

NATIONAL QUALITY IMPROVEMENT PROJECT

National Caregiver Response Survey (CaRES)

Summary of FY2024 Report

June 2025

Prepared by:

Caregiver Survey Sub-Committee
National Palliative Care Quality Improvement Workgroup

On behalf of Singapore Hospice Council



Introduction

The Caregiver Experience Survey (CaRES) is an annual national survey conducted by the Singapore Hospice Council. Launched in 2018, the survey captures bereaved caregivers' experiences of care provided to patients and their families in the last week of life. Now in its seventh cycle, the 2024 survey continues to inform service improvements and guide system-level quality initiatives.

Methodology

Service providers were asked to survey caregivers of patients who passed away in a specific time period of the year. For 2024, the survey was conducted from August to October, for caregivers of patients who passed away between 1 June and 31 July 2024. The survey could be administered via phone interview, postal mail, email, or online form. Respondents were required to complete the survey in English or Mandarin. Caregivers who were not fluent in these languages, domestic helpers acting as primary caregivers, and patients with no caregivers were excluded.

The survey included various care domains such as the quality-of-care delivery to the patient including after office hours care, psychosocial support, information giving, training provision, grief and bereavement support, whether a patient's preferences for place of death was met and overall satisfaction with the care provided.

Response of participating service providers and caregivers

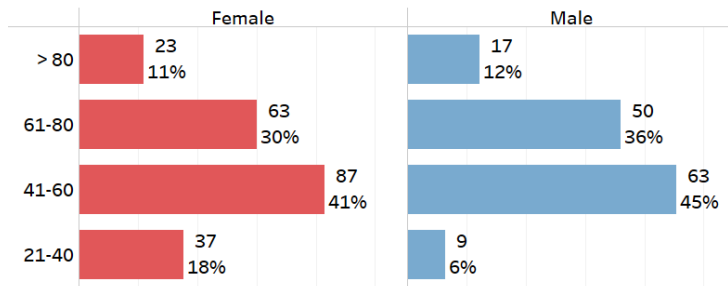
A total of 24 service providers participated in 2024, 8 each from acute hospital, inpatient hospice palliative care service (IHPCS) and hospice home care. A total of 349 caregivers provided responses. Survey via online form remained the most common mode of response (307 out of 349, 88%). The average duration of care under acute hospital, IHPCS and home care were 11 days, 24 days and 135 days respectively.

Caregiver demographics and caregiving roles

The majority of caregivers were female (60%) and Chinese (78%), with nearly half (43%) aged between 41 and 60 years (Figures 1a and 1b). Most caregivers were either the patient's child or child-in-law (61%, Figure 1c) and reported undertaking three or more caregiving roles (78%). This commonly included decision-making, providing psycho-emotional support, and financial assistance (Figure 1d and 1e).

Figure 1a – 1e. Caregiver demographics and caregiving roles

Figure 1a. Age and gender of respondents



Note: Percentages reflected are for the respective gender.

