 2023). As Singapore’s population continues to age, alongside demographic trends of extended longevity and a shrinking population, many more will have to take on the role of a caregiver (OECD & World Health Organization, 2022). Thus, understanding the evolving needs of caregivers becomes increasingly important for shaping future support systems.

Caregivers face significant physical and financial challenges that can impact their overall well-being (Z. Liu et al., 2020). This stress is compounded by the demands of caregiving duties, such as looking after several care recipients, or providing care to recipients that require 24-hour supervision, which can be detrimental to their physical health (National Council of Social Service, 2022). The demand of caregiving also often limits a caregiver’s ability to engage in social activities, which can negatively affect their physical well-being (Hajek et al., 2021; Li et al., 2020). This also affects their ability to participate in paid employment, which may add to their financial strain (Elangovan, 2019; Y. Liu et al., 2024; Reinhard & Feinberg, 2020). This is the case for those of lower socioeconomic (SES) households, as they struggle to sustain adequate care (Y. Liu et al., 2024). Additionally, caregivers themselves often neglect self-care (Tan, 2020), and may experience poorer health outcomes as a result of caregiving (Reinhard & Feinberg, 2020; Schulz et al., 1995; Schulz & Beach, 1999). Evidently, the strain and burden that caregiver’s shoulder is multifaceted, and more can be done to provide support for them.

Currently, Singapore has a range of support structures available to assist caregivers, though they remain limited in addressing the specific needs of older caregivers. Government initiatives, such as the Caregivers Training Grant (CTG), provides annual subsidies for courses that equip caregivers with essential skills for caring for seniors or persons with disabilities (Agency for Integrated Care, 2025a). The Home Caregiving Grant (HCG) also offers monthly financial assistance to ease caregiving costs (Agency for Integrated Care, 2025b). Additionally, the Ministry of Manpower (MOM) offers concessions on the migrant domestic worker levy for households with young children, elderly or persons with disabilities, thereby making live-in assistance more affordable (Ministry of Manpower, 2025).

Nonetheless, challenges to caregiving in Singapore remains. The complexity of existing schemes can make it difficult for caregivers to navigate them effectively (Subramaniam & Mehta, 2024), attributed to a lack of a structured system to address specific needs of caregivers (Subramaniam & Mehta, 2024) and the lack of tailoring care needs of older adults of different health statuses (Wu et al., 2024). Furthermore, not all caregivers may be aware of the services and support that is available. For instance, a recent study found that only 38% of caregivers knew about the CTG (Tan, 2023). As a result, the service utilisation rate remains low, with over 70% of caregivers who do not utilise caregivers’ services (Tan, 2022), while only 5% who enrolled in training (Tan, 2023). Simultaneously, social stigma about caregiving may further discourage caregivers from seeking professional assistance (Dockery et al., 2015). This signals an urgent need to create more inclusive and accessible support systems.

## AIMS OF THE BRIEF

This research brief aims to examine caregiving patterns, along with their physical well-being in Singapore. In our report, we define caregiving as the unpaid assistance provided to individuals who, due to health or physical conditions, require support with daily activities or decision-making related to their care or treatment. This encompasses direct or indirect coordination of care and/or active involvement in care-related decisions.

## METHOD

### Data

We utilised data from the Singapore Life Panel® (SLP), a high-frequency panel survey consisting of older Singapore residents aged 48 to 79 (as of 2024) and their spouses (see Vaithianathan et al. (2021) for more details on the sampling and recruitment methodology). As of February 2025, the SLP consists of a total of 10,446 respondents, of which 7,810 are monthly respondents who were recruited in 2015, and 2,636 are quarterly respondents who were recruited in two refresh exercises in 2021 to 2023 and in 2024 to 2025 (ongoing). In the current study, we utilised data that was collected in November 2024. The sample consists of a total of 7,692 respondents who fell within the age-inclusion criteria of 48 to 79 years in 2024.

### Measures

*Care recipients' characteristics*

Respondents were asked to indicate the number of care recipients they currently provide care for (0 to ≥4). They were also asked to indicate their relationship to their care recipient (i.e., spouse, parents, parents-in-law, children, grandchildren, friends, and others) and the age range of their primary care recipient (i.e., a single recipient to whom they provide the most care).

