



PP5110A Policy Analysis Exercise Final Report

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

By:

Claire Xu Qi (A0296683J)

Lu Yangyu (A0297320E)

Xu Junyu(A0306387X)

Xu Leying (A0296225Y)

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I. Introduction

Singapore is undergoing one of the most rapid demographic transitions among advanced economies. The share of residents aged 65 and above rose from 9.0% in 2010 to 19.1% in 2023, while the old-age support ratio fell from 6.7 working-age residents per elderly resident to 3.7 over the same period (Singapore Department of Statistics, 2023). These demographic shifts carry significant implications for long-term care. Population ageing is consistently associated with a rising prevalence of chronic disease, frailty, and functional limitation among older adults, which in turn increases demand for home-based, community-based, and residential care services (World Health Organization, 2015). For Singapore, the question is how the support architecture will respond to a sustained and expanding caregiving demand.

Within the demographic setting, informal care provided by family members and other unpaid individuals occupies a central position in the LTC system. National ageing policy frames the family as the first line of support and emphasises ageing in place, with state, community, and employer roles conceived as complementary rather than substitutive (Ministry of Health, 2023). This reflects Singapore's longstanding "many helping hands" philosophy, in which caregiving responsibilities are distributed across households, volunteers, service providers, and the state. Empirical evidence indicates that adult children and spouses provide most of the day-to-day assistance to older Singaporeans with functional limitations, including help with activities of daily living and coordination of medical care (Chan et al., 2010). The Agency for Integrated Care (AIC) explicitly recognises informal caregivers as partners in the LTC ecosystem and administers caregiver-facing services such as training, respite-related resources, and care navigation (AIC, n.d.). Reliance on family caregiving is nonetheless stretched by declining household sizes and sustained labour-force participation of working-age adults, placing particular pressure on those who combine paid work with substantial care responsibilities.

Working-age informal caregivers sit at the intersection of care responsibilities and paid employment, and their situation has clear policy relevance. A population-based study in Singapore found that 58.6% of caregivers of older adults reported at least one chronic physical condition and 52.6% experienced psychological distress, with both outcomes associated with lower quality of life (Sambasivam et al., 2019). Labour-market data further indicate that caregiving and family responsibilities remain among the reasons cited by economically inactive residents (Ministry of Manpower, 2023). International experience has produced a range of policy tools designed to address similar problems, among which the Carer's Passport has emerged as a recognised example of a status-based recognition-and-access instrument (Cabinet Office & Government People Group, 2023; Carers UK, n.d.).

This report therefore examines whether Singapore faces a policy problem not simply of insufficient caregiver support, but of weak conversion of existing support into usable relief for working-age informal caregivers, and whether a bounded Carer's Passport can credibly reduce those frictions without duplicating existing schemes. It is organised around two research questions:

- **RQ1 (Systemic Gap):** What significant structural barriers do informal caregivers in Singapore face within the existing support landscape?
- **RQ2 (Utility of Tools):** How can a Carer's Passport effectively alleviate administrative burdens and enhance workplace bargaining power for working-age informal caregivers?

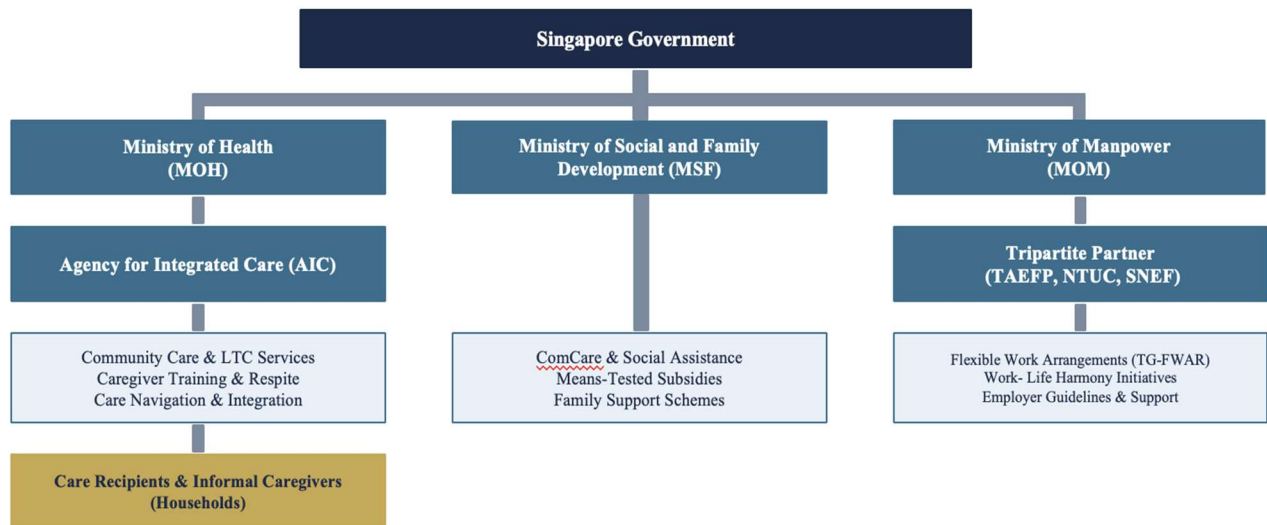
The next chapter serves directly to address RQ1 by first establishing an institutional baseline of Singapore's caregiver support landscape, against which candidate frictions and policy responses can subsequently be assessed.

II. Institutional Context and Support Landscape in Singapore

II.1 Governance Structure of Caregiver Support

Caregiver-relevant support in Singapore is organised across multiple ministries and statutory bodies rather than concentrated in a single caregiver-facing regime. MOH sets the overarching LTC and ageing strategy, and the AIC operates as the main coordinating body for community care and caregiver-facing services, including training, respite resources, and care navigation (AIC, n.d.; MOH, 2023). The Ministry of Social and Family Development (MSF) administers targeted social assistance through schemes such as ComCare, which supports households facing financial hardship, including those unable to work for a period owing to caregiving responsibilities (Ministry of Social and Family Development [MSF], n.d.). Within the employment domain, MOM and tripartite partners including the Tripartite Alliance for Fair and Progressive Employment Practices (TAFEP) govern workplace accommodation, most visibly through the Tripartite Guidelines on Flexible Work Arrangement Requests (TG-FWAR) (TAFEP, n.d.).

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



II.2 Existing Long-Term Care, Social Assistance, and Employment Support Policies

Three functional clusters of caregiver-relevant support can be identified across these agencies. First, LTC and community care include home-based care, day care, respite, and caregiver training coordinated through MOH and AIC, together with CareShield Life, a universal long-term care insurance scheme providing lifelong monthly payouts in cases of severe disability (AIC, n.d.; Ministry of Health, n.d.). Second, targeted social assistance is administered principally through ComCare, which provides short-to-medium-term support on the basis of a holistic assessment of household circumstances rather than a single income cut-off (MSF, n.d.). Third, employment support is organised through TG-FWAR, which formalises how employees may request flexible work arrangements and how employers are expected to consider such requests (TAFEP, n.d.). Taken together, these instruments indicate that Singapore's caregiver support landscape is neither thin nor absent.

Table 1. 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

Table 2. 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

II.3 The Policy Logic of the Current Support Landscape

Several structural features of this landscape warrant analytical attention. First, support is distributed across multiple agencies and domains, so caregivers encounter it through different entry points rather than through one caregiver-facing gateway. Second, access is mediated by scheme-specific eligibility rules relating to care needs, household circumstances, or disability status, rather than by a single portable caregiver status that travels across settings (MSF, n.d.). Third, workplace accommodation is process-mediated: TG-FWAR requires employers to maintain a formal process for considering FWA

requests, yet the final decision remains at the employer's discretion and may be refused on reasonable business grounds (TAFEP, n.d.). These features indicate that the landscape is broad in scope while differentiated in access routes, eligibility logics, and sites of decision-making.