Figure 1b. Ethnicity of respondents

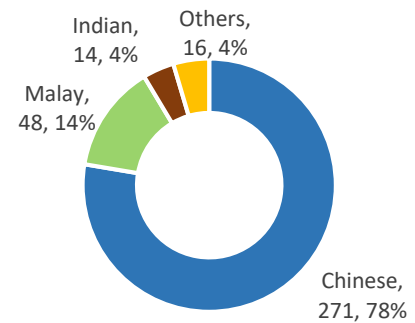


Figure 1c. Caregiver's relationship to patient

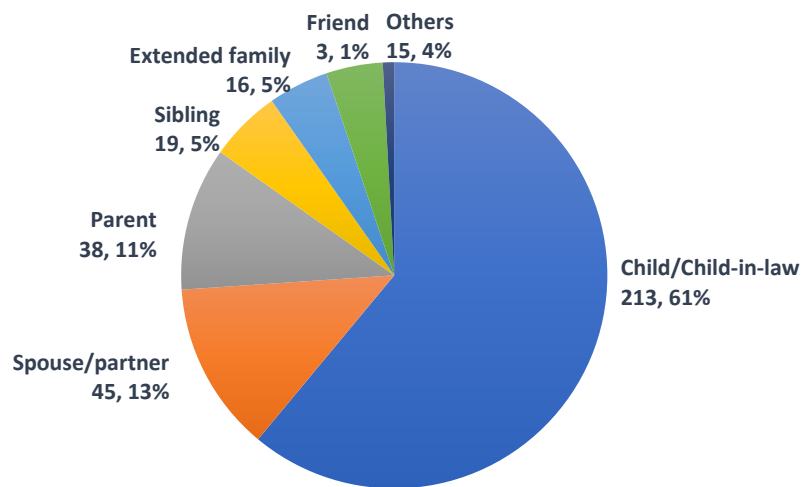


Figure 1d. Number of caregiving roles

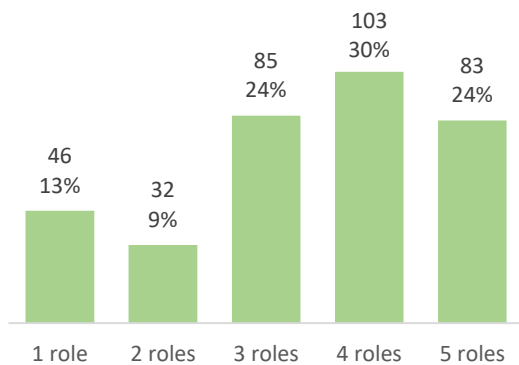
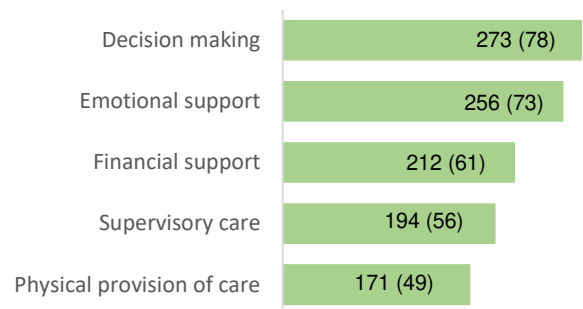


Figure 1e. Distribution of caregiving roles (%)



Note: This question allows for multiple responses.

Main Findings

1. Caregiver experience was generally positive across most domains

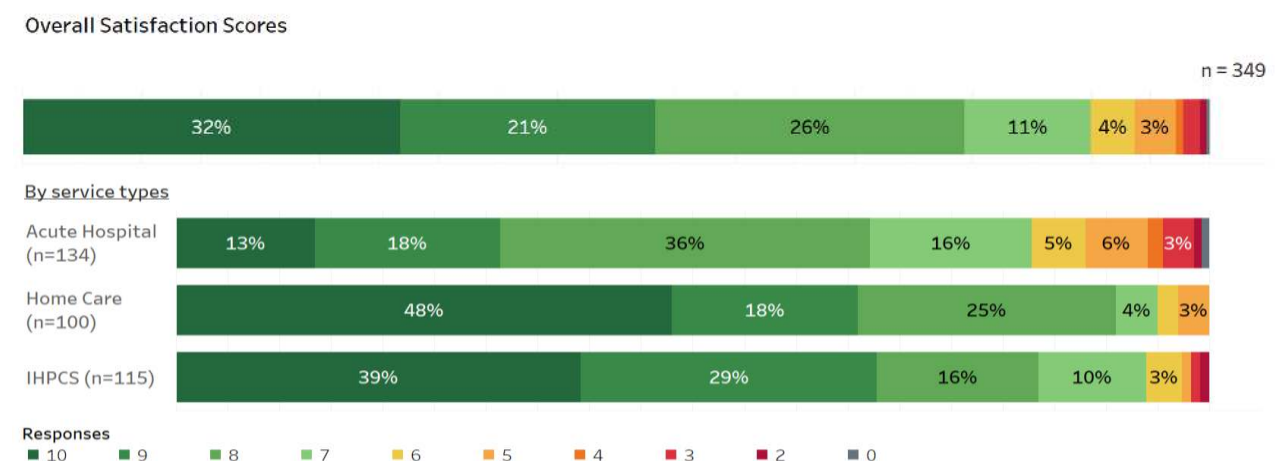
In 2024, 90% of caregivers reported an overall positive experience with the care their loved one received (Figure 2). High levels of satisfaction were observed across key domains, including healthcare delivery (89%), psychosocial support (85%), information provision (86%), training (85%), and out-of-office hours care (95%), with results largely consistent with previous years.

