



Conducted with *Gerontological Society*

Carer's Passports and Empowerment of Informal Caregivers: *Singapore's Policy Gap*

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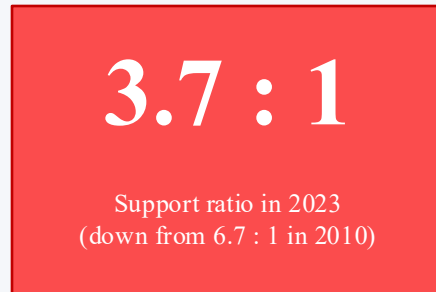
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I.

Research Background and Group Identification

I. Background and Group Identification

Demographic Ageing and the Rising Demand for Care



Informal Care as the LTC Backbone

- Family members provide the majority of informal care
- As family sizes decline, pressure on working-age adults intensifies

Labour Market Implications

- Caregiving is a key reason for labour market inactivity (MOM, 2023)
- Care >20 hrs/week reduces labour force participation (OECD, 2023)
- **Caregiving pulls people out of paid work**

I. Background and Group Identification

Governance Structure of Caregiver Support in Singapore

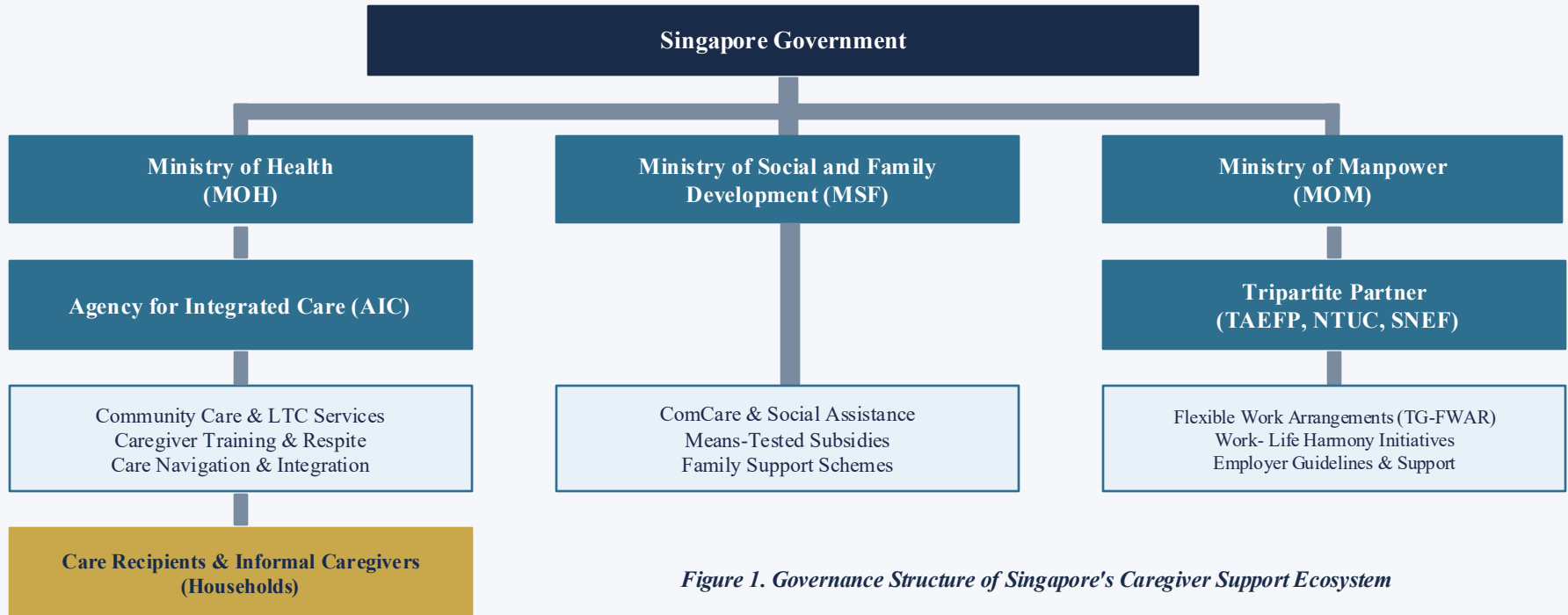


Figure 1. Governance Structure of Singapore's Caregiver Support Ecosystem

I. Background and Group Identification

Care Givers are Under A Broad but Fragmented Support Landscape

58.6%

caregivers with ≥ 1 chronic physical condition
(Sambasivam et al., 2019)

