

NATIONAL QUALITY IMPROVEMENT PROJECT

National Caregiver Response Survey (CaRES)

Summary of FY2025 Report

June 2026

Prepared by:

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National Palliative Care Quality Improvement Workgroup

On behalf of Singapore Hospice Council



Introduction

The Caregiver Experience Survey (CaRES) is a national quality improvement initiative conducted by the Singapore Hospice Council, to capture the experiences of bereaved caregivers regarding care provided to patients and their families in the last week of life. Initiated since 2018, the 2025 survey continues to support efforts to enhance end-of-life care and guide system-wide quality improvement.

Methodology

The 2025 survey was conducted from August to October 2025 and targeted caregivers of patients who died between 1 June and 31 July 2025. The survey was administered by phone interview, postal mail, email, or online form, and could be completed in English or Mandarin. Caregivers who were not fluent in either language, domestic helpers acting as primary caregivers, and patients without caregivers were excluded.

The survey covered multiple care domains, including quality of care delivered to the patient, after-office-hours care, psychosocial support, information provision, caregiver training, grief and bereavement support, concordance with the patient's preferred place of death, and overall satisfaction with care.

Response of participating service providers and caregivers

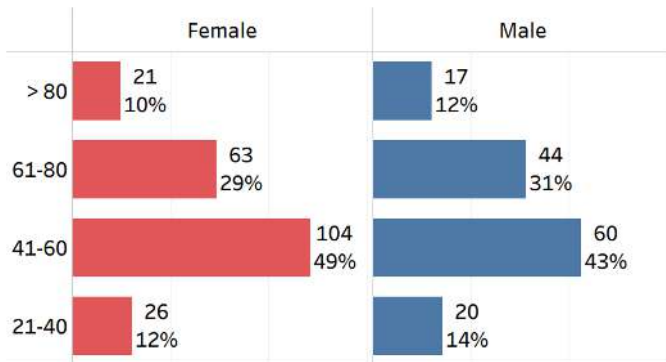
A total of 24 service providers participated in CaRES 2025, contributing 355 caregiver responses. These comprised 8 acute hospital providers with 128 responses, 9 inpatient hospice and palliative care services (IHPCS) with 137 responses, and 7 home care services with 90 responses. The online survey form remained the predominant mode of administration, accounting for 294 of 355 responses (83%). The average duration of care was 16 days in acute hospitals, 29 days in IHPCS, and 115 days in home care.

Caregiver demographics and caregiving roles

Most caregivers were female (60%), of Chinese ethnicity (81%), aged 41–60 years (46%) and were most commonly the patient's children or children-in-law (59%) (Figures 1a–1c). Most caregivers (78%) reported undertaking three or more caregiving roles, most commonly decision-making, providing emotional support, and providing financial support (Figures 1d–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