*Types of care provided*

Respondents were asked about the types of care they provide for their primary care recipients: a) helping with personal needs (e.g., meal preparation, toileting, bathing), b) performing healthcare tasks on care recipient (e.g., applying ointment, changing dressing, giving eye drops), c) managing care recipient's money, d) managing doctor's appointment, medical checkup or medical surgery, e) managing general care services (e.g., engaging private home health aides), f) supervising a foreign domestic worker to care for recipient, and g) other means of caring. Respondents could select more than one type of care.

*Frequency of care*

Respondents were asked about the frequency with which they provide care: a) daily and stay together, b) daily but do not stay together, c) 3-6 times a week, d) twice a week, e) once a week, f) once in two weeks, g) once a month, and h) others (frequency of care beyond once a month).

*Awareness of respite care and usage*

Respondents were asked whether they are aware of respite care services, and if so, how often they utilise these respite care services.

*Physical well-being*

Physical well-being was measured by respondents' self-reported health status and number of chronic conditions. Respondents reported their health status on a scale of 1 "Poor" to 5 "Excellent", and the number of major chronic conditions they have been diagnosed with, such as diabetes, hypertension, cancer, and so on.

# FINDINGS

## Caregiving among older adults

Of the study sample, slightly under 1 in 7 respondents (13.81%) identified as caregivers (Figure 1). While majority (76.65%) of caregivers reported caring for only one care recipient, almost 1 in 4 caregivers (23.35%) care for more than one care recipient (Figure 2).

***Figure 1.*** *Proportion of older adults who are caregivers.*

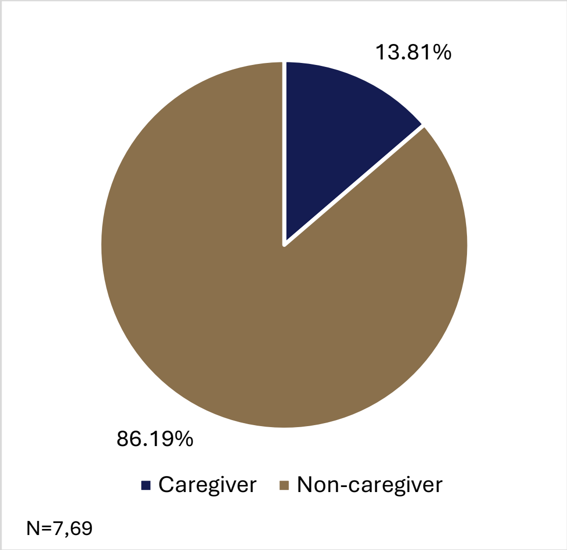
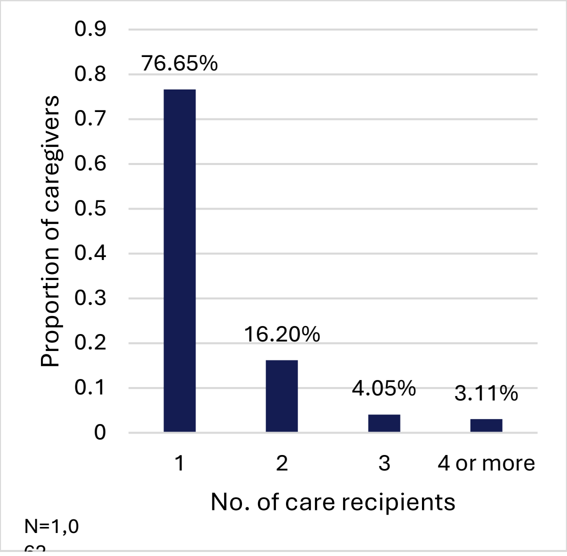


***Figure 2.*** *Number of care recipients cared for by caregivers.*



## Caregiver demographics

A slightly greater proportion of caregivers were women (57.25%) compared to men (42.75%). Generally, the average age of caregivers was 63.2 years (SD = 6.53). Majority of caregivers were married (76.08%), living in 4- to 5-room HDB flats (61.24%), and have at least post-secondary education (59.23%). Almost 1 in 2 caregivers (45.24%) were working full-time (Table 1).