II.4 Implications for the Study's Target Group

Working-age informal caregivers are the group most exposed to this institutional configuration. Because they typically hold paid employment alongside substantial care responsibilities, they must navigate LTC, social-assistance, and workplace processes concurrently. Their situation also carries measurable labour-market consequences, since intensive informal care is associated with reduced labour supply and earnings penalties in the wider literature (Rocard & Llana-Nozal, 2022; Van Houtven et al., 2013). For these reasons, **working-age informal caregivers experiencing work-care disruption** provide the most defensible focus for analysing whether a bounded recognition-and-access tool could address unresolved frictions.

III. Literature Review: From Documented Caregiver Strain to Policy Tool Logic

III.1 Documented Multi-Dimensional Caregiver Strain

Caregiver strain is well established as a multi-dimensional phenomenon. The WHO Quality of Life (WHOQOL) framework conceptualises quality of life across physical, psychological, social, and environmental domains, and is adopted in Singapore by the National Council of Social Service (NCSS) to assess caregiver wellbeing (National Council of Social Service, 2025; WHO, n.d.). In Singapore, population-based evidence indicates that caregivers of older adults carry meaningful chronic physical and psychological morbidity, with over half reporting at least one chronic condition and psychological distress respectively (Sambasivam et al., 2019). A systematic review further demonstrates consistent associations between informal caregiving and elevated loneliness and social isolation, suggesting that caregiving narrows the social ties through which caregivers typically seek advice and share responsibilities (Hajek et al., 2021). On the economic side, OECD analysis concludes that labour-market participation is generally affected when caring exceeds twenty hours per week, while longitudinal evidence finds earnings penalties for caregivers who remain in employment (Rocard & Llana-Nozal, 2022; Van Houtven et al., 2013).

III.2 Unresolved Gaps and Candidate Institutional Frictions

Three candidate frictions follow from reading documented strain against these institutional conditions. The first is access friction. Where information, subsidies, and services are distributed across multiple schemes and agencies, caregivers may bear substantial learning, compliance, and psychological costs in identifying and navigating support. The administrative burden framework characterises these costs as routine features of citizen-state interactions that can limit the practical reach of formally available programmes (Moynihan et al., 2015). The second is recognition friction. Because strain spans several life domains while access is organised scheme by scheme, the caregiver may be recognised differently across settings, as a household applicant in one, an employee requesting flexibility in another, and a family coordinator in a third, without a portable status linking these encounters. The third is support-conversion friction: the existence of support instruments does not in itself guarantee their timely, legible, or coordinated use.

III.3 Passport-like Policy Tools: Recognition, Portability, and Support Conversion

Internationally, a distinct category of policy tool has emerged to address frictions of this kind. Passport-like instruments are government-backed or institutionally endorsed records that identify an individual as a carer and document the adjustments, services, or support that follow from that status (Carers UK, n.d.). Rather than creating new material entitlements, they operate through four related functions: formal recognition of caregiver status; documentation of agreed adjustments; portability across institutional encounters; and routing to existing support pathways.

The United Kingdom illustrates the workplace-facing version of this logic. The Civil Service Carer's Passport is described as a tool that allows a carer and their manager to discuss and document the flexibilities needed to combine caring and work, and to reduce the need to renegotiate those flexibilities each time the employee changes post, department, or manager (Cabinet Office & Government People Group, 2023). Carers UK similarly presents the passport as a record that identifies a carer and sets out a corresponding offer of support, helping carers avoid repeatedly

explaining their circumstances (Carers UK, n.d.). Australia extends the logic toward service navigation: the Carer Recognition Act 2010 formally identifies carers in law, while the national Carer Gateway platform provides a recognised access point to counselling, peer support, respite, and tailored support packages (Carer Gateway, 2024; Commonwealth of Australia, 2010).

The same tools also clarify what they cannot achieve. Recognition in itself does not create enforceable entitlements: the Australian Act expressly states that it does not create legally enforceable rights or duties, and non-compliance does not affect the validity of decisions (Commonwealth of Australia, 2010). Nor do these instruments resolve hardships rooted in income loss, severe time poverty, or the absence of formal care services. Passport-like tools are therefore best understood as friction-reduction and support-conversion tools that complement.

III.4 Study Focus and Research Questions

The literature reviewed here completes two tasks. It identifies a set of candidate institutional frictions, namely access, recognition, and support-conversion frictions, that are analytically plausible within Singapore's current support landscape. It also locates passport-like tools within a broader policy category defined by recognition, documentation, portability, and support conversion.

These two strands map directly onto the study's research questions: **RQ1** concerns the structural barriers facing informal caregivers in Singapore, and **RQ2** concerns the bounded utility of a Carer's Passport in responding to them. The following chapters turn from literature-based diagnosis to empirical verification through qualitative inquiry and to calibrated design through targeted international comparison.

IV. Methods

IV.1 Research Design: A Diagnostic-to-Design Framework

Building on the candidate institutional frictions identified in the literature review (Section III), this section outlines the methodological framework used to empirically verify these gaps.

The research logic is divided into three stages. First, through qualitative research, the study will identify evidence of the "life experiences" of informal caregivers and identify institutional gaps in Singapore's care support system. Second, the study will assess the potential effectiveness of "Carer's passport" in alleviating administrative burdens and enhancing workplace discourse power. Third, adopting targeted international comparisons, the study will extract functional modules from mature cases, match international experience with local demands, and ultimately output policy plans that are suitable for Singapore's national conditions.

IV.2 Qualitative Interviews

The theoretical framework guiding our interviews is grounded in the *Caregiver Quality of Life Report* (2022), published by the National Council of Social Service (NCSS). By adopting the World Health Organization's Quality of Life (WHOQOL) framework, NCSS systematically delineates the core challenges faced by informal caregivers across six domains: physical health, mental health, independence, social relationships, environment, and spiritual beliefs. This study utilizes these six domains as the basis for designing interviews, aiming to identify the most acute pain points and point out the specific gaps that the caregiver passport mechanism must bridge in future policy and service design.

While current research successfully captures the scale of the caregiving crisis, it frequently views caregivers as mere "policy subjects" operating on rational logic. Our approach adds a critical human layer by capturing the lived struggles of caregivers—specifically the "psychological costs" and the complex "administrative negotiations" they face daily. These dimensions are often invisible in quantitative data, and understanding them is essential for developing more targeted and effective policy interventions.

IV.2.1 Sample Selection and Data Collection

According to the target group of the study, this designed semi-structured interviews focusing on Working-age Informal Caregivers. More importantly, this group experiences the sharpest tension between professional responsibilities and caregiving duties. By focusing on this group, our study is able to highlight the intersection between employment structures and caregiving needs, and to assess how a Carer's Passport could serve as a practical tool for identity recognition, resource integration, and workplace support.

This study employed a purposive sampling strategy to identify core participants. Recruitment involved a combination of online outreach and extensive fieldwork at HDB heartlands and major hospitals, engaging with approximately 80 potential candidates. The interviews focused our selection exclusively on individuals facing the "Double Burden"—those simultaneously juggling employment and caregiving responsibilities. From this pool, six core participants were selected representing a diverse socioeconomic spectrum, ranging from mid-career professionals in high-pressure environments to low-income caregivers navigating significant language and administrative barriers.

Interviews lasted 45 to 60 minutes, after which participants completed background forms and the WHOQOL questionnaire. This mixed-methods approach allowed for data triangulation, combining qualitative depth with quantitative metrics to strengthen the reliability of our findings.

IV.2.2 Data Analysis: Thematic Analysis

This study adopted the six-stage Thematic Analysis proposed by Braun & Clarke (2006) to systematically summarize and refine the interview transcribed texts. This study conducted open coding under the guidance of the NCSS six-dimensional framework, capturing original semantic nodes such as "the digital divide of administrative access", "implicit discrimination in the workplace", and "the urgency of economic compensation", which is a hybrid approach of inductive and deductive thematic analysis.

Based on the questionnaire results, during the analysis process, this study particularly focused on the heterogeneity of demands among respondents from different socioeconomic backgrounds (SES), ensuring that the analysis conclusions have a high degree of Credibility and policy reference value. Meanwhile, the study statistically analyzed the frequency of occurrence of each topic in different interviews. It should be made clear that Frequency Counts are not used for statistical inference in this study, but serve as an auxiliary indicator for evaluating the Prominence of the topic and the depth of discussion.

