

From Care to Choice: Rethinking Long-Term Care In An Evolving Landscape

2025 Research on Long-Term Care
by Great Eastern

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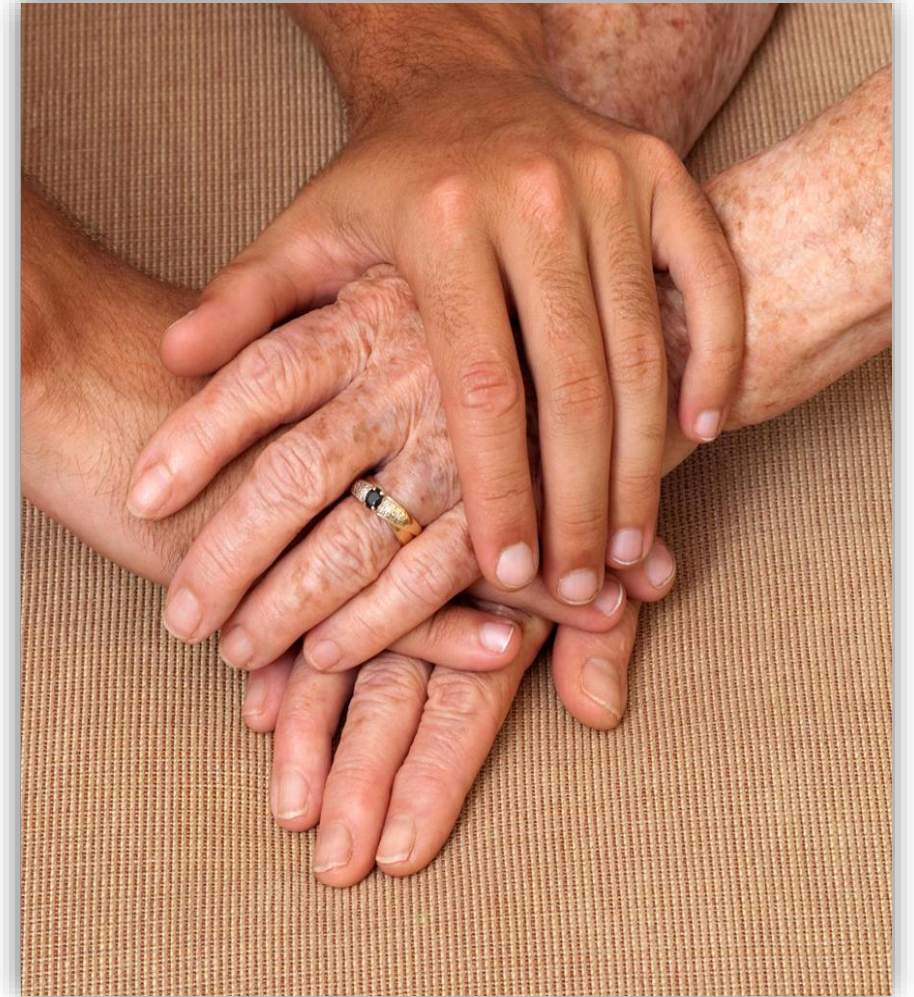
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Introduction

Singapore is entering a new phase of ageing. With a declining old-age support ratio, the realities of long-term care are becoming increasingly relevant for individuals, families, and society at large. As Singapore approaches super-aged status, long-term care is no longer a distant consideration. In fact, it is an issue that many will need to confront earlier, and for longer.

This study seeks to contribute meaningfully to the national conversation on long-term care. Drawing primarily from Great Eastern's 2025 research with consumers, and building on a foundational study conducted in 2023, we aim to examine how Singaporeans perceive disability and long-term care, how prepared they feel, and where gaps remain between awareness and action. Importantly, this research also incorporates the voices of caregivers, shedding light on the often-overlooked realities of caregiving and the sustained demands it places on individuals and families.

At Great Eastern, we believe that protecting lives goes beyond financial coverage. It requires a deep understanding of evolving needs, lived experiences, and the long journeys that care and caregiving often entail. Through this white paper, we aim to share insights grounded in data and real experiences, and to support a more informed, empathetic, and proactive approach to long-term care planning in Singapore.



Research Methodology

This study adopts a hybrid approach of qualitative interviews and quantitative surveys, which is in line with the methodology earlier adopted in Great Eastern's 2023 long-term care research. This study was conducted in partnership with NielsenIQ.