Significantly, caregiver experience in grief and bereavement support declined from 85% in 2023 to 75% in 2024, although this remained above the levels reported in 2021 (68%) and 2022 (65%).

Caregivers generally reported more positive experiences in the home care setting compared to inpatient hospice (IHPCS) and acute hospital settings.

(Depending on the question type, positive responses refer to 'very satisfied' and 'satisfied' responses, or 'required and received, and it was adequate' responses. Percentages are calculated after the exclusion of 'not required' responses and non-responses.)

Figure 2. Overall satisfaction scores, with breakdown across service settings



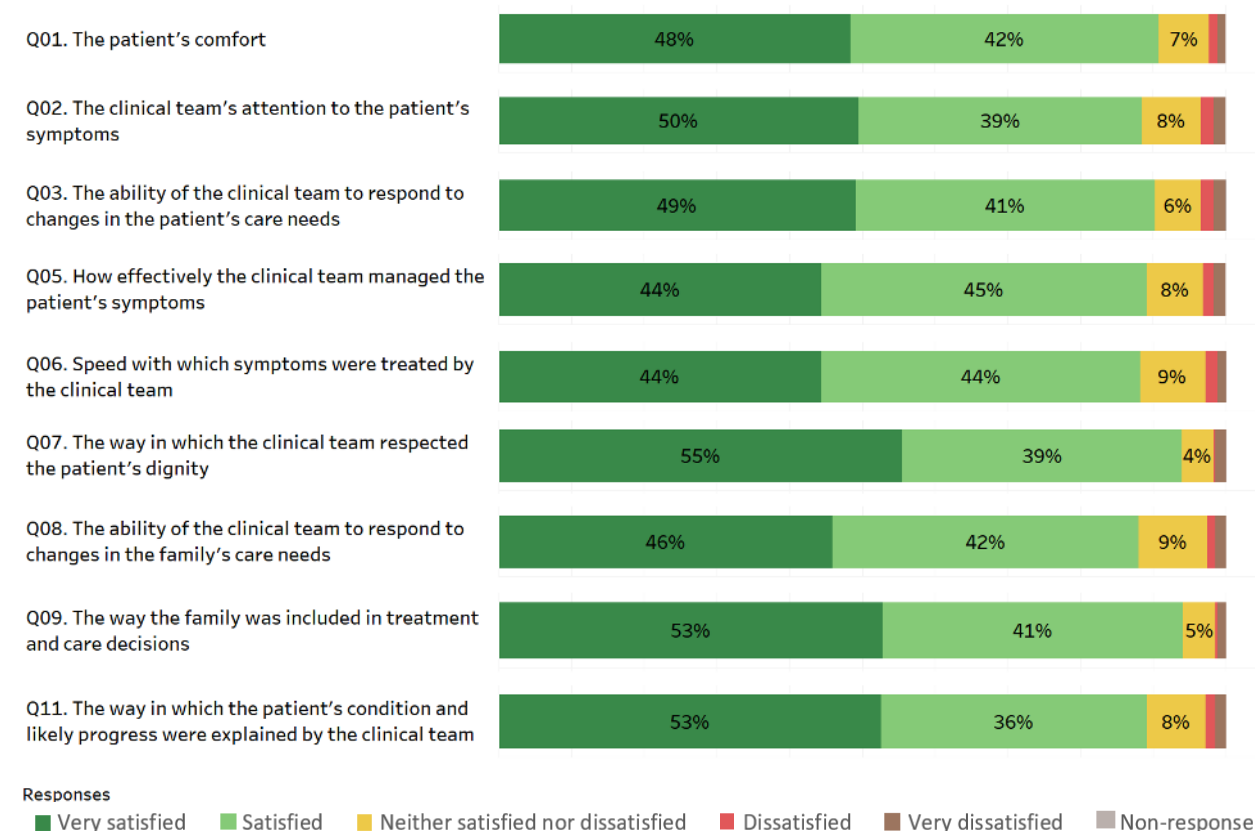
Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