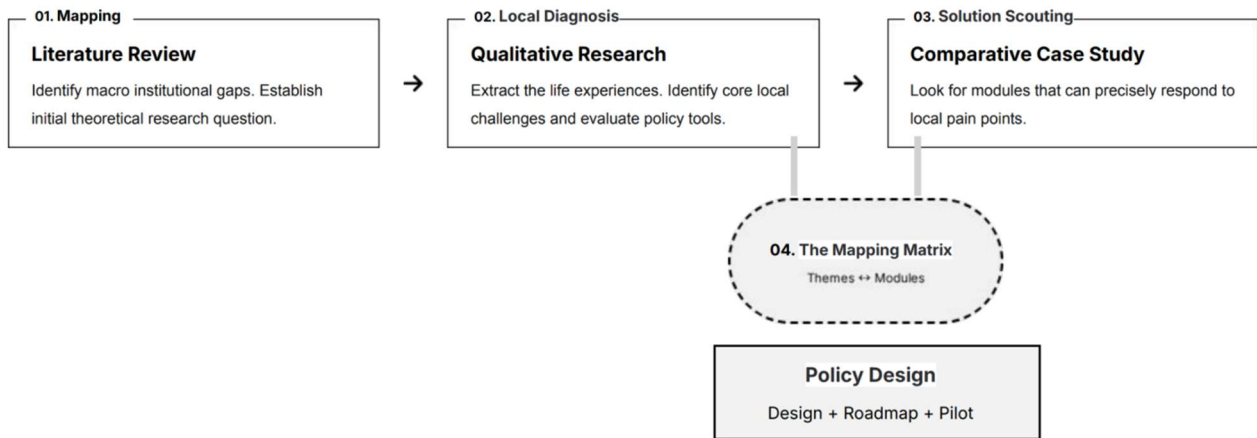
IV.3 Targeted Comparative Case Study

The international comparison of this study does not adopt a simple "policy transplantation", but is based on the "problem-response" matching logic. The case selection follows the principle of "Functional Equivalence", that is, although these countries have different institutional details, they are highly comparable in addressing the core policy challenges of "population aging" and "pressure from informal caregivers". This study selected the United Kingdom (UK) and Australia (Australia) as the main comparative cases. which has more than ten years of mature experience in Formal Recognition of caregivers and the application of passport tools, and can provide "institutional" references for Singapore.

Successful policy borrowing must be based on a clear definition of "why to borrow" and "what to borrow" (Dolowitz & Marsh, 2000). This study aligns the local lesions identified in qualitative interviews, such as "workplace stigma", with successful intervention methods in international cases, such as the workplace adjustment records in the UK. This approach ensures that international experience can precisely "fill" the institutional gaps revealed by local interviews, thereby achieving a logical closed loop from "evidence" to "design".

Thus, this study closely couples "empirical research" and "scheme design" through methodology to answer the two core research questions of this study, namely, clearly pointing out the specific location of institutional gaps and providing specific policy design suggestions and schemes.

Figure 2. Research Roadmap



V. Qualitative Findings

V.1 Identified Gaps in Caregiver Support

After completing semi-structured interviews with all respondents, the study, in the context of NCSS outlining the overall quality of life of caregivers, precisely identifies the core issues and provides in-depth explanations.

As shown in Table 3, administrative and access barriers, as well as conflicts between time and work/care, are the most frequently mentioned topics, while psychosocial isolation and hidden stigmatization in the workplace also occupy significant space. These findings indicate that the challenges faced by caregivers are not only material scarcity, but also deep-seated structural injustice and emotional overdraft.

Table 3: Theme Frequency – Identified Gaps

Theme	Description	Frequency
Administrative and Access Barriers and Fragmentation	Complex, slow, language-dependent application systems and family-based verification that block access	30
Time and Work-Care Conflict	Unpredictable, daily caregiving demands that erode paid work, leisure and career progression	21
Psycho-Social Isolation and Identity Erosion	Caregivers are facing a complete withdrawal from their social circles. They urgently need emotional support rather than merely material support	20
Stigma in the Workplace	Caregivers face a great sense of guilt, promotion penalties and confusion from colleagues when taking leave	10

V.1.1 Administrative and Access Barriers and Fragmentation

According to Table 1, administrative and access barriers are the most prominent themes, with a frequency of 30 times. Respondents generally believe that the current application process for government subsidies and community services is extremely cumbersome, and the economic review based on families is seriously disconnected from their actual living conditions. Participants unanimously reported that the application process was slow and extremely unfriendly to those who were not proficient in English or digital technology. For instance, respondent A pointed out that using the per capita income of a family as the subsidy standard is extremely unfair: "When they share it... They just said you didn't meet the subsidy category." This reflects the predicament that middle-income families are systematically excluded when bearing high care costs. Furthermore, the experience of respondent B demonstrates how language barriers result in the inaccessibility of essential support services. She lamented, "I don't know English... I have no idea what these community AIDS mean. They are all in English." The questionnaire of this respondent also shows that she not only doesn't speak English, but also has a zero utilization rate of community services (Day Care, Respite Care). This "invisible obstacle" caused by the fragmentation of administrative processes and language barriers makes it impossible for resources to precisely reach the most needed caregivers. These seemingly neutral compliance costs actually play a screening role, causing social support resources to be lost in fragmented system gaps before reaching the most urgent caregivers (Moynihan, 2014).

V.1.2 Time and Work-Care Conflict

Time and work-care conflicts are the next core structural challenge, mentioned 21 times. Respondents often mentioned that unforeseen daily care needs have seriously affected their paid work and personal rest. Interviewee C shared her experience of being unable to balance her mother's medical needs and the company's evening meetings: "I can't go to see my mom... I must attend the meeting." Interviewee A shared, "I can't rest at all and have to take care of her all the time." This indicates that the current labor market lacks institutional guarantees for informal caregivers, forcing them to fulfill their family responsibilities at the expense of their career prospects or rest time.

The caregivers' experience of "time poverty" is not merely a scheduling issue; it represents a systemic state of physiological depletion. Caregivers are consistently forced to compromise fundamental physiological needs to sustain their caregiving responsibilities. Specifically, the average "sleep quality" score among all interviewees was just 1.5 out of 5 (correlating to responses of "very dissatisfied" or "dissatisfied").

V.1.3 Psycho-Social Isolation and Identity Erosion

Psychosocial isolation and identity erosion are also frequently mentioned themes in the interviews, with a frequency reaching 20 times. Research has found that caregivers need more than just financial assistance. They generally face the predicament of a complete withdrawal from their social circles and urgently need emotional validation and support. Interviewee D vividly described this state of being confined: "It feels like a little bird in a small cage." Interviewee A said straightforwardly, "I'm gradually losing my friends. They don't understand you..." "If you refuse a few times, they won't invite you anymore."

Furthermore, questionnaire scores in the interpersonal relationships domain for all five interviewees showed a moderate-to-low trend, confirming that the social networks of caregivers are significantly shrinking. This isolation is not merely a consequence of a "lack of time for socializing," but fundamentally stems from the conflict between their caregiver identity and their broader social identity, ultimately leading to the "loss of social capital."

V.1.4 Stigma in the Workplace

While workplace stigma appeared less frequently in our findings (10 mentions), its nature is distinct from time or social conflicts; it is characterized by power asymmetries and moral oppression.

The respondents reported experiencing severe guilt and anxiety when requesting for leave. Interviewee D mentioned that when taking leave to take his father to see a doctor, he was often given a cold shoulder. Both interviewees A and E repeatedly mentioned that they were "worried about being criticized by their bosses". This creates a painful identity crisis, forcing caregivers to negotiate an impossible dilemma: "Does being a dutiful child make me an unreliable employee?" While we acknowledge that frequent absences bring operational challenges, a focus solely on business logic ignores the human cost. Ultimately, this stigma—taking the form of penalties like stalled promotions—turns caregiving into a career liability, further intensifying the caregivers' psychological distress.