***Table 1.*** *Demographic breakdown of caregivers and their proportions in each demographic group.*

| Demographics (N=1,062) | % |
|---|---|
| Age | |
| 48-54 | 19.02 |
| 55-60 | 24.01 |
| 61-66 | 30.32 |
| 67-72 | 16.76 |
| 73-79 | 9.89 |
| Gender | |
| Male | 42.75 |
| Female | 57.25 |
| Marital status | |
| Single | 13.37 |
| Married | 76.08 |
| Widowed/Separated/Divorced | 10.55 |
| Education | |
| No/primary education | 10.98 |

| | |
|---|---|
| Secondary education | 31.26 |
| Post-Secondary without university | 38.42 |
| University | 20.81 |
| Employment | |
| Working full-time | 45.24 |
| Working part-time/flexibly | 13.38 |
| Unemployed/temporarily laid off | 5.09 |
| Retired | 22.43 |
| Homemaker | 11.22 |
| Others* | 2.64 |
| Housing | |
| 1-3 Room HDB | 16.36 |
| 4-5 Room HDB or bigger | 61.24 |
| Private Housing | 22.39 |

**Others include respondents who are on sick leave, disabled etc.*

**Caregiver physical well-being**

Among those who identified as caregivers, 1 in 3 (33.99%) reported having two or more chronic conditions, including the following conditions: hypertension, diabetes, cancer, heart problems, stroke, arthritis, or psychiatric problems. 39.36% of caregivers did not report having any chronic conditions, and 26.65% of caregivers reported having one chronic condition (Figure 3). Similarly, we found that about 1 in 3 caregivers (32.70%) rated their health condition as only poor or fair. The rest rated their health as good (42.98%) or very good or excellent (24.31%) (Figure 4).

***Figure 3.*** *Number of chronic conditions of caregivers.*

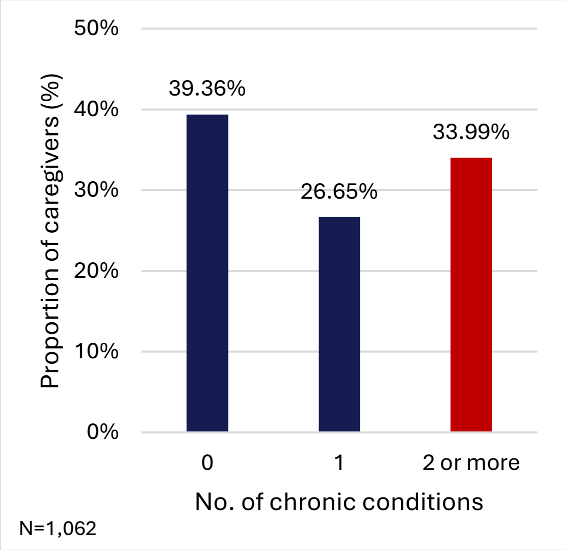
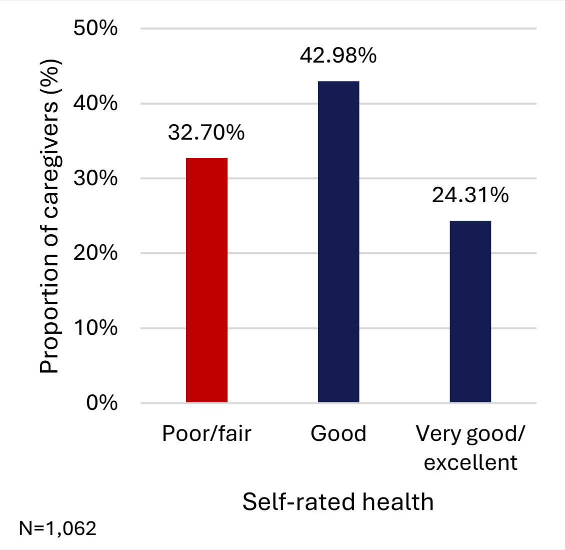