52.6%

caregivers experienced psychological distress
(Sambasivam et al., 2019)

91–168 hrs/wk

dedicated by some caregivers—akin to two full-time jobs
(NCSS, 2025b)

Target Group: Working-Age Informal Caregivers Experiencing Work–Care Disruption

Defining Informal Caregivers

Family members or friends providing unpaid assistance to individuals with chronic illness, disability, or age-related frailty (OECD, 2023).

Labour Market Implications

Caregiving and family responsibilities remain among key reasons cited by economically inactive residents (MOM, 2023).

Conceptualising Work–Care Disruption

Work–care disruption captures reduced working hours, transitions to precarious employment, career stagnation, and labour force withdrawal.

I. Background and Group Identification

Candidate Institutional Frictions

1. Access Friction

The administrative burden to navigating. Information, services, subsidies, and employment accommodations distributed across multiple schemes impose learning, compliance, and psychological costs on caregivers (Moynihan et al., 2015).

2. Recognition Friction

Caregiving strain spans multiple life domains, yet recognition remains context-specific.

Caregivers appear as household members in one scheme, family applicants in another, and employees in another.

3. Support-Conversion Friction

The existence of policy instruments does not automatically guarantee their timely, legible, or coordinated use by those carrying substantial care responsibilities.

Interim Proposition: Caregiver strain is multidimensional; the Singapore support environment is institutionally broad but differentiated in access routes — making access, recognition, and support-conversion frictions analytically plausible.

III.

Carer's Passport as a Potential Solution

II. Carer's Passport as a Potential Solution

Carer's Passport: A government-backed recognition & coordination mechanism

Translates caregiver status into a formally recognised, portable identity usable across healthcare, social assistance, and employment settings.

Committee of Supply 2026 debate, Day 5: Fadli Fawzi on supporting and recognising caregivers



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In parliament on Mar 4, MP Fadli Fawzi pointed out that Singapore is becoming a nation of caregivers, and stressed the importance of their early identification. ...He proposed that the Ministry for Health study and pilot a "carer's passport" - a simple tool used in parts of the UK.

II. Carer's Passport as a Potential Solution

Research Question

Caregivers face structural friction, and Carer's Passport incentives provide a potential solution.

This study raises two core questions:

Q1 (Systemic Gap) What significant structural barriers Informal caregivers in Singapore face ?

Q2 (Utility of Tools) How can “Carer's Passport” effectively alleviate administrative burdens and enhance workplace bargaining power ?

III. Qualitative Verification and Design Calibration

This study explores how the Carer's Passport can better support Singapore's informal caregivers — identifying the major policy and service gaps that a Carer's Passport is both needed for and capable of filling.

III. Qualitative Verification and Design Calibration

Research Methods

Q1 (Systemic Gap) What significant structural barriers Informal caregivers in Singapore face ?

Q2 (Utility of Tools) How can “Carer’s Passport” effectively alleviate administrative burdens and enhance workplace bargaining power ?

Theoretical Framework

- NCSS Caregiver Quality of Life Report (2022) , and WHOQOL framework
- Our contribution: human layer

III. Qualitative Verification and Design Calibration

Semi-Structured interview

Sampling Strategy and Interview Design

- Focus:** Working-age informal caregivers, Singaporean (hospitals, HDBs, online) ~80 potential leads
- Purposive sampling:** Exclude non-employment caregivers and low-intensity/infrequent - screening - **focused on 6 people**
- Representativeness:** From mid-career professionals to low-income individuals
- Triangulation:** 45–60 min interviews & WHOQOL questionnaires collected post-interview

Data Analysis

Braun & Clarke (2006) Six-Stage Thematic Analysis



III. Qualitative Verification and Design Calibration

Finding 1: Identified Gaps in Caregiver Support

These challenges reflect not only material scarcity but deep-seated structural injustice and emotional overdraft.