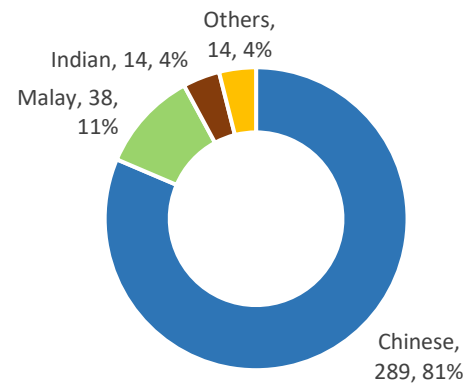


Figure 1c. Caregiver's relationship to patient

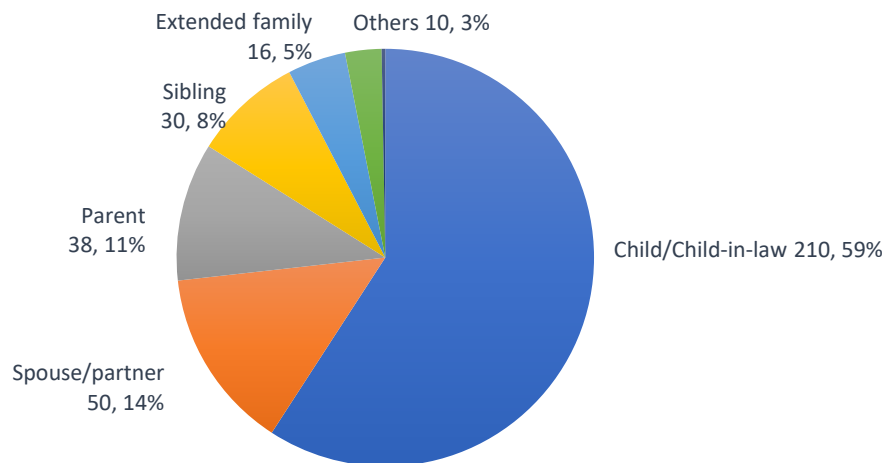


Figure 1d. Number of caregiving roles

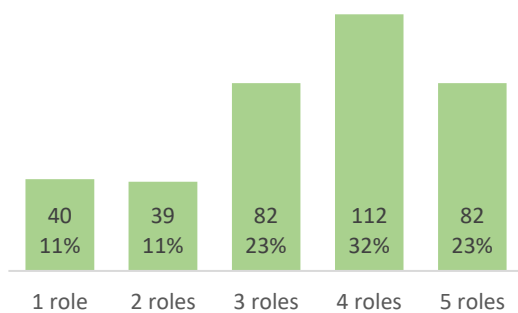
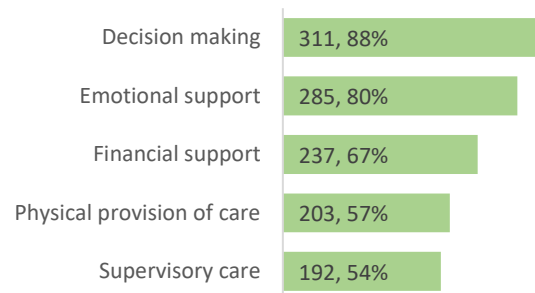


Figure 1e. Distribution of caregiving roles (%)



Note: This question allows for multiple responses.

Main Findings

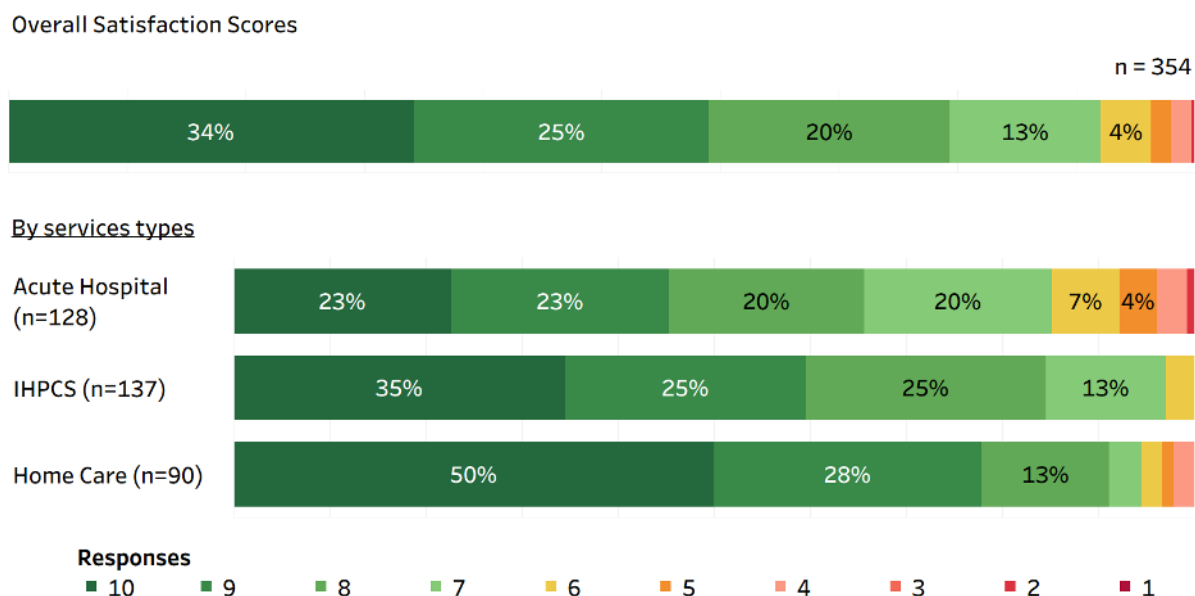
1. Sustained positive caregiver experience

The 2025 Caregiver Experience Survey showed consistently positive end-of-life care experiences, with 92% of caregivers reporting a positive overall experience (Figure 2).