***Figure 4.*** *Self-rated health of caregivers.*

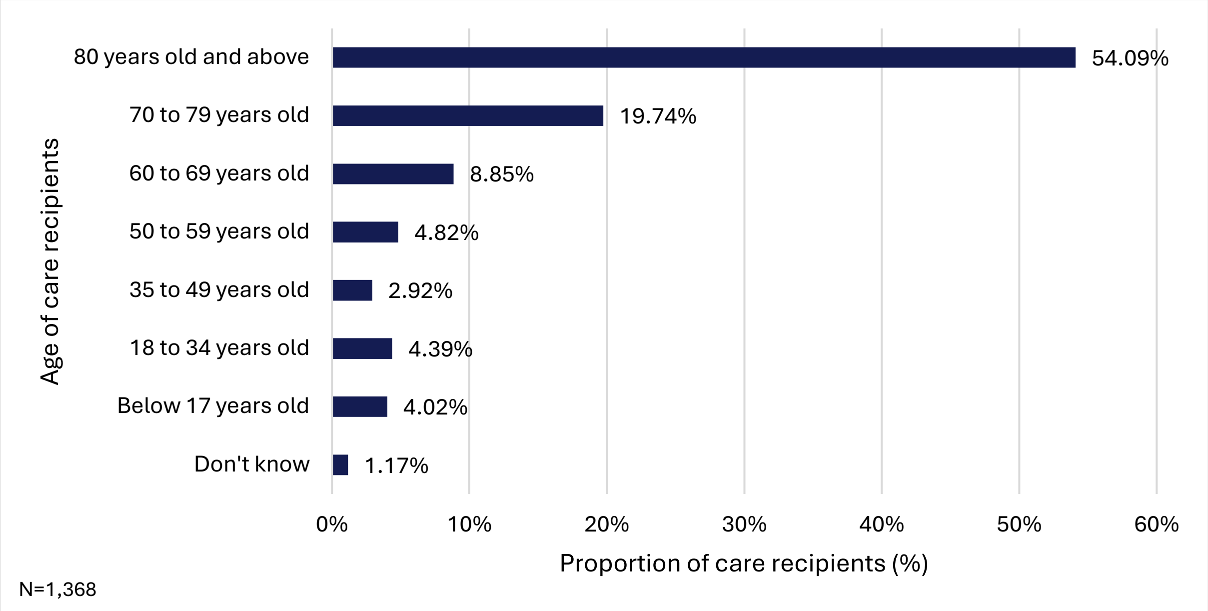


This suggests that of those who are caregivers, a sizable proportion of them (about 1 in 3) have their own health challenges as well, such as chronic conditions or undesirable health conditions, which may pose further challenges in caring for their care recipients.

**Care recipient characteristics**

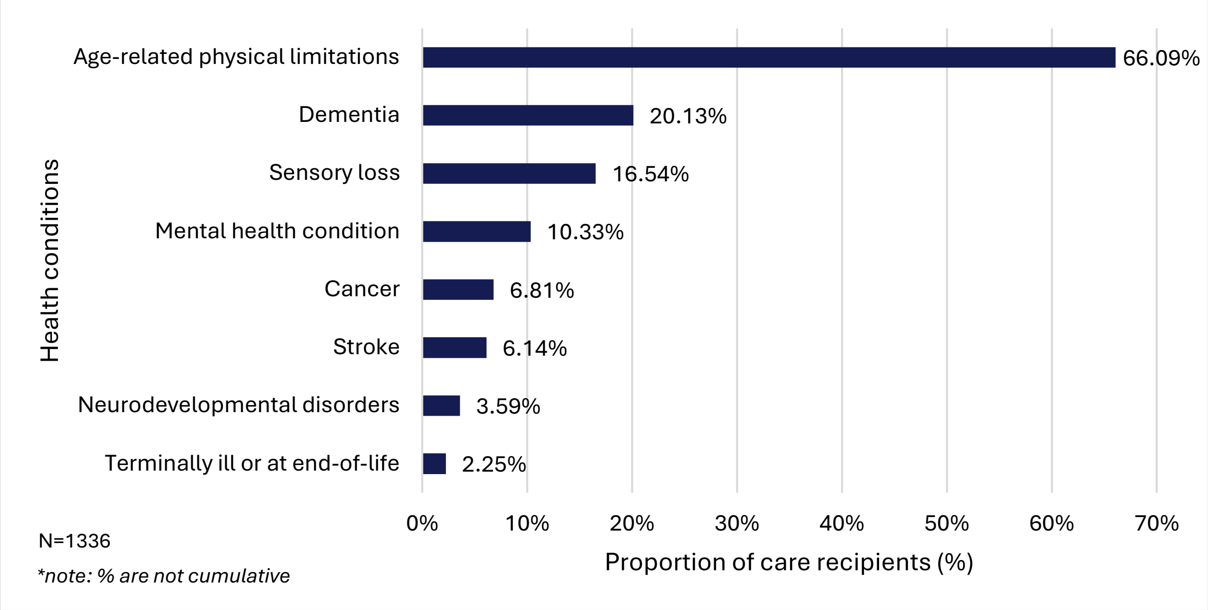
A large proportion of reported care recipients are older adults. Of all care recipients that the respondents reported providing care for, more than half (54.09%) of them were 80 years old and above, about 20% were aged 70 to 79, and 8.85% of them were aged 60 to 69 (Figure 5). A total of 1,368 care recipients were reported by 1,062 caregivers as some cared for more than one person.