Note: On a scale of 0 to 10, 0 = most dissatisfied, 10 = most satisfied

I) Healthcare Delivery

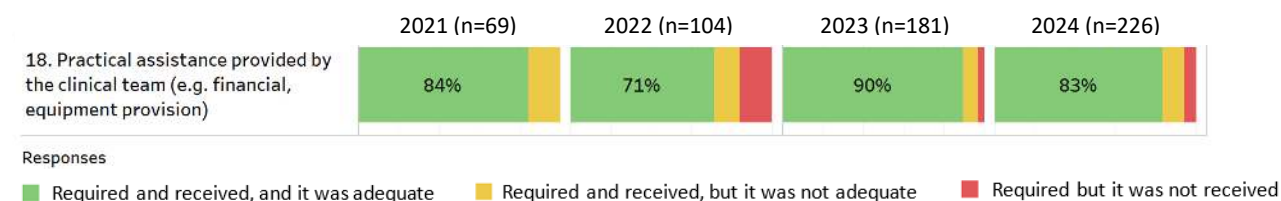
Caregiver experience was highly positive in this domain, with over 85% of respondents indicating they were either “satisfied” or “very satisfied” for all items (Figure 3a).

Figure 3a. Domain of healthcare delivery



Among caregivers who indicated that they required practical assistance, 83% felt it was adequately provided. While this reflects an improvement from 84% in 2021 and 71% in 2022, it represents a decline from the 90% reported in 2023 (Figure 3b).

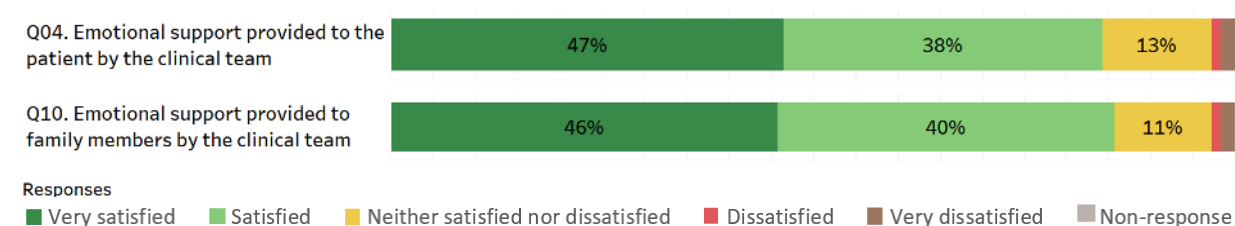
Figure 3b. Domain of healthcare delivery (practical assistance) from 2021 to 2024 – after exclusion of “Not required” responses and non-responses



(II) Psychosocial Support

Caregivers continued to report positive experience with the psychosocial support provided, with 85% of caregivers indicating that they were “satisfied” or “very satisfied” with support provided to the patient, and 86% for support provided to family members (Figure 4). These scores reflect a steady upward trend over the past three years.

Figure 4. Domain of psychosocial support



(III) Information Giving

In the domain of information giving, there was a slight overall decline across most areas—such as symptom management, treatment side effects, coping with caregiving, and funeral arrangements—when compared to 2023 (Figure 5).

Figure 5. Domain of information giving from 2021 to 2024 – after exclusion of “Not required” responses and non-responses

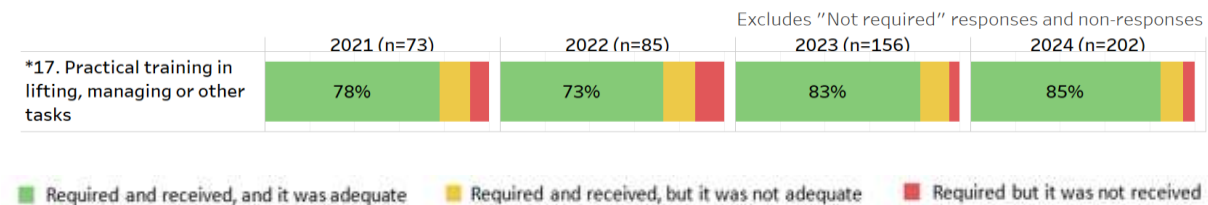


*Note: For question 12: n=125 in 2021, n=160 in 2022, n=263 in 2023, n=314 in 2024.
 For question 13: n=118 in 2021, n=157 in 2022, n=259 in 2023, n=302 in 2024
 For question 14: n=120 in 2021, n=149 in 2022, n=226 in 2023, n=287 in 2024
 For question 15: n=91 in 2021, n=118 in 2022, n=203 in 2023, n=233 in 2024
 For question 16: n=36 in 2021, n=32 in 2022, n=47 in 2023, n=88 in 2024*

(IV) Training Provision

Among the caregivers who indicated they needed practical training, 85% were satisfied with the support received. Overall, caregiver experience with training provision has shown a steady improvement over the past three years (Figure 6).