Table 1. Theme Frequency – Identified Gaps

Theme	Frequency
Administrative and Access Barriers and Fragmentation	30
Time and WorkCare Conflict	21
Psycho-Social Isolation and Identity Erosion	20
Stigma in the Workplace	10

III. Qualitative Verification and Design Calibration

Findings 1: Identified Gaps in Caregiver Support — In Depth

4.1.1 Administrative and Access Barriers

×30

- Application processes are cumbersome
- family-based economic review disconnected from actual living conditions
- Language barriers create 'invisible obstacles'

"When they share it... they just said you didn't meet the subsidy category." (Respondent A)

"I don't know English... I have no idea what these community AIDS mean." (Respondent B — zero utilisation of Day Care and Respite Care)

4.1.2 Time and Work–Care Conflict

×21

- Average questionnaire score on sleep quality: 1.5/5.
- Extreme time poverty is not merely a scheduling issue but a physiological depletion.

"I can't go to see my mom... I must attend the meeting." (Respondent C)

"I can't rest at all and have to take care of her all the time." (Respondent A)

III. Qualitative Verification and Design Calibration

Findings 1: Identified Gaps in Caregiver Support — In Depth

4.1.3 Psycho-Social Isolation and Identity Erosion

×20

- Five respondents scored at moderate or low levels on interpersonal relationships

"It feels like a little bird in a small cage." (Respondent D)

"I'm gradually losing my friends. If you refuse a few times, they won't invite you anymore." (Respondent A)

4.1.4 Stigma in the Workplace

×10

- Workplace stigmatisation carries obvious power inequality and moral oppression
- Turning caregiving into a professional blemish through promotion penalties

"Worried about being criticised by their bosses." (Respondents A & E)

Cold-shouldered when taking leave to accompany a parent to hospital. (Respondent D)

III. Qualitative Verification and Design Calibration

Finding 2: Potential Role of the Carer's Passport

Participants have high expectations for simplifying administrative procedures and establishing formal identities, but also offer critical insights into the limitations of passports.

Table 2. Theme Frequency – Passport Solutions

Theme	Frequency
Simplified navigation and Individualizing Resource Access	18
Formal Caregiver Identity	15
Validating Identity and Connecting to Peer Ecosystems	12

III. Qualitative Verification and Design Calibration

Findings 2: Potential Role of the Carer's Passport — In Depth

4.2.1 Simplified Navigation and Individualising Resource Access

×18

- Passports as digital credentials combined with **Singpass** can bypass repetitive family reviews
- Enable rapid authentication based on the ‘individual caregiver’

*"Targeted at individuals, which will avoid a lot of troubles."
(Respondent E)*

"I don't understand English. Simplified certification would be more convenient for me." (Respondent C)

Heterogeneity of Needs

- Lower-SES caregivers evaluate 'simplified navigation' significantly lower than 'direct material access’
- Risk of Matthew Effect: digital-literate caregivers benefit more unless substantive material linkage is built in

"Easier is no use ... It is better to give rice or flour." (Respondent B)

*"I don't know... maybe just give me some cooking oil, rice lah."
(Respondent E)*

III. Qualitative Verification and Design Calibration

Findings 2: Potential Role of the Carer's Passport — In Depth

4.2.2 Formal Caregiver Identity

×15

- An officially endorsed identity proof can justify leave-taking and implement FWA

"I wouldn't be maliciously exploited by my boss."

- Without corresponding anti-discrimination laws, passport holders may still face the risk of being 'marginalised'
- A passport alone cannot instantly change workplace competition culture.

4.2.3 Validating Identity and Connecting to Peer Ecosystems

×12

- A passport could serve as an 'admission ticket' to an empathetic community, offering *'self-worth'* and *'dignity'*.
- However, respondents A, C, and E warn it is a double-edged sword
- Potential labelling as *'unemployed'* or *'vulnerable'*.

III. Qualitative Verification and Design Calibration

Conclusion

After qualitative coding of six in-depth interviews and quantitative WHOQOL correlation analysis, **both questions are answered and a key paradox is revealed.**

Q1

GAPS



- ✓ Administrative and Access Barriers and Fragmentation
- ✓ Time and WorkCare Conflict
- ✓ Psycho-Social Isolation and Identity Erosion
- ✓ Stigma in the Workplace

Q2

CARER'S PASSPORT



- ✓ Simplified navigation and Individualizing Resource Access
 - ~ Risk of Matthew Effect
- ✓ Formal Caregiver Identity
 - ~ Double sword
- ✓ Validating Identity and Connecting to Peer Ecosystems

→ The design of the Carer's Passport must integrate a Targeted Material Provision module beyond mere process simplification.