High satisfaction was reported across key domains, including healthcare delivery (89%), psychosocial support (88%), information provision (87%), caregiver training (85%), and out-of-office-hours care (96%). Findings were largely consistent with previous years. Perceived adequacy of psychosocial support improved from 84% in 2023 to 88% in 2025, while grief and bereavement support improved from 75% in 2024 to 82% in 2025, although it remained the lowest-performing domain.

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

Figure 2. Overall satisfaction scores, with breakdown across service settings – after exclusion of non-responses



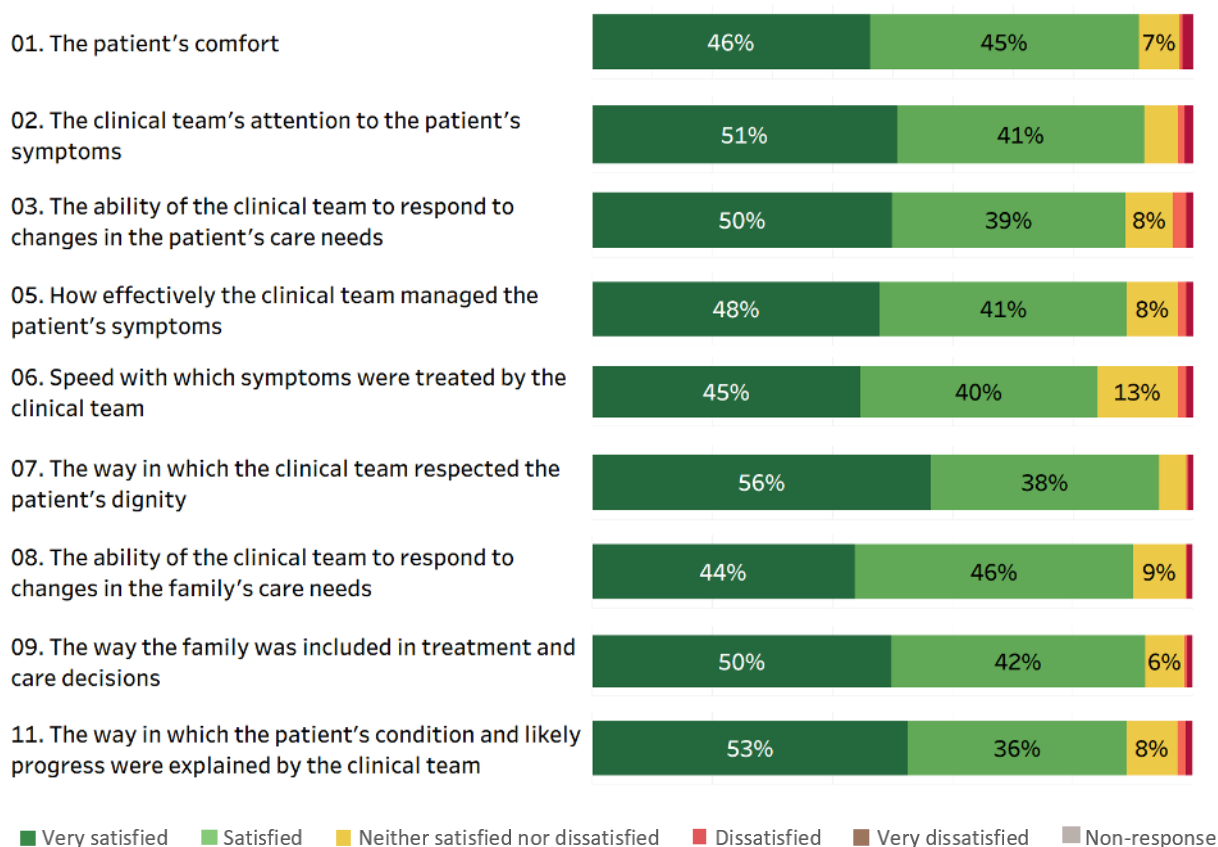
**Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