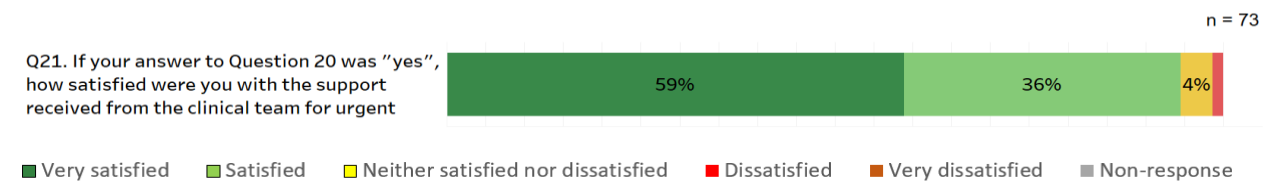
Figure 6. Domain of training provision from 2021 to 2024 – after exclusion of “Not required” responses and non-responses



(V) Out-of-Office-Hours Care (for Home Care Services only)

In 2024, 73% of home care patients (73 out of 100) accessed the out-of-office-hours service. Consistent with previous years, the experience remained overwhelmingly positive, with 95% reporting being “satisfied” or “very satisfied” (Figure 7).

Figure 7. Domain of out-of-office-hours care



2. The provision of practical assistance can be improved, especially in IHPCS and acute hospital setting.

Amongst caregivers who indicated that they required practical assistance, 99% of caregivers indicated that it was adequately provided, compared to 75% in IHPCS and 71% in acute hospital (Figure 8).

Figure 8. Domain of healthcare delivery (practical assistance) from 2021 to 2024, across service settings – after exclusion of “not required” responses and non-responses



Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

Note: For acute hospital: n=14 in 2021, n=42 in 2022, n=60 in 2023, n=69 in 2024.

For IHPCS: n=22 in 2021, n=32 in 2022, n=80 in 2023, n=73 in 2024.

For home care: n=33 in 2021, n=30 in 2022, n=41 in 2023, N=84 in 2024

3. The provision of information on funeral services and arrangements can be improved

Of the caregivers who indicated that they required information on funeral services and arrangements, 33% in acute hospital setting reported that it was not provided or inadequately provided, compared to 22% in IHPCS and 11% in the home care setting (Figure 9).

Figure 9. Information given about funeral services/arrangements from 2021 to 2024, across service settings – after exclusion of “Not required” responses and non-responses



Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

Note: For acute hospital: n=39 in 2021, n=54 in 2022, n=79 in 2023, n=83 in 2024.

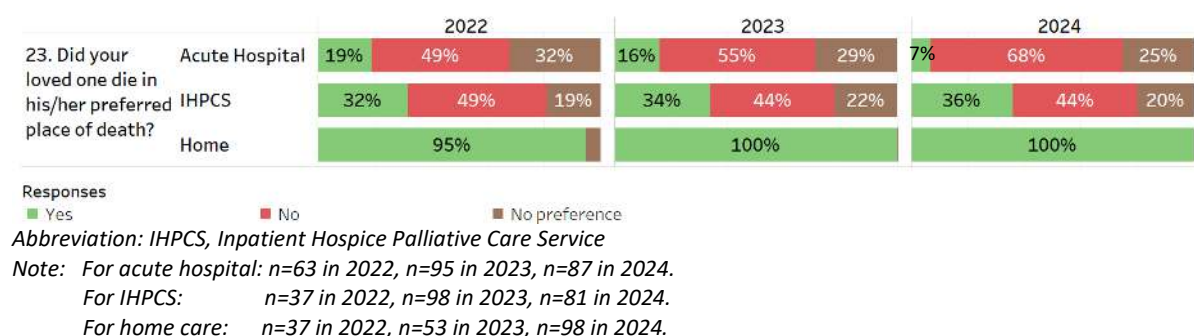
For IHPCS: n=21 in 2021, n=38 in 2022, n=85 in 2023, n=78 in 2024.