V.2 Potential Role of the Carer's Passport

When discussing "Carer's Passport" as a solution, the respondents put forward specific functional demands based on their own pain points and discussed the effects of the solutions. As shown in Table

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

Table 4: Theme Frequency – Passport Solutions

Theme	Description	Frequency
Simplified navigation and Individualizing Resource Access	As a digital certificate, the passport bypasses the repetitive family review and turns to direct authentication and benefit distribution based on the "individual caregiver"	18
Formal Caregiver Identity	Clarify anti-discrimination policies and ensure the right to exercise flexible working arrangements (FWA)	15
Validating Identity and Connecting to Peer Ecosystems	A passport is not only an administrative tool but also a symbol of "social respect", which can be directly used to link unofficial peer support networks	12

V.2.1 Simplified Navigation and Individualizing Resource Access

As shown in Table 2, simplifying service navigation by using passports is the most hotly discussed function, with a frequency reaching 18 times. Respondents believe that passports, as digital credentials, such as when combined with Singpass, can bypass repetitive family reviews and enable rapid authentication based on the "individual caregiver". Interviewee E strongly suggested that the approval should be "targeted at individuals, which will avoid a lot of trouble and also eliminates the need to contact family members whose relationships have broken down." Interviewee C emphasized, "I don't understand English. Simplified certification would be more convenient for me." This indicates that Carer's Passport is expected to significantly reduce administrative burdens and provide efficient financial support through data integration, such as one-click access to qualifications.

However, the cross-comparison between quantitative questionnaires and in-depth interviews revealed significant heterogeneity in the respondents' evaluation of the effect of "simplified navigation". Based on the collected questionnaire data, the research found that respondents with lower socioeconomic status, which means they have lower family income levels, and lack of digital and language skills evaluated the marginal utility of "simplifying processes" significantly lower than their demand for "direct material access".

For this group, while reducing administrative burdens (such as eliminating the complex operations of Singpass or home audits) can lower the "learning cost", it cannot alleviate their core "survival anxiety". As interviewee B mentioned in the interview: "easier is no use... I don't know how to use it ... I don't know English...It is better to give rice or flour". Interviewee E also mentioned: "I don't know... maybe just give me some cooking oil, rice lah". According to their quantitative assessment, it shows a high preference for daily necessities. This indicates that when the living conditions of caregivers are at the bottom of their physiological and safety needs (based on Maslow's hierarchy of needs), their expectations of the "Carer's Passport" are more inclined towards its function as a "resource exchange coupon" rather than a pure "administrative pass".

For High-resource visitors, the value of a passport lies in "saving time". For Low-resource viewers, the value of a passport must be reflected in "increasing resources". If the "Carer's Passport" merely remains at the technical level of one-click access to eligibility (Singpass integration) without being linked to substantial living subsidies or material rationing, then for groups with lower socioeconomic status (SES), this policy may fall into the "Matthew Effect" - that is, those caregivers who already have a certain level of digital literacy and economic foundation can use this tool more efficiently to obtain support, while caregivers who are truly in extreme poverty or on the verge of the digital divide

may still not be able to achieve substantial improvement in their lives due to "scarce back-end resources".

Therefore, for this special group, the analysis indicates that the functional design of the "Carer's Passport" must go beyond "process simplification" and integrate the "Targeted Material Provision" module.

V.2.2 Formal Caregiver Identity

Table 2 shows that using a passport as an officially endorsed identity proof to safeguard workplace rights is another core demand, with a frequency reaching 15 times. Some respondents believe that a passport can justify the act of taking leave and implement FWA. All respondents believed that with the government-recommended certificate, "I wouldn't be maliciously exploited by my boss." This confirmation of official status helps to transform the responsibility of care from a "private nuisance" into a "social contribution". However, it must be noted that a passport alone cannot instantly change the deeply rooted workplace competition culture. Without corresponding anti-discrimination laws, passport holders may still face the risk of being "marginalized".

The caregiver identity from the employer's perspective may trigger an "Essentialist Bias", that is, the belief that employees holding passports will inevitably be absent frequently in the future. The "cold shoulder" mentioned by respondent D actually reflects employers' aversion to "flexibility costs". Under this logic, although a passport provides a legal basis for taking leave, it cannot eliminate the "Professional Penalty" behind it. For employers, a passport is more like a "statement of reduced production" rather than a "proof of contribution". This cognitive misalignment indicates that if there is a lack of corresponding employer incentive mechanisms or workplace culture reshaping, the passport mechanism may, in an imperceptible way, solidify employers' negative impression of caregivers as "low input".

V.2.3 Validating Identity and Connecting to Peer Ecosystems

The potential of passports in terms of identity recognition and social connection has been recognized as well. The respondents suggested that a passport could serve as an "admission ticket" to enter an empathetic community. Respondents A, C and E pointed out that although passports can offer a sense of "self-worth" and "dignity", they also expressed concerns that it is a double-edged sword and might be labeled as "unemployed" or "vulnerable". This indicates that the design of the Carer's Passport must go beyond mere administrative tools and take into account social empowerment. However, simple administrative intervention is difficult to completely address the deep-seated psychological trauma mentioned earlier.

V.3 Conclusion

After completing the qualitative coding of in-depth interviews with six respondents and the quantitative correlation analysis of the WHOQOL scale, this study provided a clear answer to the core research question initially proposed and made further academic contributions based on the existing research. The potential of Carer's Passport in identity formalization and workplace bargaining was widely recognized by the respondents. Passports can simplify administrative processes as digital credentials, and also as empowerment tools that reshape workplace contracts and combat invisibility. However, the research reveals a key paradox and corrects the universality of the validity of a passport is not linearly distributed but is strongly regulated by an individual's socio-economic background. This indicates that the technical functions of passports, such as one-click

access are an added bonus for high-resource groups, but for extremely low-income groups, if there is a lack of substantive material linkage, they may fall into the predicament of the "Matthew effect".

The above empirical findings not only outline the survival predicament of caregivers but also directly point to the precise targets of policy intervention. Based on this, the following section no longer discusses the design of a single tool, but takes the "Carer's Passport" as the core and proposes an integrated policy proposal covering administration, workplace, materials and community in a four-in-one way.

VI. Targeted Comparative Policy Learning: International Responses to Caregiver Strain

VI.1 Comparative Logic: Targeted Policy Learning, Not Policy Transfer

Having identified caregiver-related frictions in Singapore through institutional review, literature, and qualitative evidence, this section uses international experience for targeted policy learning, not policy transfer. The aim is not to find a foreign model to copy. It is to test which policy functions respond to which caregiver burdens, and what those functions imply for a bounded Singapore Carer's Passport.

The cases are selected by response logic. The United Kingdom is useful because its Civil Service Carer's Passport records agreed workplace flexibilities between carers and managers (Cabinet Office & Government People Group, 2023a). Australia is useful because Carer Gateway connects unpaid carers to counselling, peer support, coaching, respite, and tailored support packages, making it a service-navigation case (Carer Gateway, 2024). Canada is useful because EI caregiving benefits and the Canada caregiver credit address time away from work and household financial dependency, which a recognition tool cannot directly solve (Employment and Social Development Canada, 2026; Canada Revenue Agency, 2026).

This comparative move also disciplines the report's small-n qualitative evidence. Interviews can show how caregivers experience friction and imagine a passport, but they cannot prove one best institutional design. The UK case speaks to repeated explanations at work because its passport supports continuity when an employee changes role, department, or manager (Cabinet Office & Government People Group, 2023a). Australia speaks to fragmented access because Carer Gateway works as a visible entry point to multiple supports (Carer Gateway, 2024). Canada marks the limit of recognition because EI caregiving benefits provide income support for eligible workers caring for critically ill, injured, or end-of-life family members (Employment and Social Development Canada, 2026). Together, the cases clarify what a passport can do, where it needs linkage, and where it should not overclaim.

VI.2 United Kingdom: Recognition in Practice and Workplace Translation

The UK case shows recognition in practice. The Civil Service Carer's Passport helps carers and managers discuss and record workplace flexibilities needed to combine care and work (Cabinet Office & Government People Group, 2023a). It is also designed to reduce repeated disclosure when carers move across posts, departments, or managers (Cabinet Office & Government People Group, 2023a).