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

(I) Healthcare Delivery

Caregiver satisfaction in this domain remained high, with more than 85% of respondents indicating that they were “satisfied” or “very satisfied” across all items (Figure 3a).

Figure 3a. Domain of healthcare delivery



In 2025, the question on practical assistance provided by the clinical team was expanded to include coordination for equipment and support with financial matters. Among caregivers who required assistance, 85% reported adequate support with equipment needs, while 84% reported adequate support with financial matters (Figure 3b).

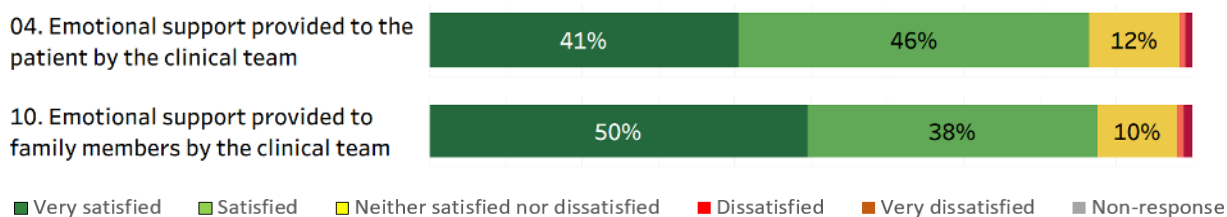
Figure 3b. Domain of healthcare (practical assistance) – after exclusion of “Not required” responses and non-responses



(II) Psychosocial Support

In 2025, 87% and 88% of caregivers indicated that they were “satisfied” or “very satisfied” with support provided to the patient (Q4) and to family members (Q10) respectively (Figure 4).

Figure 4. Domain of psychosocial support



(III) Information Giving

In the domain of **information provision**, among caregivers who needed information, adequacy of information provided remained above 85% for all items, except for information on treatment side effects (Q13). Satisfaction with information on treatment side effects declined from 89% in 2023 to 86% in 2024 and 84% in 2025. In contrast, satisfaction with information on funeral services improved from 78% in 2024 to 85% in 2025 (Figure 5).

Figure 5. Domain of information giving from 2023 to 2025 – after exclusion of “Not required” responses and non-responses



Note: For question 12: n=263 in 2023, n=314 in 2024, n=321 in 2025.
 For question 13: n=259 in 2023, n=302 in 2024, n=309 in 2025.
 For question 14: n=226 in 2023, n=287 in 2024, n=297 in 2025.
 For question 15: n=203 in 2023, n=233 in 2024, n=248 in 2025.
 For question 16: n=47 in 2023, n=88 in 2024, n=81 in 2025.

(IV) Training Provision

Among caregivers who required **practical training**, 85% were satisfied with the support received, consistent with the past three years (Figure 6).

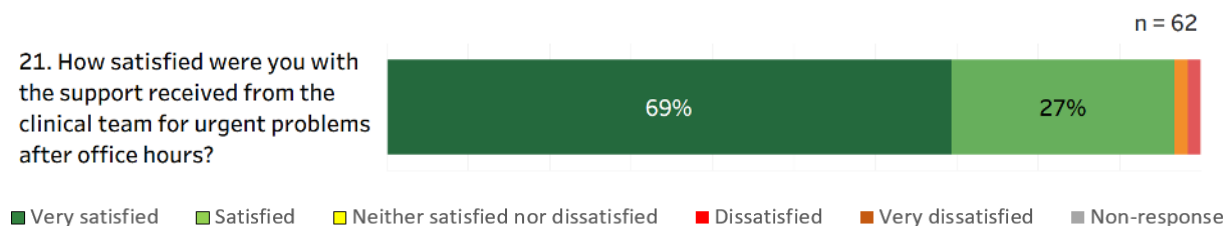
Figure 6. Domain of training provision from 2023 to 2025 – after exclusion of “Not required” responses and non-responses



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

In 2025, 69% of home care patients (62 out of 90) accessed the **out-of-office-hours service**. The experience remained overwhelmingly positive, with 96% reporting being “satisfied” or “very satisfied” (Figure 7).