1. Qualitative Research	Comprised of five ethnographic interviews with caregivers of individuals with Alzheimer's/dementia, Parkinson's, stroke cardiovascular, and other chronic conditions. To ensure robust sampling, we included caregivers across a range of profiles, aged 46–72, with caregiving experience spanning 2 to 10+ years. Through the conversations, we explored caregiving challenges, support needs, advice, and long-term care planning. Interviews took place from 14 to 24 October 2025.
2. Quantitative Research	This was an online survey with 1,000 Singapore residents (Singaporeans and Permanent Residents) aged 30–64. The survey examined consumers' concerns, priorities, motivations, attitudes towards disability and long-term care, and receptivity to CareShield Life supplements. Surveys were conducted from 4 December 2025 to 2 January 2026.

By maintaining a similar research design to 2023, this study enables meaningful tracking of shifts in awareness, sentiment, and preparedness over time.

Executive Summary

Singapore is ageing faster than almost any other developed markets. As longevity increases and family sizes shrink, Singapore is undergoing a fundamental shift, not only medically and demographically but socially and emotionally as well.

Long-term care, once perceived as a remote and unlikely contingency, is now recognised as a **high-probability life phase** in that 1 in 2 Singapore residents could develop severe disability at some point in their lifetime¹. In fact, 4 in 10 CareShield Life claimants are under the age of 50 (as of June 2025)².

Research indicates that care needs are increasingly prolonged rather than episodic, often spanning years rather than just months, with implications that extend well beyond healthcare costs alone.

Drawing on findings from the **Great Eastern Long-Term Care Study 2025**, this research examines how Singaporeans perceive ageing and long-term care today, where gaps persist between awareness and preparedness, and how preferences are shifting decisively toward home-based, flexible care models.

The findings highlight a clear message: while consumers increasingly accept the inevitability of long-term care needs, they continue to plan late, abstractly, and unevenly. Bridging this gap will require rethinking long-term care not as an event to insure against, but **as a journey to be supported emotionally, practically, and financially**. Planning earlier for long-term care gives Singaporeans ultimately the choice and dignity in their caregiving choices when need arises.

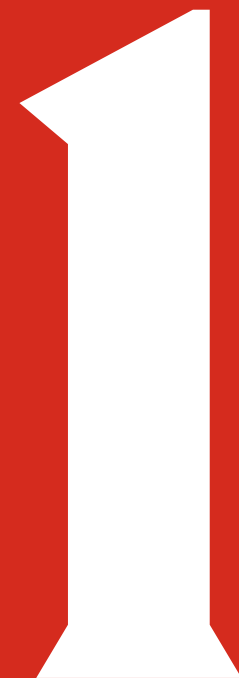
Source:

1. [CareShield Life | Ministry of Health](#)
2. [CARESHIELD LIFE STATISTICS AND SEVERE DISABILITY PREVENTION MEASURES | Ministry of Health](#)



**Long-term care is no longer a
“what-if” scenario.
For many Singaporeans, it is
becoming a question of “how long”.**

Living Longer, Managing Longer Is Singapore's New Demographic Reality



Living Longer, Managing Longer Is Singapore's New Demographic Reality

Singapore is on the brink of becoming a super-aged society³. With life expectancy continuing to rise and fertility rates remaining persistently low, the proportion of residents aged 65 and above is increasing rapidly. This shift is happening within a compressed timeframe, giving individuals and institutions limited opportunity to adapt incrementally.

Ageing today rarely occurs in isolation from chronic illness. A growing share of older adults are managing chronic, long-term health conditions like the “3 highs” - high blood pressure (hypertension), high blood cholesterol (hyperlipidemia), and high blood sugar (hyperglycaemia). While these conditions may not immediately lead to severe disability, they can gradually erode independence and functional capacity when not managed well and increase the risk of health issues such as heart attack, diabetes and stroke. **This changes the nature of risk: rather than sudden decline, many individuals experience progressive dependency, punctuated by periods of relative stability.**

The implication is clear: ageing is no longer defined by a single transition into frailty, but by an **extended period of lifestyle adjustment, management, and decision-making.**



Source:

3. [Ageing in the community | Ministry of Health](#)