Its strength is documentation and continuity. Caregiving becomes visible, discussable, and portable within employment settings. This matters for Singapore because a Carer's Passport could support TG-FWAR conversations by making caregiving status easier to present and verify. Yet the UK passport is not a cash benefit, respite programme, or service-navigation gateway (Cabinet Office & Government People Group, 2023a). Its lesson is therefore bounded: a passport can reduce repeated explanation and strengthen workplace legitimacy, but it cannot by itself relieve material strain.

VI.3 Australia: Recognition Embedded in Services and Support Pathways

Australia adds a service-facing lesson. The *Carer Recognition Act 2010* formally recognises carers and sets principles for how public service care agencies should consider carers in relevant work (Carer Recognition Act 2010 (Cth)). However, the Act does not create legally enforceable rights or duties,

and non-compliance does not affect the validity of decisions (Carer Recognition Act 2010 (Cth), s. 10). Recognition can therefore raise visibility without guaranteeing usable support.

Carer Gateway is more design-relevant because it turns recognition toward access. It provides unpaid carers with counselling, peer support, coaching, online skills courses, planned respite, emergency respite, and tailored support packages (Carer Gateway, 2024). For Singapore, the implication is that a passport should not merely prove caregiver status. It should route recognised caregivers to existing public, community, workplace, and social-service supports.

VI.4 Canada: Material Relief, Leave, and the Limits of Recognition

Canada marks the outer boundary of passport logic. EI caregiving benefits support eligible workers who need time away from work to care for a critically ill, injured, or end-of-life family member (Employment and Social Development Canada, 2026). The programme distinguishes care for a critically ill or injured child, a critically ill or injured adult, and a person requiring end-of-life care (Employment and Social Development Canada, 2026).

The Canada caregiver credit reinforces this material-support logic. It is a non-refundable tax credit for eligible individuals supporting a spouse, common-law partner, or dependant with a mental or physical infirmity (Canada Revenue Agency, 2026). Dependency is defined in practical household terms, including regular reliance on the caregiver for basic necessities such as food, shelter, and clothing (Canada Revenue Agency, 2026). Canada therefore shows that some caregiver burdens concern income interruption, leave, and household responsibility. A passport may make caregivers visible, but it cannot replace cash assistance, protected leave, respite, or replacement care.

VI.5 Comparative Synthesis: Matching International Repertoires to Singapore’s Frictions

The three cases point to different policy repertoires rather than one transferable model. The UK shows recognition, documentation, and workplace translation. Australia shows why recognition should connect to service pathways. Canada shows why material strain requires support beyond recognition.

Table 5. Compact Comparative Policy Learning Matrix

Singapore design problem	Best-fit international lesson	Limit exposed	Singapore design implication
Recognition and workplace translation	UK: documented flexibilities reduce repeated explanation and support continuity	Weak on material relief and service navigation	Use the passport as a workplace-facing supporting record, not an entitlement generator
Service navigation and support conversion	Australia: recognition works better when linked to services, respite, and tailored support	Legal recognition alone is not enforceable; access remains eligibility-mediated	Make the passport a routing layer to existing support pathways
Material strain and time poverty	Canada: benefits and credits respond to income interruption and household burden	Not a portable recognition or navigation model	Link caregivers to material support, but do not treat the passport as material support itself
Symbolic or uneven benefit risk	All cases: recognition only matters when backed by systems, uptake, and resources	Risk of hollow credential or unequal benefit	Build in equity-sensitive linkage and distributional evaluation

The comparative lesson is cumulative. Recognition matters only when it becomes convertible. Documentation matters only when it reduces repeated proof in workplace and service interactions. Material relief matters, but it sits partly outside what a passport can provide. A Singapore Carer's Passport should therefore be designed as a bounded recognition-to-conversion tool: credible enough to make caregiving status legible, and connected enough to support routing, workplace translation, and targeted linkage to existing assistance. This keeps the section comparative without weakening the report's Singapore-specific design logic. This logic leads directly into the design section.

VII. From Evidence to Design: A Singapore Carer’s Passport

VII.1 Theoretical Framework: Recognition, Policy Tools, and Administrative Burden

A Singapore Carer’s Passport is most defensible as a response to weak institutional legibility. Schneider and Ingram’s social construction theory argues that policy designs do not simply distribute benefits and burdens; they also define target populations and signal whose claims are publicly recognisable (Schneider & Ingram, 1993). This is crucial for working-age informal caregivers. They are morally valued as family members, but administratively unstable: an employee in the workplace, a proxy navigator in healthcare, a family applicant in welfare processes, and often an invisible coordinator across all three. The policy problem is therefore not only insufficient support, but the absence of a portable status that institutions can recognise without forcing caregivers to retell and reprove their circumstances.

Policy tool theory clarifies what the passport should and should not be. Schneider and Ingram distinguish tools that operate through authority, incentives, capacity-building, symbolic signalling, and learning (Schneider & Ingram, 1990). A Carer’s Passport should not be designed as a strong authority tool that compels employers or agencies to grant new entitlements, nor as an incentive tool that directly compensates care work. Its best fit is a hybrid symbolic, learning, and capacity-building tool. Symbolic recognition is not decorative here: if embedded in service and workplace routines, it changes the starting position from “please believe my private burden” to “this recognised role requires a structured response.”

Administrative burden theory explains why this modest tool can still matter. Caregivers face learning costs in discovering schemes, compliance costs in repeatedly proving eligibility, and psychological costs in disclosing stressful family circumstances to multiple gatekeepers (Moynihan et al., 2015; Herd & Moynihan, 2018). A well-designed passport reduces these frictions by converting caregiving from a repeatedly narrated private condition into a reusable, privacy-limited record.

The theoretical mandate is therefore precise. The passport should make caregiving status institutionally legible, reduce avoidable access burdens, and route caregivers toward appropriate support. It should not replace substantive policies such as cash benefits, care leave, respite, or formal care services. In design terms, it is not the whole care policy package; it is the connective device that helps existing and future supports reach the caregivers they are meant to serve.

VII.2 Why a Passport: Tool Fit and Design Boundaries

A Singapore Carer’s Passport is justified only if it fills a gap that existing schemes are not designed to address. Singapore already has financial, training, care-service, and workplace-process instruments, including the Home Caregiving Grant, Caregivers Training Grant, and TG-FWAR (Agency for Integrated Care, n.d.-a, n.d.-b; Ministry of Manpower, 2024). The case for a passport therefore cannot rest on duplicating these schemes.

The residual problem is the difficulty of making caregiver status legible and usable across settings. A caregiver may have substantial responsibilities and may technically be surrounded by support options, yet still need to repeatedly explain their role, identify the right access point, translate their situation into scheme-specific categories, or justify workplace flexibility to a manager. A passport is suited to this intermediate layer because it creates a recognised record of caregiving status and a structured basis for approaching service providers, community organisations, and employers.

Its boundary is equally important. The passport should not promise what other instruments must provide. It cannot replace financial support, training, respite capacity, replacement care, employer decision-making, or legal protection against discrimination. Its value lies between two failures: a symbolic card that changes little, and an overloaded quasi-entitlement that duplicates existing schemes. The appropriate design is a bounded access-enabling tool, not a new welfare regime.

VII.3 Design Principles

Four principles should discipline the design.

First, recognition must be bounded but inclusive. Eligibility should prevent unlimited scope expansion while still covering caregivers whose responsibilities are substantial but hard to document. The passport should recognise caregiving as a policy-relevant role without turning every ordinary family relationship into an administrative claim.

Second, the passport must reduce burden rather than create another procedural layer. Simple verification, reusable proof, clear communication, and institutional awareness are design fundamentals, not administrative details (Moynihan et al., 2015). If caregivers must repeatedly explain the passport to agencies or employers, the tool would reproduce the burden it seeks to reduce.

Third, the passport should integrate rather than parallel existing systems. Its role is to connect health, social-service, community, and workplace pathways that already exist but are not experienced by caregivers as a coherent support system. Integration also prevents the passport from becoming a decorative add-on.

Fourth, the design must be equity-sensitive. Recognition tools can advantage caregivers who are digitally literate, confident with agencies, or comfortable disclosing caregiving at work. Since TG-FWAR formalises request processes without guaranteeing approval, the passport should include assisted access, non-digital proof, multilingual guidance, and targeted referral for caregivers facing material, language, or time constraints (Ministry of Manpower, 2024).