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



(VI) Grief and Bereavement Support

In 2025, more than half of caregivers expressed a need for emotional support following bereavement (59%) and for educational information on coping with grief (54%). Among those who required such support, 85% reported that emotional support was adequate, while 79% were satisfied with the information provided. These represent improvements from 2024, where 77% reported adequate emotional support and 73% were satisfied with educational information on coping with grief (Figure 8).

Figure 8. Domain of grief and bereavement support from 2023 to 2025 – after exclusion of “Not required” responses and non-responses



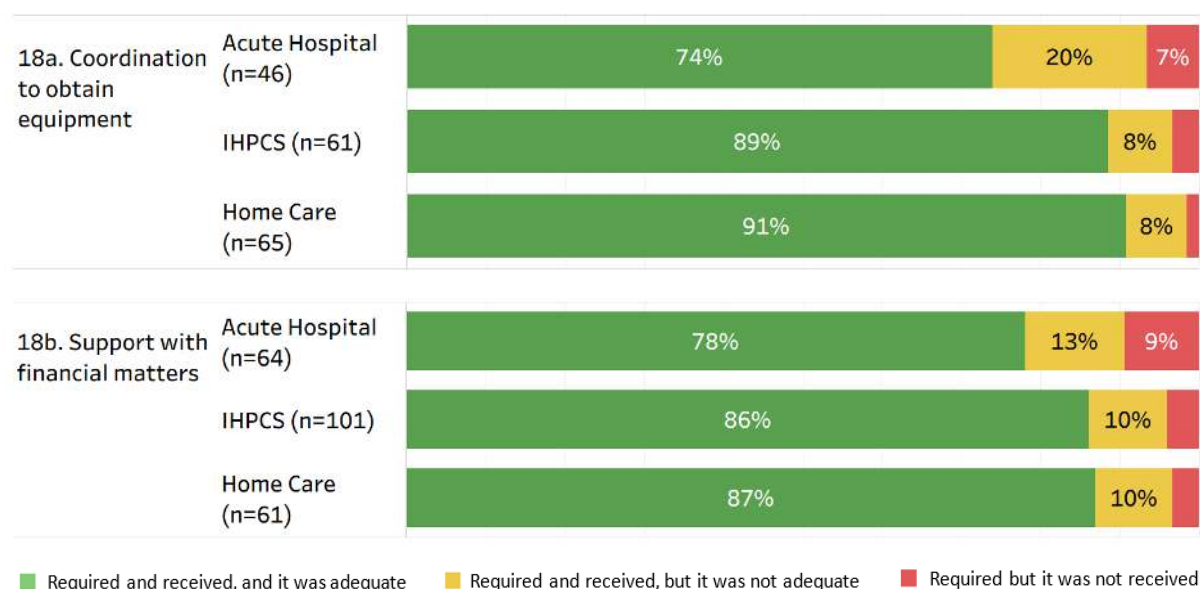
Note: For question 24: n=154 in 2023, n=204 in 2024, n=209 in 2025.

For question 26: n=154 in 2023, n=183 in 2024, n=184 in 2025.

2. The provision of practical assistance shows room for improvement

A lower proportion of caregivers in acute hospital setting reported adequate practical assistance, with 74% and 78% reporting adequate support for equipment coordination and financial matters, respectively. In comparison, adequacy of support was higher in IHPCS (89% and 86%) and home care settings (91% and 87%) (Figure 9).