Reframing Long-Term Care: From Event to Duration



Reframing Long-Term Care: From Event to Duration

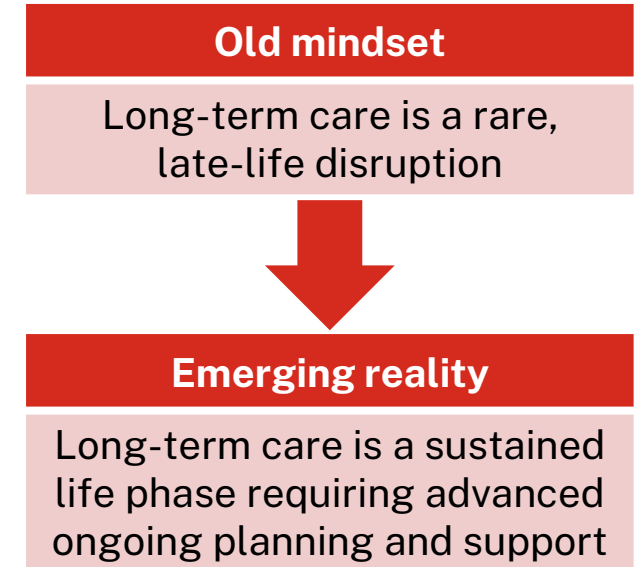
Traditional long-term care narratives tend to focus on late-stage disability triggered by accidents or acute illness. However, 62% of Great Eastern's GREAT CareShield (a CareShield Life Supplement) claimants are under the age of 50, suggesting that disability and care needs are not confined to the elderly[^].

Caregiving duration is often uncertain and can extend over many years. In our study, nearly half of caregivers (49%) have been providing care for at least three years, with over a quarter (28%) doing so for five years or more. For younger caregivers, taking on this role earlier in life also means managing care responsibilities alongside their career, financial and family commitments⁴. This shift from a one-off event to a prolonged, open-ended care journey fundamentally changes how long-term care risks are perceived and experienced:

- Costs accumulate over time rather than at once
- Care decisions evolve as conditions change
- Emotional and caregiver strain builds progressively

Despite this, planning behaviours remain anchored in old mental models, with many delaying preparation until care needs become immediate and they are faced with fewer choices and more emotional stress.

Source:
 4. Forced to grow up too soon: The unseen plight of Singapore's child caregivers: <https://www.straitstimes.com/life/the-unseen-plight-of-child-caregivers>
[^] Great Eastern's GREAT CareShield claims data (10 Oct 2021 – 31 Dec 2024).



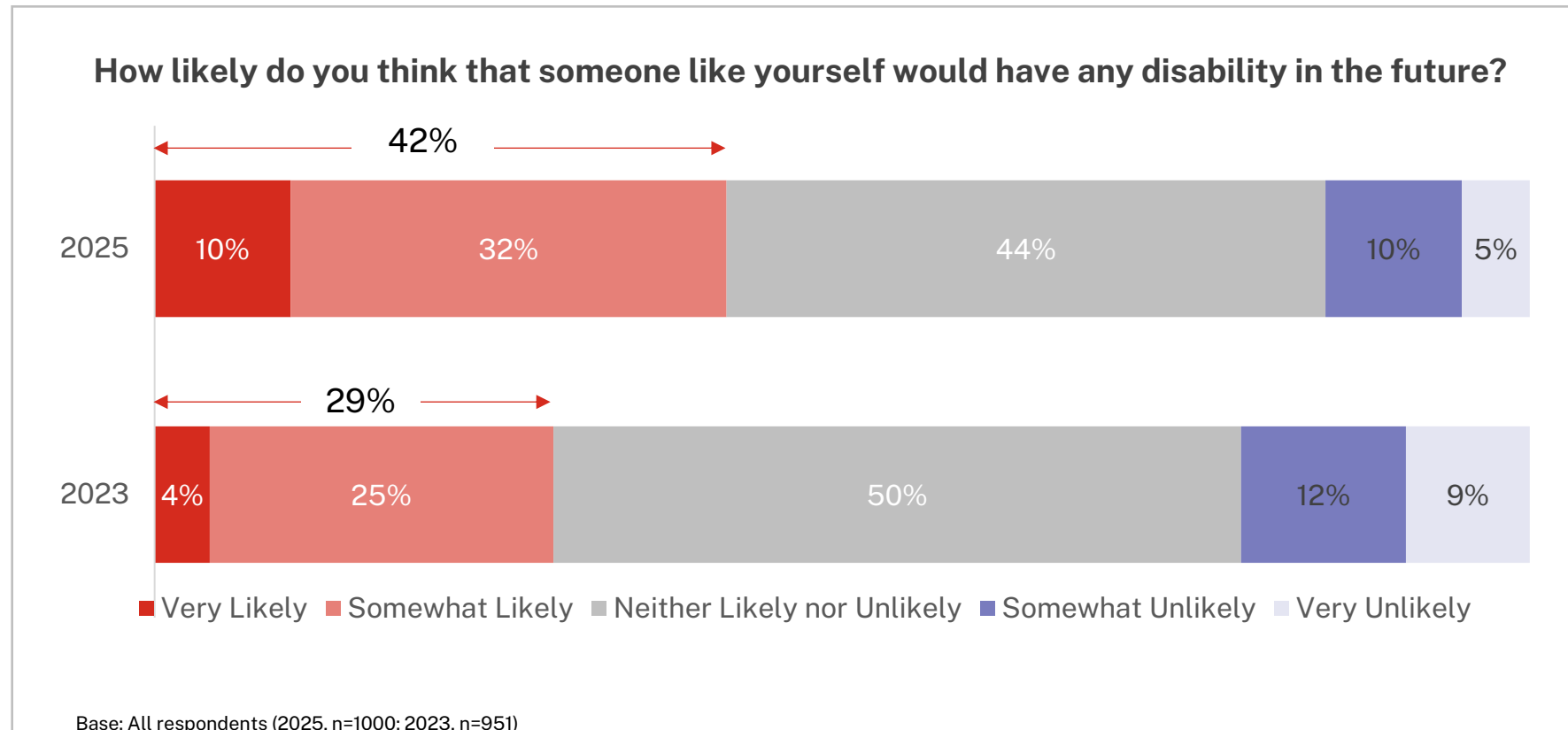
"Ever since she got discharged, it is all accumulated... This is a geriatric chair... second chair already... The hospital bed, the geriatric chair, the wheelchair, all are subsidised."
 — Caregiver (Female, 63yo) —