Together, these principles set the design test: every feature should clarify recognition, reduce burden, improve routing, support workplace translation, or prevent unequal uptake.

VII.4 Policy Proposal and User Journey

We propose a government-backed Singapore Carer’s Passport for working-age informal caregivers who provide regular and substantial unpaid care to a community-dwelling older person, person with disability, or person with significant long-term care needs. It should function as a recognised record of caregiving status and an access-enabling interface across workplace, healthcare, social-service, and community settings.

The passport should not create automatic entitlement to grants, leave, respite, or flexible work. Instead, it should make caregiver status easier to verify, communicate, and route toward existing support. Caregivers should be able to apply through an existing public-service entry point, with assisted offline options where needed. Verification should rely where possible on existing administrative records, care-recipient status, or professional confirmation. In workplace settings, the passport should support but not replace the formal FWA request process under TG-FWAR (Ministry of Manpower, 2024).

Table 6. Proposed User Journey for a Singapore Carer’s Passport

Stage	Caregiver action	System response	Design purpose
Entry	Applies through an existing public-service, AIC-linked, healthcare, or community touchpoint	Provides digital and assisted offline access	Avoids creating a separate hard-to-find scheme
Verification	Submits basic caregiver and care-recipient information	Checks existing records or professional confirmation where possible	Reduces repeated proof and documentation burden
Issuance	Receives digital and/or printable proof	Displays limited status information, validity, and review date	Creates portable, privacy-limited recognition
Navigation	Selects main support need	Routes to grants, training, respite, workplace guidance, or referral	Converts recognition into usable support pathways
Workplace use	Uses workplace-facing summary for FWA discussion	Supports TG-FWAR request preparation without guaranteeing approval	Structures negotiation while preserving employer process
Review	Updates information when needs change	Links higher-need users to assisted support and validity review	Prevents one-off recognition from becoming stale

Note: *Workplace use should be read in relation to TG-FWAR’s official process for requesting and considering FWAs. Service navigation refers to routing toward existing support pathways; it does not imply automatic eligibility or approval.*

VII.5 Core Design Features

The passport should be built around four modules that translate the evidence on fragmentation, workplace stigma, unequal capacity, and social invisibility into design architecture. This section is therefore not a feature list; it explains how the theoretical mandate becomes operational.

First, the credential and verification module addresses the legibility problem. It should contain only information needed for recognition and routing: caregiver identity, care-recipient category, broad care responsibility, verification basis, validity period, and review date. It should not display sensitive diagnoses, income details, or unnecessary family information. Verification should rely where possible on existing administrative records, care-recipient eligibility, or professional confirmation. A digital version should be paired with printable or physical proof for caregivers who are less digitally confident. The point is not to create another document, but to prevent caregivers from reconstructing their caregiving identity at every institutional encounter.

Second, the navigation and referral module addresses learning costs and fragmentation. A static directory would be insufficient because caregivers often do not know whether their problem belongs to finance, training, respite, workplace flexibility, emotional support, or service coordination. The interface should ask a small number of structured questions and then route users toward relevant pathways, such as HCG information, CTG-approved training, respite services, or TG-FWAR request guidance, without implying automatic approval (Agency for Integrated Care, n.d.-a, n.d.-b; Ministry of Manpower, 2024). Assisted navigation should be available through community and social-service touchpoints. This is what turns the passport from a card into a guided access mechanism.

Third, the workplace translation module addresses stigma and negotiation asymmetry. A workplace-facing summary should disclose only necessary information: caregiving status, care-related work constraints, requested arrangement type, expected frequency or duration, and review timing. This aligns with TG-FWAR’s process-based approach to formal FWA requests (Ministry of Manpower, 2024). The passport would therefore function as supporting evidence and conversation structure, not as an instruction to approve the request. This modesty is deliberate: the tool should improve the legitimacy and clarity of requests without promising a legal entitlement it cannot sustain.

Fourth, the targeted support and community linkage module addresses unequal uptake. Referral triggers may include financial stress, severe time poverty, low digital confidence, emotional strain, repeated failed applications, or difficulty sustaining employment. These triggers should not automatically confer benefits, but should route users toward assisted application, social-service referral, peer support, counselling, or material-assistance screening. This module is essential because a recognition tool without assisted pathways may mainly benefit caregivers who already have the confidence and capacity to navigate the system.

Together, these modules define the passport as a recognition-to-conversion tool. The credential makes caregiver status portable; navigation reduces learning costs; workplace translation structures employment negotiation; and targeted linkage protects against unequal uptake. The passport does not replace grants, leave, respite, or employer decision-making, but makes the route toward them clearer, less repetitive, and less dependent on individual confidence.

VII.6 Governance, Eligibility, and Safeguards

The passport should be governed as a cross-agency access tool rather than a standalone welfare programme. AIC would be well placed to serve as lead administrator because of its role in long-term care navigation and caregiver-facing support. However, recognition must also travel across MOM-linked workplace processes, healthcare providers, MSF and community partners, and social-service touchpoints. A single lead administrator should therefore be paired with cross-agency protocols.

Eligibility should be bounded but not excessively narrow. The pilot should begin with working-age informal caregivers providing regular and substantial unpaid care. “Regular and substantial care” may be operationalised through care frequency, duration, ADL/IADL support, medical coordination, supervision responsibilities, or documented work–care disruption.

Data safeguards are central. Singapore’s PDPA provides the baseline framework for personal-data protection, while HealthHub’s Caregiver Module illustrates the importance of consent, scope, and revocation in caregiver-facing access (Personal Data Protection Commission, n.d.; HealthHub, n.d.). The passport should verify caregiver status without displaying unnecessary diagnoses, income details, or sensitive household information.

Workplace and equity safeguards are equally important. Since TG-FWAR requires proper consideration of FWA requests but does not require approval of all requests, the passport should support structured disclosure without allowing employers to demand excessive personal information (Ministry of Manpower, 2024). Assisted application, non-digital proof, multilingual guidance, and community referral should be built in from the pilot stage.

Table 7. Governance and Safeguard Design

Design area	Recommendation	Risk controlled
Lead agency	AIC-led administration with cross-agency protocols involving MOM-linked workplace processes, healthcare, MSF/community partners, and social-service touchpoints	Fragmented recognition across institutions
Eligibility	Working-age informal caregivers providing regular and substantial unpaid care	Over-expansion or unclear target population
Verification	Use existing records, care-recipient status, or professional confirmation where possible	Repeated documentation and compliance burden
Data minimisation	Display only caregiver status, broad care category, validity, and review date	Excessive disclosure of diagnosis, income, or family details
Consent and revocation	Allow caregivers to control workplace-facing or agency-facing information	Privacy loss and involuntary disclosure
Workplace safeguards	Clarify that employers may use the passport only for structured FWA consideration, not intrusive screening	Employer misuse or discrimination
Equity safeguards	Provide assisted application, non-digital proof, multilingual guidance, and community referral	Uptake concentrated among digitally literate or confident caregivers

Note: Data-safeguard claims are grounded in Singapore’s PDPA framework and caregiver-access principles reflected in HealthHub’s caregiver access model. Workplace safeguards are grounded in TG-FWAR’s process-based approach to FWA requests.

VII.7 Pilot, Evaluation, and Scaling Conditions

The Carer’s Passport should begin as a time-limited pilot rather than an immediate national rollout. A pilot is appropriate because the passport’s value depends on behavioural uptake, institutional recognition, and frontline usability. Evaluation guidance emphasises that innovative or uncertain interventions should be tested at smaller scale before broader rollout (HM Treasury, 2025).

The pilot should begin through selected healthcare, AIC-linked, community, and workplace touchpoints, with employers trained that the passport supports FWA conversations but does not compel approval. Evaluation should combine process, outcome, equity, and safeguard measures. Process evaluation should assess whether the passport is issued, understood, and recognised. Outcome evaluation should examine navigation, workplace communication, and referral completion. Equity evaluation should test whether benefits are concentrated among already capable caregivers. Safeguard evaluation should monitor privacy risks, employer misuse, and excessive disclosure.