IV.

International Responses to Caregiver Strain: Comparing Policy Repertoires

International experience is most useful when compared by problem–response fit rather than whether a jurisdiction uses the term 'carer's passport'. What matters is which policy repertoire is most responsive to which dimensions of caregiver strain.

United Kingdom

Recognition in Practice

Australia

Recognition in Law + Services

Canada

Material Relief + Leave

Why benchmark — and what are we benchmarking?

From Singapore's evidence to international benchmarking → Singapore frictions → What kind of tool solves what kind of caregiver burden? → Illustrative repertoires

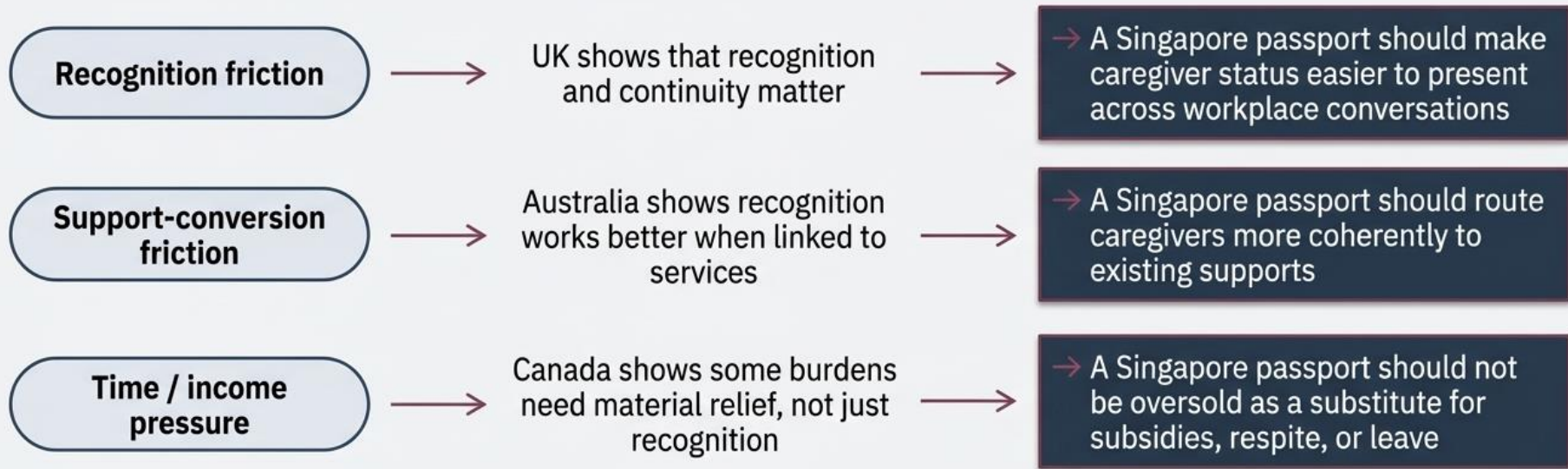
We are not comparing countries for their own sake. We are comparing policy repertoires against different caregiver problems.

Case	Main caregiver problem targeted	Main policy repertoire	Why this case matters for Singapore
UK	Repeated explanation at work	Recognition in practice	Shows what a passport is good at
Australia	Fragmented access to support	Recognition + services	Shows recognition works better with linkage
Canada	Time and earnings interruption	Material relief + leave	Shows the limits of passport-style tools

Three cases, three policy logics — not three templates to copy.

What should Singapore take from this?

Three lessons for a Singapore Carer's Passport



Therefore, a Singapore Carer's Passport should be framed as one bounded tool within a broader support mix.

It can reduce friction. It cannot solve every form of caregiver hardship on its own.

V.