Recognising the Risk, Delaying the Response

3

Increasing Awareness, Yet “Not Going To Be Me” Persists

Awareness of long-term care risk has increased from 29% in 2023 to 42% in 2025. However, nearly 6 in 10 respondents still do not seriously consider their own likelihood of disability, suggesting that increased awareness has yet to translate into action taken to prepare themselves for long-term care needs.



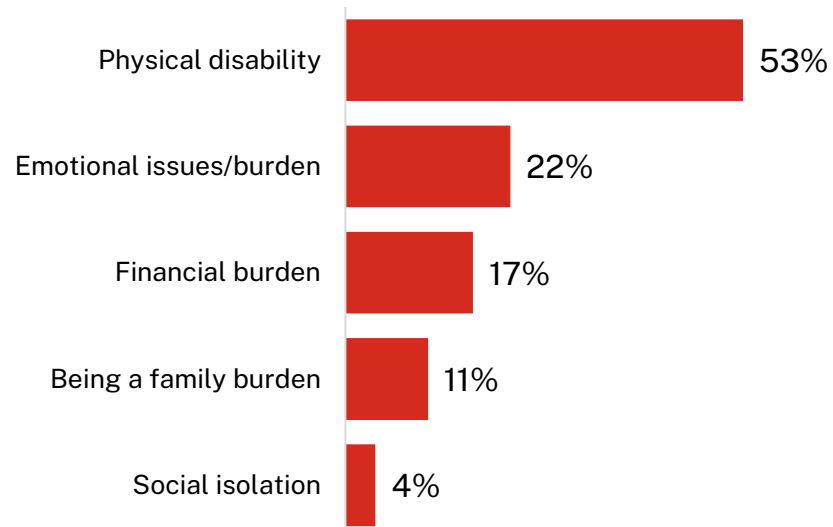
Narrow Perception of Disability Downplay Urgency Of Planning

This awareness-readiness gap could be driven by a few key factors:

1

Disability is often perceived as severe, visible physical impairment

What does disability mean to you?
(Open ended)