Figure 9. Domain of healthcare delivery (practice assistance), across service setting – after exclusion of “not required” responses and non-responses

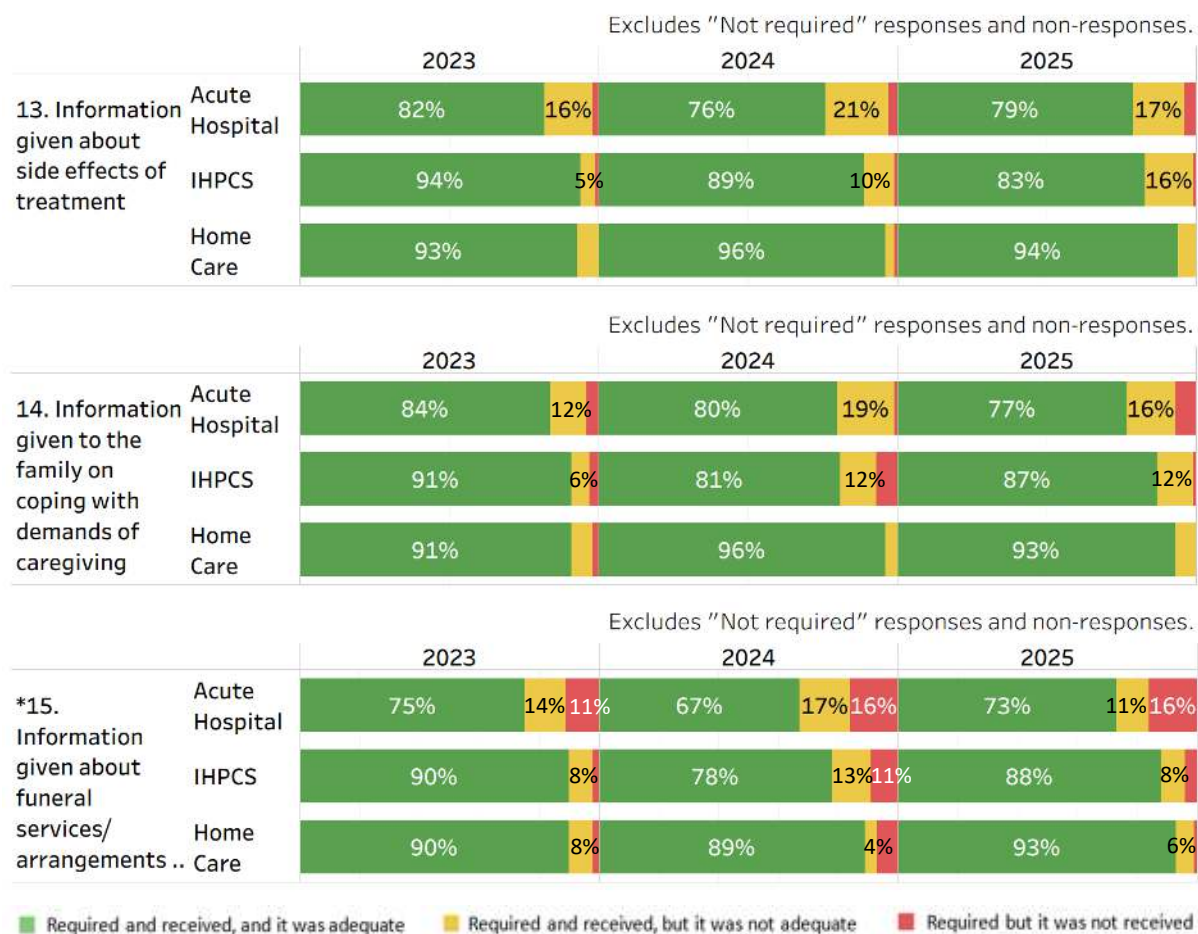


Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

3. Variability in information provision

In 2025, among caregivers who required the information, perceived adequacy was highest in the home care setting for information on treatment side effects (94%), coping as a caregiver (93%), and funeral services (93%). Corresponding proportions were lower in IHPCS (83%, 87%, and 88%) and acute hospital settings (79%, 77%, and 73%), respectively (Figure 10).