From Evidence to Design: A Singapore Carer's Passport

Designing a bounded policy instrument that reduces
friction without pretending to solve everything

What the passport is: form, user, and entry



Form

**A government-backed,
digital-first credential**

with a printable /
physical companion

Digital-first, but not digital-only



Target user

Working-age
informal caregivers
caring for older adults /
adults with substantial
care needs
and experiencing
work-care disruption

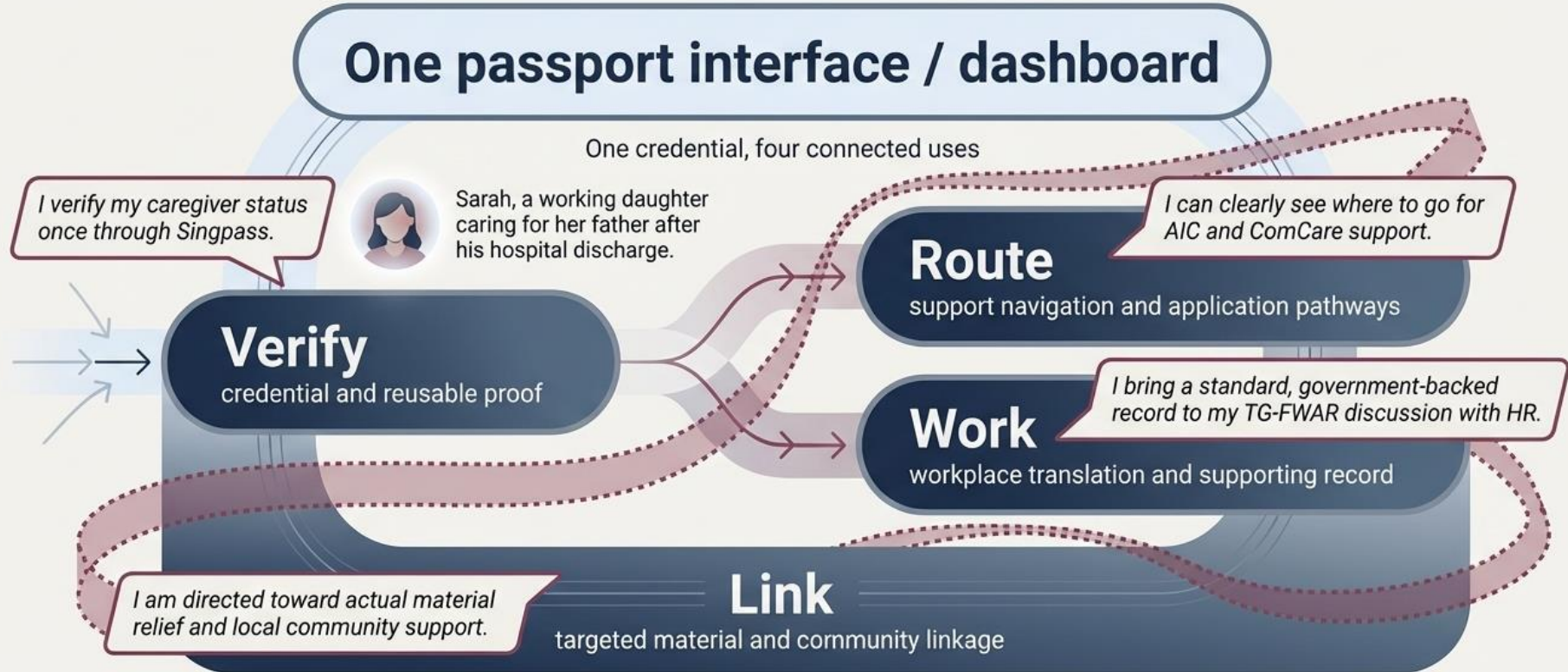


Entry pathway

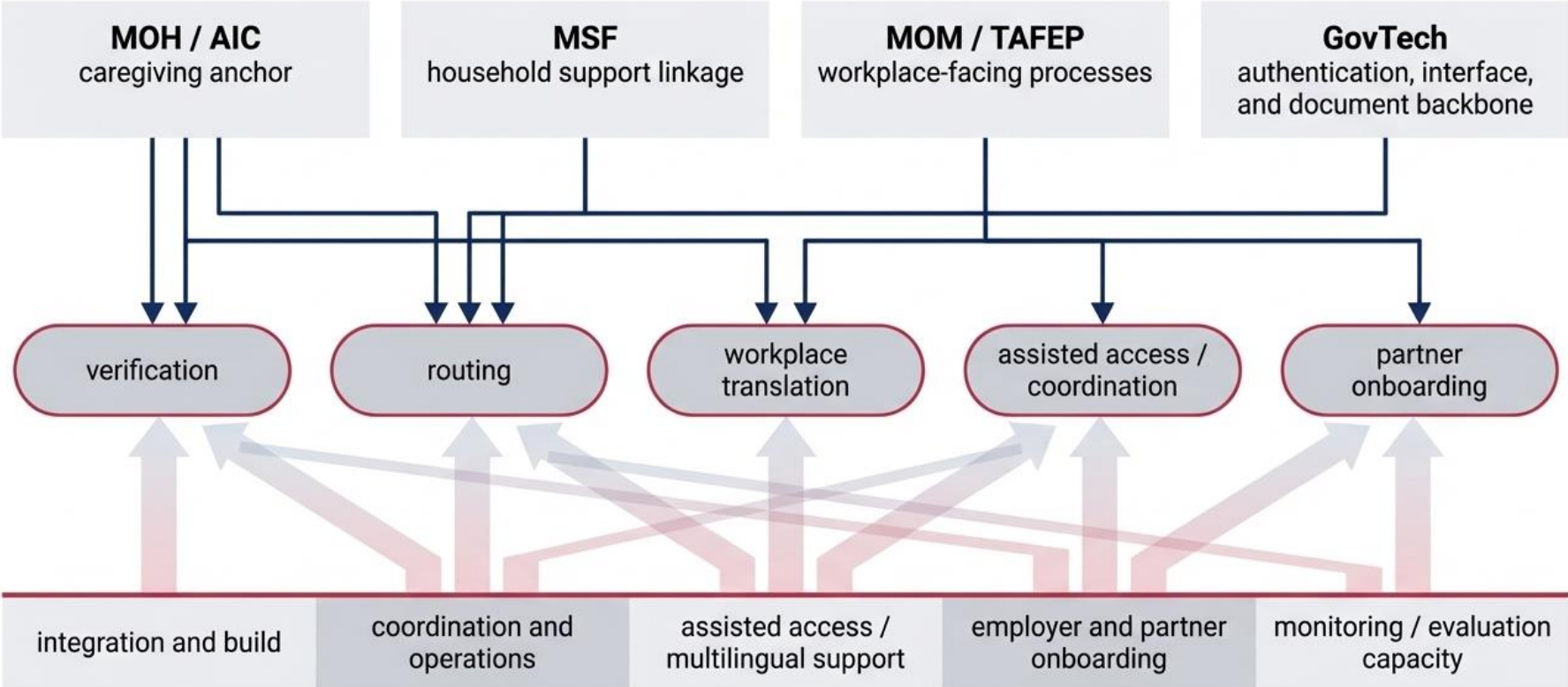
1. Verified once
→
- 2. selected information
consent-linked
→
- 3. one passport interface
→
- 4. modules become usable

This is a connector, not a parallel welfare regime.