***Figure 5.*** *Age of all care recipients*.



Age-related physical limitation (e.g., frailty, mobility issues, etc.) was reported by caregivers as the most common health conditions of care recipients (66.09%). The next most reported health condition was dementia (20.13%), followed by sensory loss (16.54%) (Figure 6). Note that the percentages are not cumulative as respondents could report more than one health condition of their care recipient. A total of 1,336 care recipient health conditions was reported by 1,062 caregivers, indicating that some cared for more than one person.

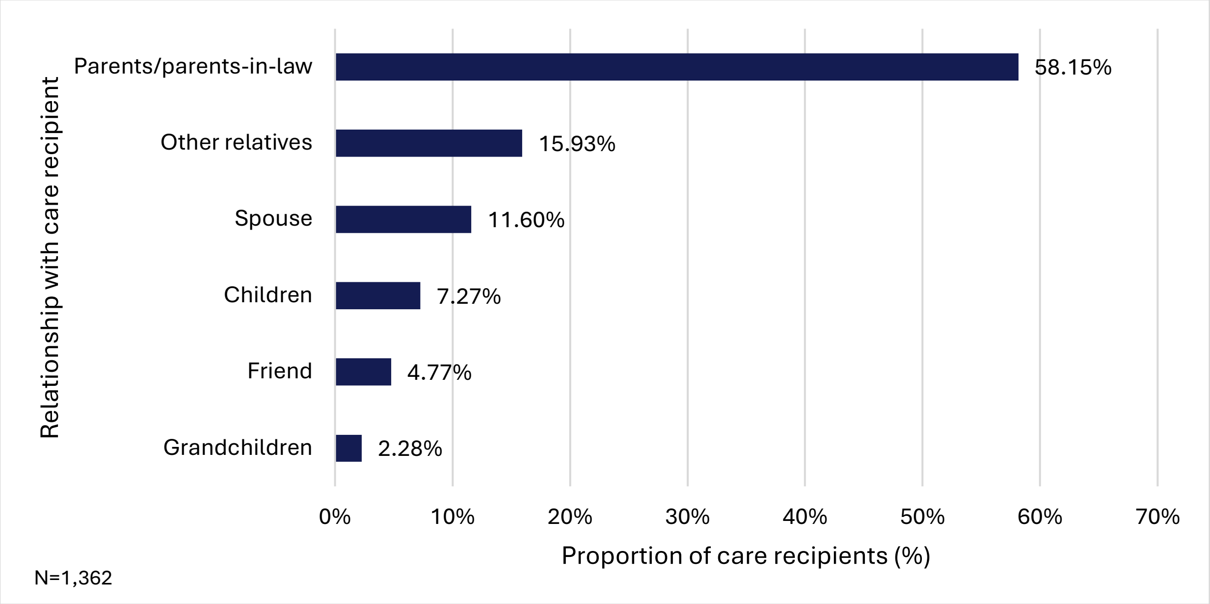
***Figure 6.*** *Health conditions of all care recipients.*



### Relationship with recipients

A large proportion of care recipients (58.15%) were parents or parents-in-law of caregivers. Subsequently, about 16% of care recipients were other relatives of caregivers, with the most common answers being siblings, aunts or uncles. Only a very small proportion (2.28%) reported caring for grandchildren (Figure 7). A total of 1,362 care recipient relationships were reported by 1,062 caregivers, indicating that some cared for more than one person.