Figure 10. Domain of information giving from 2023 to 2025, across service settings – after exclusion of “Not required” responses and non-responses



Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

Note: For Question 13: For acute hospital: n=114 in 2023, n=119 in 2024, n=109 in 2025.

For IHPCS: n=99 in 2023, n=92 in 2024, n=117 in 2025.

For home care: n=57 in 2023, n=91 in 2024, n=83 in 2025.

For Question 14: For acute hospital: n=94 in 2023, n=103 in 2024, n=102 in 2025.

For IHPCS: n=88 in 2023, n=89 in 2024, n=111 in 2025.

For home care: n=56 in 2023, n=95 in 2024, n=84 in 2025.

For Question 15: For acute hospital: n=84 in 2023, n=83 in 2024, n=80 in 2025.

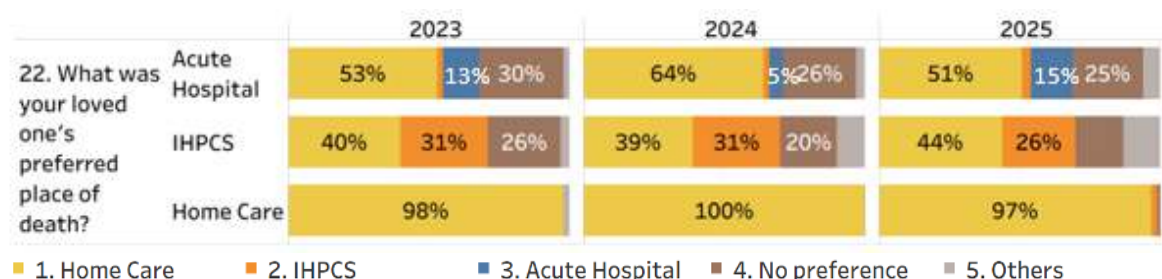
For IHPCS: n=87 in 2023, n=78 in 2024, n=98 in 2025.

For home care: n=42 in 2023, n=72 in 2024, n=70 in 2025.

4. Concordance between preferred and actual place of death (POD) remains highest in home care

Similar to previous years, concordance between preferred and actual place of death remained highest in the home care setting in 2025 (97%), compared with IHPCS (26%) and acute hospital setting (15%) (Figure 11).

Figure 11. PPOD from caregivers' perspectives from 2023 to 2025, across service settings – after exclusion of 'Don't know/Unsure' and non-responses



5. Improvement in bereavement support

Adequacy of grief and bereavement support improved from 75% in 2024 to 82% in 2025, although it remained the lowest-performing domain. By care setting, caregivers in acute hospitals reported lower adequacy of emotional support and educational materials on coping with grief (70% and 72%, respectively), compared with IHPCS (93% and 83%) and home care settings (91% and 83%) (Figure 12).

Figure 12. Domain of grief and bereavement support from 2023 to 2025, across service settings – with exclusion of "Not required" responses and non-responses



Abbreviation: IHPCS, Inpatient Hospice Palliative Care Service

Note: Question 24: For acute hospital: n=50 in 2023, n=81 in 2024, n=69 in 2025.

For IHPCS: n=75 in 2023, n=67 in 2024, n=95 in 2025.

For home care: n=29 in 2023, n=56 in 2024, n=45 in 2025.

Question 26: For acute hospital: n=51 in 2023, n=70 in 2024, n=64 in 2025.

For IHPCS: n=72 in 2023, n=67 in 2024, n=84 in 2025.

For home care: n=31 in 2023, n=46 in 2024, n=36 in 2025.

Conclusion

The 2025 CaRES survey continues to provide valuable insights into the delivery of palliative and end of life care across Singapore, with sustained participation and improved response rates. Overall, caregiver experience remains consistently positive across most domains, particularly in home care and inpatient hospice settings, reflecting continued strengths in care delivery.

At the same time, persistent gaps—such as variability in information provision and bereavement support—highlight areas requiring ongoing attention. The CaRES survey remains an important tool to inform service planning, guide quality improvement efforts, and support the delivery of compassionate, patient- and family-centred care.