How it works: service architecture and user journey

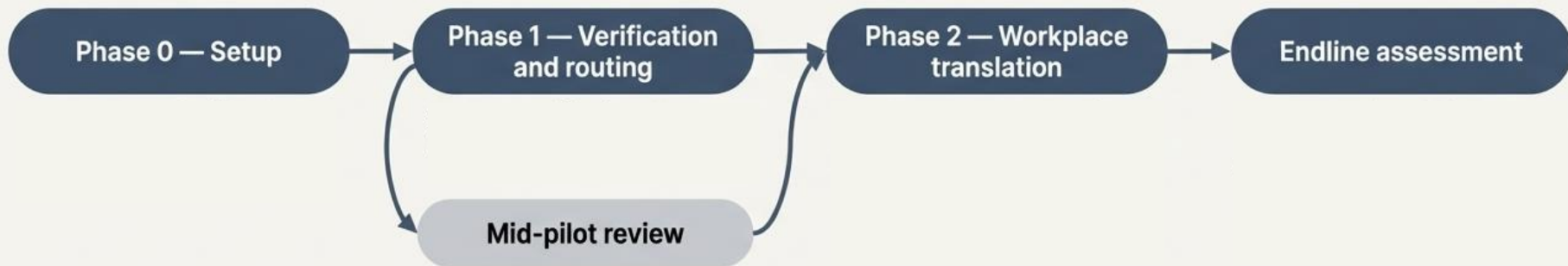


Governance and delivery architecture



Pilot, monitoring, and evaluation roadmap

The Roadmap



Monitoring and evaluation framework

Who assesses	When assessment happens	What evidence is collected	Assessment dimensions
embedded monitoring by implementation actors endline assessment with external evaluation support	ongoing monitoring mid-pilot formative review endline assessment	administrative evidence user evidence distributional evidence	process conversion workplace translation equity

Conclusion and Study Limitations

What this study shows — and what remains to be tested



What this study ultimately shows

Diagnosis	Caregiver strain is real, and support exists — but support is experienced as fragmented.
Policy role	A Carer's Passport is justified only as a bounded friction-reduction and support-conversion instrument.
Condition for value	Its value depends on equity-sensitive design and real-world testing, not on symbolic recognition alone.

Singapore has a credible case for a Carer's Passport — if it is framed as one tool within a broader support mix.

What we cannot claim yet – and what should happen next

Limits of the current claim

1. Small-n qualitative evidence

Good for identifying lived frictions and design constraints, not for broad population claims.

2. Comparative learning, not country transplantation

The benchmark compares policy repertoires, not the “best country model” to copy.

3. Design case, not proof of impact

This study supports a bounded, pilotable proposal, not a proven intervention.

Next evidence steps

1. Broaden the evidence base

More caregiver interviews, more stakeholder perspectives, and more variation in caregiver profiles.

2. Pilot the instrument in bounded settings

Test verification, routing, workplace translation, and uptake before scale-up.

3. Evaluate distributional effects explicitly

Test whether the instrument reduces friction across SES, digital, and language differences – or reproduces the Matthew effect.

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Thanks for Listening and *Welcome Question!*

Carer's Passports and Empowerment of Informal Caregivers: Singapore's Policy Gap

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Faculty Advisor : Professor Xia Xing

Client: Wayne Freeman Chong



2026



Lee Kuan Yew School of Public Policy

Existing Long-Term Care and Employment Support Policies

Singapore's caregiver support ecosystem demonstrates sustained governmental commitment to ageing in place and community-based care. Community-based LTC services include home care, day care, respite care, and caregiver training (AIC, 2024). CareShield Life provides long-term care insurance for residents with severe disability (MOH, 2023).

Table 3. Evolution of Singapore's Caregiver and Long-Term Care Policies

Year	Policy / Initiative	Lead Agency	Significance
2015	Action Plan for Successful Ageing	MOH	Established national ageing and LTC strategy
2018	Pioneer Generation Package Expansion & Community Care Enhancements	MOH	Strengthened support for older persons and caregivers
2019	CareShield Life	MOH	Introduced universal long-term care insurance
2020	Home and Community Care Expansion	MOH / AIC	Strengthened ageing-in-place initiatives
2023	Refreshed Action Plan for Successful Ageing	MOH	Updated national strategy for active and successful ageing
2024	Tripartite Guidelines on Flexible Work Arrangement Requests (TG-FWAR)	MOM / TAFEP	Formalised employees' right to request flexible work arrangements

Note. Compiled by the authors based on MOH (2023) and TAFEP (2024).

Employment Support and Flexible Work Arrangements

Singapore has progressively strengthened employment-related support. The TG-FWAR (2024) provides a formalised process for employees to request flexi-time, flexi-place, and flexi-load arrangements, part of broader work–life harmony initiatives supporting employees with caregiving responsibilities.