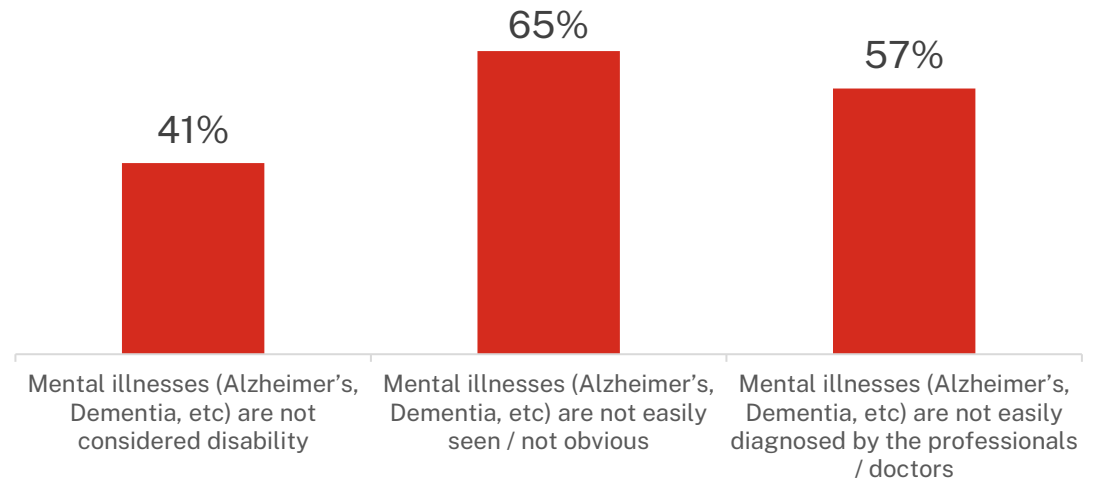


Base: All respondents, n=1,000

2

Mental and cognitive conditions are less recognized as “disability”, thus making them easier to be overlooked

To what extent do you agree or disagree with the following statements?



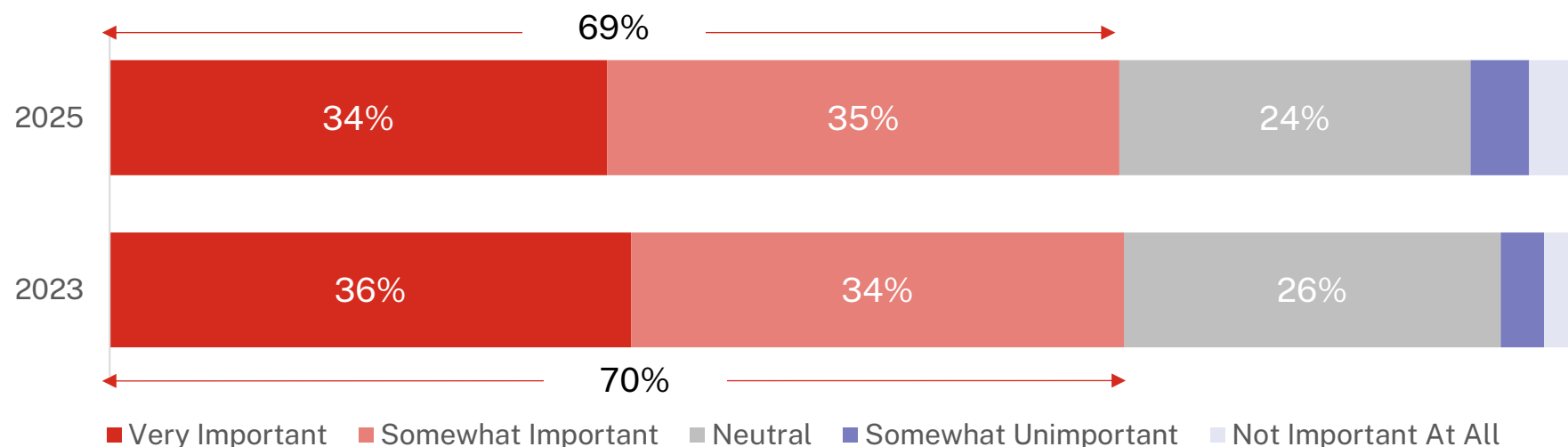
Base: All respondents, n=1,000

Importance Is Acknowledged, But Urgency to Act Remains Low

3

While many acknowledge the importance of long-term care coverage (69%), fewer feel an immediate need to act (50%)

How important is it for you to purchase long-term care coverage in case of severe disability?