Scaling should be conditional. National expansion should proceed only if caregivers use the passport, institutions recognise it at real touchpoints, and the tool improves access without creating unequal uptake or new risks. If these conditions are not met, the passport should be redesigned before expansion rather than scaled for symbolic visibility.

Table 8. Pilot Evaluation Framework

Evaluation domain	Key question	Illustrative indicators	Scaling condition
Uptake	Are eligible caregivers willing and able to obtain the passport?	Applications, approval rate, assisted applications, drop-off points	Uptake is not limited to digitally confident caregivers
Institutional recognition	Do frontline institutions understand and accept the passport?	Recognition by healthcare, AIC/community touchpoints, social-service partners, and pilot employers	Recognition occurs at actual service and workplace interfaces
Navigation outcomes	Does the passport improve access to existing support?	Completed referrals, HCG/CTG navigation, service enquiries, reduced repeated explanation	Users report clearer pathways and fewer access frictions
Workplace outcomes	Does it improve FWA request quality without creating false entitlement?	FWA requests supported, manager understanding, request outcomes, review arrangements	Passport supports structured discussion without coercive claims
Equity	Who benefits most and who is missed?	Uptake by income, language, digital confidence, employment type, caregiving intensity	Benefits are not concentrated among already capable caregivers
Safeguards	Are privacy and misuse risks controlled?	Complaints, excessive disclosure cases, employer misuse, consent withdrawal	No systemic misuse or unacceptable privacy risk

Note: Table X deliberately separates successful implementation from successful scaling. A passport can be easy to issue but still fail if it is not recognised, does not improve navigation, or increases disclosure risk.

VIII. Conclusion and Study Limitations

This report examined whether Singapore needs a Carer's Passport and, if so, what kind of instrument it should be. The answer is bounded but affirmative. Singapore does not simply lack caregiver support: existing schemes already span long-term care, caregiver training, social assistance, respite-related resources, and flexible work request processes. The sharper problem is conversion. Working-age informal caregivers may be surrounded by support, yet still struggle to turn it into timely, legible, and portable relief because caregiving remains unevenly recognised across service, administrative, and workplace settings.

The report makes this argument in three ways. Diagnostically, it reframes caregiver strain as a problem of institutional friction, not only resource scarcity. The key issue is not whether caregivers are morally valued as family members, but whether their role becomes legible when they seek help, request flexibility, or navigate schemes. Empirically, the qualitative findings show how these frictions are lived: repeated proof, fragmented information, work-care conflict, psychosocial strain, and workplace stigma. They also complicate an easy endorsement of a passport. Higher-resource caregivers may value administrative convenience, while lower-resource caregivers may benefit little unless recognition is linked to tangible support. Design-wise, the comparative cases sharpen the proposal's limits: the UK illustrates workplace recognition, Australia shows service-linked recognition, and Canada warns that recognition cannot substitute for material relief, leave, or respite.

The proposed Singapore Carer's Passport should therefore be piloted as a bounded recognition-to-conversion tool. Its role is not to create a parallel welfare regime, but to verify caregiver status, reduce repeated documentation, route caregivers toward existing support, structure workplace-facing conversations, and link higher-need caregivers to assisted pathways.

These conclusions should be read within the study's boundaries. The analysis applies most directly to working-age informal caregivers facing work-care disruption. Its qualitative evidence is intentionally rich but not statistically representative, and the report offers a design justification rather than an impact evaluation. Uptake, institutional recognition, employer response, privacy risk, and distributional effects require pilot testing.

These limits do not weaken the case for a passport; they define how it should proceed. A Carer's Passport is worth considering only as a cautious, equity-sensitive pilot, judged by whether it helps caregivers move from private burden to recognised status, and from recognised status to usable support.

Appendix I. Detailed Comparative Notes on International Caregiver Support Repertoires

Appendix I.1 United Kingdom: Workplace Recognition and Continuity

The United Kingdom illustrates a workplace-facing repertoire of caregiver recognition. The Civil Service Carer’s Passport is designed to help carers and managers discuss and document workplace flexibilities that help employees combine care and work (Cabinet Office & Government People Group, 2023a). Its portability function is central: the passport reduces the need for an employee to repeat the same caring explanation when changing post, department, or manager (Cabinet Office & Government People Group, 2023a).

The accompanying Carers’ Conversation Map gives the passport a procedural function. It guides carers and managers through identifying workplace challenges, discussing possible flexibilities, recording agreed arrangements, and revisiting the passport when circumstances change (Cabinet Office & Government People Group, 2023b). This matters because caregiver recognition is not only a status label; it must be converted into structured workplace conversations.

For Singapore, the UK case is useful because it shows how a passport can support TG-FWAR-type conversations without automatically creating a legal entitlement to flexible work. Its limitation is equally important. The UK model is strongest when the problem is repeated explanation and workplace discretion, but it does not directly provide income support, respite, replacement care, or broad service navigation (Cabinet Office & Government People Group, 2023a).

Dimension	UK lesson
Main instrument	Civil Service Carer’s Passport; Carers’ Conversation Map
Main policy logic	Recognition through workplace documentation and continuity
Main strength	Reduces repeated explanation and supports manager–employee conversations
Main limit	Does not provide material relief, respite, or service navigation
Singapore relevance	Useful for workplace translation under TG-FWAR, but insufficient as a full support model

Appendix I.2 Australia: Recognition Connected to Services

Australia illustrates a service-facing repertoire. The *Carer Recognition Act 2010* formally recognises carers and provides a national statement on how carers should be considered in public service care contexts (Carer Recognition Act 2010 (Cth)). However, the Act explicitly states that it does not create legally enforceable rights or duties, and that a failure to comply with the Act does not affect the validity of decisions (Carer Recognition Act 2010 (Cth), s. 10). This is important because it shows the limits of symbolic or statutory recognition when it is not attached to enforceable claims.

Carer Gateway is more directly relevant for policy design. It provides unpaid carers with free counselling, peer support, coaching, online skills courses, respite, and tailored support packages (Carer Gateway, 2024). Tailored support packages may include practical assistance such as planned respite, transport, cleaning, cooking, shopping assistance, and support connected to education or employment needs (Carer Gateway, n.d.).

For Singapore, Australia’s lesson is that a passport should not stop at verifying caregiver status. If recognition is not linked to accessible services, it may become a hollow credential. A Singapore Carer’s Passport should therefore function as a routing layer that helps caregivers connect with existing support pathways, rather than as a purely symbolic identity document.

Dimension	Australia lesson
Main instruments	Carer Recognition Act; Carer Gateway; tailored support packages
Main policy logic	Recognition embedded in services and practical support
Main strength	Connects caregiver identity to counselling, peer support, respite, and tailored assistance
Main limit	Legal recognition itself is not enforceable; access remains assessment- and eligibility-mediated
Singapore relevance	Passport should route caregivers to existing support pathways rather than merely verify status

Appendix I.3 Canada: Material Relief and the Boundary of Passport Design

Canada provides a contrasting repertoire because its main instruments respond to material strain rather than portable recognition. EI caregiving benefits support eligible workers who need time away from work to care for a critically ill, injured, or end-of-life family member (Employment and Social Development Canada, 2026). The programme includes benefit streams for caring for a critically ill or injured child, a critically ill or injured adult, and a person requiring end-of-life care (Employment and Social Development Canada, 2026).

The Canada caregiver credit also frames caregiving as a household-resource issue. It is a non-refundable tax credit for eligible individuals supporting a spouse, common-law partner, or dependant with a mental or physical infirmity (Canada Revenue Agency, 2026). The dependency test includes regular and consistent reliance on the caregiver for basic necessities such as food, shelter, and clothing (Canada Revenue Agency, 2026).

Canada is therefore useful because it prevents overclaiming. Some caregiver burdens are not primarily caused by lack of recognition. They are caused by lost income, time away from employment, direct household cost, and urgent care responsibilities. A Carer’s Passport may help caregivers become visible to systems, but it cannot replace cash support, protected leave, respite, or care substitution.