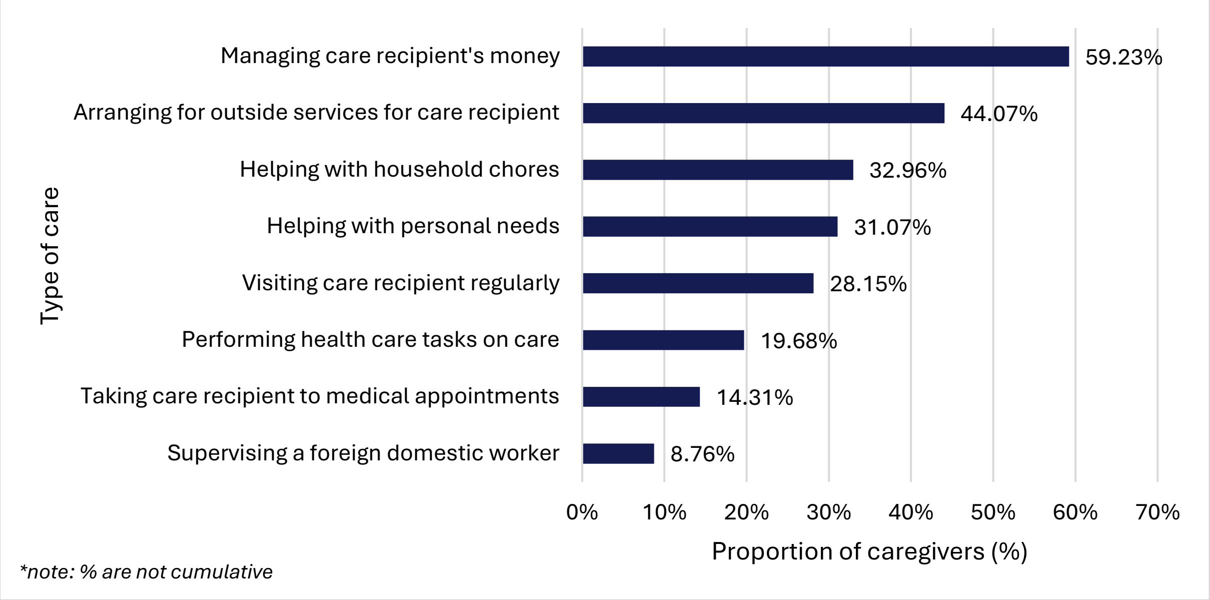
***Figure 7.*** *Caregivers' relationship with care recipients.*



### Type of care provided by caregivers

Of the eight types of care as shown in figure 8, the most common type of care provided by caregivers to any of up to four care recipients was managing care recipients' money (59.23%), followed by arranging for outside services for care recipients (44.07%), and helping with household chores (32.96%). Note the percentages in figure 8 are not cumulative as caregivers could select more than one type of care.

***Figure 8.*** *Type of care provided by caregivers.*

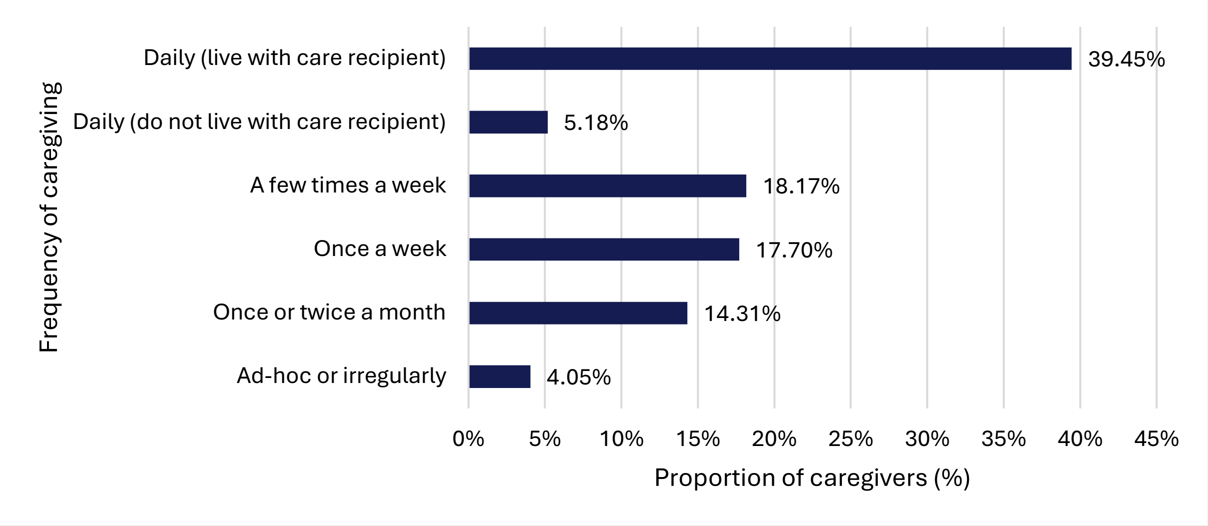


It is worth noting that of the 1,062 respondents who identified as caregivers, 263 of them did not indicate any of the above eight care types. Other types of care that were mentioned by the respondents include providing financial support (including paying for various items such as transport, groceries, food) and providing emotional support (including managing care recipient's and their own emotions).