Table 4. Overview of Caregiver Support Policies in Singapore

Policy Domain	Policy / Scheme	Lead Agency	Target Group	Key Support Provided
Healthcare & LTC	CareShield Life	MOH	Singapore residents with severe disability	Long-term care insurance payouts
Healthcare & LTC	Community Care Services	MOH / AIC	Older persons and caregivers	Home care, day care, respite care
Caregiver Support	Caregiver Training Grant	AIC	Informal caregivers	Subsidised caregiver training
Social Assistance	ComCare	MSF	Low-income households	Financial assistance and social support
Employment Support	TG-FWAR	MOM / TAFEP	Employees, including caregivers	Right to request flexible work arrangements
Employment Support	Work-Life Harmony Initiatives	MOM / Tripartite Partners	Employers and employees	Workplace flexibility and support frameworks

Note. Compiled by the authors based on AIC (2024), MSF (2023), MOH (2023), and TAFEP (2024).

Appendix : International Responses to Caregiver Strain: Comparing Policy Repertoires

United Kingdom: Recognition in Practice Through the Carer's Passport

Civil Service Carer's Passport Allows a carer and their manager to discuss and document the flexibilities needed to combine caring and work, while minimising the need to renegotiate those flexibilities every time an employee moves post, department, or manager (Cabinet Office & Government People Group, 2023).

Recognition in Practice Does not primarily create new material entitlements; turns an otherwise informal and repeatedly negotiated caring role into a documented basis for conversation, continuity, and adjustment. Civil Service Carers' Strategy 2020–2025 frames support in terms of inclusive culture, practical support, and the ability to combine a successful working life with a caring role (Cabinet Office, 2023).

NHS Employers Evidence Working carers passports help staff document agreed flexibilities and maintain continuity when moving between managers or teams (NHS Employers, 2022).

Critical Limits Organisations are not required to run a passport scheme — uptake depends heavily on local initiative and institutional culture (Carers UK, n.d.). Does not resolve hardship rooted in low income, severe time poverty, or inadequate material support.

Primarily solves: Recognition friction + Workplace accommodation friction. **Does NOT solve:** Income loss, time poverty, material support gaps.

Appendix : International Responses to Caregiver Strain: Comparing Policy Repertoires

Australia: Recognition in Law, Support in Services and Payments

Symbolic Recognition

Carer Recognition Act 2010 formally recognises carers and establishes a Statement for Australia's Carers. Agencies must take the statement into account.

However, the Act expressly states it does not create legally enforceable rights or obligations (Commonwealth of Australia, 2010).

Service Infrastructure

Carer Gateway provides free support including counselling, peer support groups, tailored support packages, and planned or emergency respite (Carer Gateway, 2024).

Australia builds a navigation-and-support architecture around carers as an identifiable policy group.

Direct Payments

Carer Payment: for those providing constant care roughly equating to a normal working day that prevents full-time work.

Carer Allowance: supplementary payment for those providing daily care and attention. Both subject to income and assets tests (Services Australia, n.d.).

Compared to UK: Australia shows recognition can be embedded in funded services, respite, and income support — reducing the risk that recognition remains purely rhetorical.

Key Limit: Formal recognition alone does not guarantee enforceable rights or seamless access.

Appendix : International Responses to Caregiver Strain: Comparing Policy Repertoires

Canada: Material Relief, Temporary Leave, and Strategy in Formation

Policy Instruments

Canada Caregiver Credit

Non-refundable tax credit for those supporting family members with mental or physical infirmity. Dependence understood in terms of support for basic necessities — food, shelter, and clothing (Canada Revenue Agency, 2026). Frames caregiving as a matter of financial dependence and household burden.

EI Caregiving Benefits

For workers who need to leave work to provide care to a family member who is critically ill, injured, or in need of end-of-life care. Three streams: up to 35 weeks for children, 15 weeks for adults, 26 weeks for compassionate care (Service Canada, 2026). Caregiver burden treated as an interruption to earnings requiring income replacement.

National Caregiving Strategy (in formation)

Following the 2024 federal budget, government indicated intention to launch consultations on a national caregiving strategy (National Seniors Council, 2025). Canada is moving toward a strategic framework — but this shift remains in formation.

Analytical Value for Singapore

Canada sharpens a question the UK and Australia do not press as strongly:

When caregivers' most urgent difficulties concern money, leave, and time — is formal recognition the most immediate or most useful first response?

The Canadian case suggests that in some contexts, governments respond first with tax credits, wage replacement, and temporary leave.

This does not make recognition irrelevant, but it underlines a critical limit of passport-style tools: they may reduce friction without substituting for material support.