Dimension	Canada lesson
Main instruments	EI caregiving benefits; Canada caregiver credit
Main policy logic	Material relief and temporary work-interruption support
Main strength	Addresses income interruption, leave, and household financial responsibility
Main limit	Does not create portable recognition, workplace translation, or service navigation
Singapore relevance	Passport should link to material support where needed, but not pretend to be material support

Appendix I.4 Expanded Comparative Policy Learning Matrix

Design dimension	United Kingdom	Australia	Canada	Singapore design implication
Core policy problem addressed	Repeated explanation and renegotiation of caring role in employment settings	Need to connect of caregiver in recognition with services and practical support	Income interruption, leave needs, and financial dependency caused by caregiving	Singapore faces all three dimensions, so the passport must be bounded and connective rather than single-purpose
Main policy repertoire	Recognition in practice	Recognition embedded in services	Material relief and temporary leave	Use international cases as repertoires, not models to copy
Main instruments	Civil Service Carer's Passport; Carers' Conversation Map	Carer Recognition Act; Carer Gateway; tailored support packages	EI caregiving benefits; Canada caregiver credit	Combine recognition, routing, workplace translation, and support linkage

Recognition logic	Caregiver status is documented and made discussable with managers	Carers are formally recognised, but statutory recognition is not enforceable by itself	Recognition is mainly attached to benefit eligibility or tax-credit status	Recognition should be credible, but not treated as the final policy outcome
Workplace translation	Strong: passport records agreed flexibilities and supports continuity across manager or role changes	Limited: less workplace-specific; more service-facing	Different: supports time away from work rather than ongoing workplace negotiation	Passport should support TG-FWAR conversations without overriding employer discretion
Service navigation	Limited: mainly workplace-facing	Strong: Carer Gateway provides a visible service access point	Limited: mainly benefit and tax pathways	Passport should route caregivers to existing Singapore supports rather than duplicate them
Material relief	Weak: no direct cash, respite, or replacement-care function	Moderate: practical support, respite, tailored packages, and separate payments	Strong: leave-based benefits and caregiver tax credit	Passport should link to material assistance, but not be framed as material assistance itself
Implementation condition	Depends on managerial uptake and organisational culture	Depends on service capacity, assessment, and eligibility pathways	Depends on benefit eligibility and administrative access	Singapore must test employer uptake, public-sector routing, and distributional effects in pilot

Main strength	Makes caregiving status portable within workplace conversations	Prevents recognition from remaining purely symbolic by connecting it to support architecture	Shows that some burdens require direct material or leave-based responses	The passport must be useful across recognition, routing, and workplace settings while staying realistic
Main limitation	Risks becoming workplace paperwork if detached from broader supports	Recognition law alone lacks enforceable force; services still depend on access pathways	Does not provide cross-domain recognition or navigation	Do not overclaim the passport as a complete caregiver-support regime
Equity risk	Benefits those willing and able to disclose caregiving status at work	Access may still depend on awareness, assessment, and service availability	Benefits may miss those outside eligibility rules or unable to navigate tax/EI systems	Build in assisted access, multilingual support, and distributional evaluation
What Singapore should borrow	Documentation, continuity, structured conversation	Routing, service linkage, practical support orientation	Clear boundary between recognition tools and material relief	Design the passport as a recognition-to-conversion tool
What Singapore should avoid	Copying a narrow workplace-only passport	Treating symbolic recognition as sufficient	Pretending recognition can replace income, leave, or respite	Avoid a hollow credential and avoid overpromising

Appendix II. Evidence-to-Design and Implementation Mapping

Appendix II.1 Evidence-to-Design Mapping Table

Evidence / friction	Theoretical lens	Design response	Evaluation check
Caregiver role is morally recognised but weakly legible across institutions	Target population recognition	Government-backed caregiver credential	Passport accepted at real service and workplace touchpoints
Support landscape is broad but difficult to navigate	Administrative burden: learning costs	Navigation and referral module	Caregivers report clearer understanding of where to seek help
Caregivers repeatedly explain and prove their role	Administrative burden: compliance and psychological costs	Credential and verification module	Fewer repeated requests for caregiver-status evidence
Workplace flexibility depends on disclosure and managerial interpretation	Policy tool fit; workplace translation	Workplace-facing summary supporting TG-FWAR conversations	Passport used as supporting record without being treated as automatic entitlement
Lower-resource caregivers may need material support more than procedural convenience	Equity-sensitive policy design	Targeted support and community linkage module	Uptake and referral completion assessed by income, language, digital confidence, and care intensity
Recognition tools can become symbolic or hollow	Policy tool fit	Cross-agency recognition protocols and pilot testing	Institutions actually use the passport in decision-facing interactions
Sensitive caregiving information may be over-disclosed	Data minimisation and consent-based governance	Privacy-limited caregiver record	No unnecessary disclosure of diagnoses, household income, or family details

Passport reproduce if digital-only	may inequality design	Equity-sensitive design	Assisted application, digital multilingual guidance	non-proof,	Lower-resource caregivers are not underrepresented among users
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Appendix II.2 Detailed Module Specification

Module	Core function	Minimum information required	Main users	Key safeguard
Credential and verification	Establish portable caregiver status	Caregiver identity, care-recipient category, broad care responsibility, verification basis, validity period	Caregivers, agencies, frontline staff, employers	No unnecessary medical, income, or household details
Navigation and referral	Default routing to relevant pathways	Structured questions on cost, training, workplace, respite, emotional strain, service coordination	All passport users	Signposting does not imply automatic approval
Workplace translation	Support structured FWA conversations	Caregiving status, work constraint, requested arrangement type, frequency/duration, review date	Caregivers, supervisors, HR	Supports TG-FWAR process without overriding employer decision-making
Targeted support and community linkage	Escalation pathway for higher-need caregivers	Financial stress, severe time poverty, low digital confidence, emotional strain, application difficulty	Lower-resource or high-need caregivers	Referral triggers do not automatically confer benefits
Review and update	Keep passport current	Updated care situation, changed responsibilities, expired verification	Caregivers, lead administrator	Periodic review; revocable authorisation

Appendix II.3 Expanded Pilot Metrics

Evaluation dimension	Possible metric	Data source	Interpretation
Process	Number of passports issued; verification completion rate	Administrative data	Whether the passport can be issued and maintained without excessive friction
Learning cost reduction	Caregiver understanding of relevant schemes before/after use	User survey/interview	Whether the passport improves scheme legibility
Compliance cost reduction	Number of repeated evidence requests across touchpoints	Administrative logs; caregiver reports	Whether verification is being reused in practice
Psychological cost reduction	Reported stress or stigma in explaining caregiving role	User survey/interview	Whether recognition reduces repeated disclosure burden
Support conversion	Referral completion to relevant services or schemes	Referral tracking	Whether routing leads to actual uptake
Workplace translation	Number and quality of FWA conversations supported by passport	Employer/HR feedback; caregiver reports	Whether passport helps structure workplace discussion
Equity	Uptake and completion by income, language, digital confidence, employment type, care intensity	Administrative and survey data	Whether benefits are concentrated among advantaged caregivers
Privacy misuse and	Complaints, over-disclosure incidents, inappropriate employer requests	Complaints channel; audit review	Whether safeguards are functioning
Institutional recognition	Number of agencies/partners accepting passport as supporting record	Partner reports	Whether the passport is recognised beyond issuance

Scale-up readiness	Whether process, outcome, equity, and safeguard thresholds are met	Combined evaluation	Whether to scale, redesign, or discontinue
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Appendix II.4 Suggested Scale-Up Decision Rules

National scale-up should proceed only if the pilot meets four conditions.

First, caregivers must be able to obtain and use the passport without facing substantial new administrative burden. Second, service and workplace partners must recognise the passport in real interactions, rather than treating it as an unfamiliar or optional document. Third, the passport must improve support conversion, meaning that caregivers are not only signposted to schemes but are more able to complete referrals, applications, or workplace conversations. Fourth, equity monitoring must show that lower-resource caregivers are not systematically excluded from uptake or benefit.

If the pilot performs well on usability but poorly on equity, the design should not scale immediately. It should be redesigned with stronger assisted access, non-digital channels, multilingual support, or more active referral mechanisms. If the pilot performs well on recognition but poorly on support conversion, the routing and partner protocols should be strengthened before expansion. If privacy or workplace misuse risks appear, data-sharing and disclosure rules should be tightened before any wider rollout.

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