For home care: n=31 in 2021, n=26 in 2022, n=39 in 2023, N=72 in 2024

4. Concordance between the preferred and actual place of death remains highest in home care

Of the patients whose preferences for place of care and death were known, 68% who passed away in hospital and 44% who passed away in IHPCS did not pass away in their preferred place of death (Figure 10). Notably, an increasing number of caregivers in the acute hospital setting are reporting discordance in the preferred vs actual place of death, rising from 49% in 2022 to 55% in 2023 and 68% in 2024.

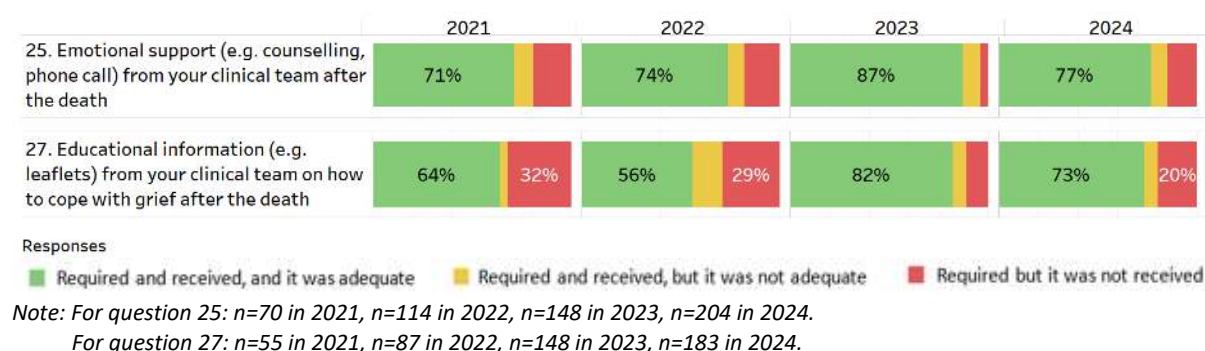
Figure 10. Concordance between PPOD and actual POD from 2022 to 2024, across service settings - after exclusion of “Don’t know/Unsure” responses and non-responses



5. There is greater grief and bereavement support needed

More than half of caregivers expressed a need for emotional support following bereavement (59%) and for educational information on coping with grief (53%). Among those who required such support, 77% found the emotional support adequate, while 73% were satisfied with the information provided (Figure 11). These figures represent a decline from 2023 (87% for emotional support, 82% for grief education).

Figure 11. Domain of grief and bereavement support from 2021 to 2024 – after exclusion of “Not required” responses and non-responses



Among caregivers who indicated that they required grief and bereavement support, the adequate provision of emotional support and grief-related information remained highest in the home care setting (86% and 85% respectively), and lowest in the hospital setting (65% and 64%). Caregiver experience across all settings declined compared to 2023 (Figure 12).

Figure 12. Domain of grief and bereavement support from 2021 to 2024, across service settings – with exclusion of “Not required” responses and non-responses



Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

Note: Question 25: For acute hospital: n=25 in 2021, n=59 in 2022, n=47 in 2023, n=81 in 2024.

For IHPCS: n=15 in 2021, n=31 in 2022, n=74 in 2023, n=67 in 2024.

For home care: n=30 in 2021, n=24 in 2022, n=27 in 2023, n=56 in 2024.

Question 27: For acute hospital: n=23 in 2021, n=51 in 2022, n=48 in 2023, n=70 in 2024.

For IHPCS: n=12 in 2021, n=23 in 2022, n=71 in 2023, n=67 in 2024.

For home care: n=20 in 2021, n=13 in 2022, n=29 in 2023, n=46 in 2024.

Conclusion

With the highest number of participating service providers and respondents for CaRES to date, the findings offer a reflection of current strengths and areas for growth. Satisfaction across most care domains remains high, particularly in the home care setting.

At the same time, persistent gaps—such as in the provision of funeral-related information, concordance with preferred place of death, and bereavement support—highlight the need for sustained attention and targeted interventions. There is also a decline in satisfaction in some domains compared to 2023, which warrants continued monitoring of the trend.

CaRES 2025 will continue to provide valuable information for benchmarking and quality improvement efforts.