### Frequency of caregiving

Almost half of the caregivers provide care to their primary care recipients daily (44.63%), where 39.45% of caregivers stay with their primary care recipient and 5.18% provide daily care but do not stay with their primary care recipient (Figure 9). 35.87% of caregivers provide care once to a few times a week. Overall, about 4 in 5 caregivers (80.50%) provide care at least once a week.

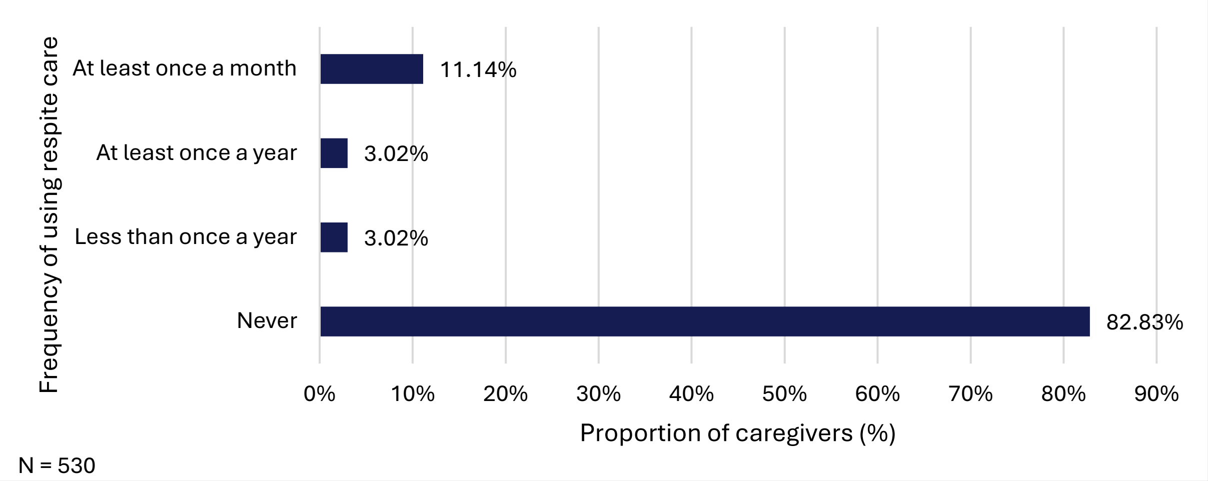
***Figure 9.*** *Frequency of caregiving to primary care recipients.*



### Respite care awareness and usage

We found that only half of all caregivers (50.09%) have knowledge of respite care services. Of those who indicated that they have knowledge of respite services, most of them (82.83%) have never used respite care services. Only about 1 in 10 of those who are aware of respite care services (11.14%) utilise these services at least once a month, while 3.02% utilise these services at least once a year and less than once a year respectively (Figure 10).

***Figure 10.*** *Frequency utilising respite care service among caregivers who are aware of such services.*



## DISCUSSION

In our study, most of the caregivers were providing care for older adults who are predominantly their parents or parents-in-law. This reflects broader demographic trends such as the increase in ageing populations and extended longevity, resulting in a growing number of older adults who require long term care (OECD & World Health Organization, 2022). Consequently, age-related limitations like mobility or frailty are prominent among care recipients in our study. Despite this, our report suggests that caregiving tasks are largely administrative in nature, such as the management of finances or coordination of care services. Perhaps there is still a large reliance on hired caregivers like foreign domestic workers to provide more labour-intensive aspects of care (i.e., bathing, ambulation, meal preparation, etc.). This reliance may compound long-term challenges, particularly regarding the sustainability of the caregiving workforce and policies that ensure adequate support for caregivers and the well-being of hired care workers.

More than half of caregivers reported having at least one chronic disease, and approximately 30% rated their overall health as poor or fair. Moreover, nearly 40% of caregivers reside with their care recipients and provide daily care. The continuous nature of their responsibilities may result in prolonged physical and emotional stress, which can negatively impact their well-being. Caregiving is complex, and individuals may perform multiple roles simultaneously, such as managing appointments and providing emotional support (Oyegbile, 2024). This could pose a risk to caregivers by exacerbating pre-existing chronic conditions (Quinlan et al., 2023; Salvagioni et al., 2017). Caregivers not only manage their caregiving duties but some also need to address their own health challenges (Chakraborty et al., 2023). We also found that there is a significant underutilisation of respite care which may worsen caregiver burnout, physical, and mental well-being.

We found that a large proportion of caregivers were engaged in full-time or part-time work. Managing work and caregiving duties may further contribute to caregiver burnout and a reduction in work productivity (Covinsky et al., 2001; Wilcox & Sahni, 2022). On the other hand, caregivers who are not engaged in paid employment may encounter financial strain. This could be particularly so for low-income households, where they may not be able to afford quality medical treatments. This may lead to poorer health outcomes for care recipients, which could further exacerbate caregiver stress and their well-being (Kang, 2021; Park et al., 2023). These caregivers may also resort to using their savings or retirement funds for their caregiving duties. Therefore, policies need to address ways to maintain their financial security.

### Policy implications

Our findings have several policy implications. First, financial literacy programmes should be tailored to address the unique economic challenges faced by caregivers (Davies et al., 2024; Tilse et al., 2005). These could include guidance on budgeting, legal advice, and other cost-effective care management strategies. A nuanced understanding of the socioeconomic factors that shape caregiving is needed to promote economic equity and financial security. Employers can also implement caregiver-friendly workplace policies (Lee et al., 2024). This can include caregiving leave and flexible work arrangements, which can help caregivers manage their dual responsibilities while reducing financial strain (Lee et al., 2024). This is especially important for individuals of lower SES backgrounds, who may require additional support, training, or financial assistance to sustain both their caregiving duties and economic stability.

Expanding the availability and accessibility of respite care is essential, particularly for the “sandwich generation”, individuals who care for their offspring and their elderly parents (Bookman & Kimbrel, 2011). Further research is needed to identify the specific types of respite caregivers require and key challenges in accessing adequate support. Also, existing systems ought to be simplified to allow easier access or at least be able to cater to those of different socioeconomic or educational backgrounds. However, broader support systems are equally important, such as community support or access to secondary caregivers from family or support groups to alleviate caregiver burnout. Policies should therefore encourage community support, perhaps through volunteering to encourage secondary sources of support for caregivers. There is a need to consider wider barriers to respite care utilisation, such as stigma or lack of awareness, and develop targeted interventions that enhance service uptake to mitigate caregiver burnout.

Health policies that support caregivers' well-being should be enhanced to maintain their long-term capacity to provide care. For instance, integrating caregiving screenings into national health programmes, such as Healthier SG, can facilitate necessary targeted interventions. Most recently, the Caregiver Action Plan, a joint initiative between AIC and the Ministry of Health, currently provides subsidies, respite options, training and other benefits for caregivers (*Caregiver Support Action Plan*, 2019). These should recognise the diverse physical and social well-being needs of caregivers, as older adults have varying care requirements. Interventions should also promote self-care through training programmes to assist caregivers with their own health. Establishing caregiver support networks and strengthening informal social support systems can also enhance caregiver well-being while mitigating the risks of burnout.

## CONCLUSION

Caregivers play a crucial role in supporting older adults, yet they face significant health and financial challenges. Addressing gaps in respite care, financial assistance, and caregiver well-being is necessary to sustain effective caregiving in Singapore. Future policies should emphasize a holistic caregiver support system, incorporating financial aid, workplace flexibility, and health interventions to alleviate caregiver burdens and enhance their quality of life. This includes examining innovative approaches to develop sustainable caregiving practices for long-term sustainability as Singapore undergo demographic shifts.

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## ABOUT THE CENTRE FOR RESEARCH ON SUCCESSFUL AGEING (ROSA)

ROSA is a multidisciplinary research centre based in SMU. It was established with an MOE Tier 3 social sciences research grant, as well as the generous support of The Ngee Ann Kongsi. Research at ROSA seeks to define and measure a holistic construct of well-being and to identify the factors that impact Singaporeans' well-being as they progress through the later phases of life. Through close collaboration with government and other partner agencies, ROSA also aims to translate research insights into policy innovations that advance the well-being of older adults holistically and promote successful ageing in Singapore. ROSA brings together a diverse team of leading international and local researchers in ageing and age-related issues from various disciplines. Through empirical evidence derived from a longitudinal methodological approach, the multidisciplinary and multi-institutional research team advances propositions that promote successful ageing in Singapore.

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