Yet only **50%** feel the urgency to get coverage for long-term care

Base: All respondents (2025, n=1,000; 2023, n=1000)

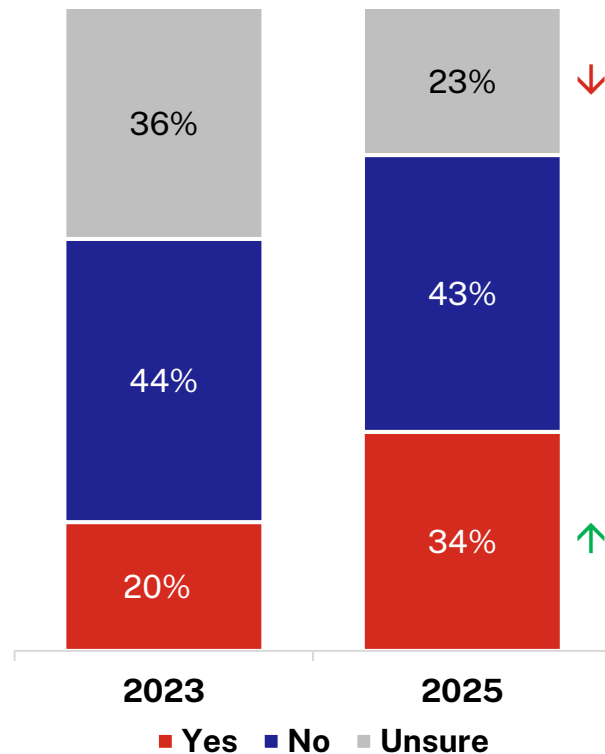
As a result, many only engage meaningfully when confronted with a trigger, such as caring for an ageing parent; by which point, choices may be more constrained.

Financial Preparedness

4

More Financially Prepared, But Still Fragile

Do you think you are financially prepared if you were to have disability and become unable to live independently in the future?



Base: All respondents (2025, n=1,000; 2023, n=951)

There are signs of progress.

The share of consumers who feel financially prepared increased from 2023, with 34% now reporting preparedness for potential future disability. Close to four in ten (38%) respondents valued payouts beginning from mild to moderate disability stages, when they may be unable to perform 1–2 Activities of Daily Living.

However, financial preparedness remains fragile and uneven. Similar to two years before, consumers in our latest study recognise the need to supplement public healthcare schemes with primarily, personal savings (61%) and insurance (58%).

The latest research surfaces key tension points: a heavy reliance on personal savings without clarity on adequacy, and anxiety driven as much by concerns about family burden as by affordability.

Notably, preparedness varies less by income than by experience. Consumers with caregiving exposure demonstrate higher engagement, suggesting that lived experience is a key catalyst for action.

This highlights an opportunity to better educate consumers on the true costs of caregiving in today's context .

“By the time I get old, I will be the burden to him [my son]. Being a caregiver really reminds myself and my wife that we really have to stay healthy, live healthy for our kids. Or at least financially, we have some insurance that can help to cover all this.”

— Caregiver (Male, 46yo) —

True Costs of Caregiving

Table: Costs of home caregiving for a bedridden patient*

Description	One-Time	Monthly Recurring
Home remedification <i>E.g. Ramps and grab bars installation</i>	\$125 to \$500 (Depends on property type after government subsidy)	-
Medical furniture <i>E.g. Nursing bed and geriatric chair</i>	\$2,200 to \$2,700	-
Trained domestic helper	\$2,500 (Incl. caregiver insurance)	\$900 to \$1,400 (Incl. Migrant Domestic Worker levy) ¹
Incontinence wear	N.A	\$200 ²
Rehabilitation and therapy	N.A	\$1,200 ³
Medical consumables <i>E.g. Gloves, sanitizer, wipes and etc.</i>	N.A	\$150
Special feeding food	N.A	\$600 ⁴
Total	Up to \$5,700	Up to \$3,550

* Source: Care@Homes

¹ Amount stated assumes monthly caregiver salary between \$800 and \$1,100 per month excluding Migrant Domestic Worker levy of either \$60 (for those who qualify for concessionary rate) or \$300 per month.

² Amount stated assumes 4 pieces of incontinence wear usage per day (i.e. 120 pieces per month) and each piece costing approximately \$1.67.

³ Amount stated assumes 2 hours of rehabilitation required (i.e. 120 pieces per month) and each hour of rehabilitation costing approximately \$150.

⁴ Assume patient requires special milk formula for nasogastric tube (NGT) feeding.

In the 2025 study, respondents estimated the monthly costs of caregiving at home to be at \$2,409 (underestimating caregiving expert's projection by up to 32%). This estimate has not grown compared to the study done in 2023 (\$2,536) which highlights the lack of consideration of the effect of inflation.

The lack of financial preparedness may be attributed to the lack of awareness on the true costs of caregiving.

Kenny Tan, founder of Care@Homes, a one-stop home caregiving concierge, highlights that there are one-time costs to be considered besides the monthly recurring costs (refer to Table) when it comes to home caregiving. To add, costs varies according to condition and severity overtime.

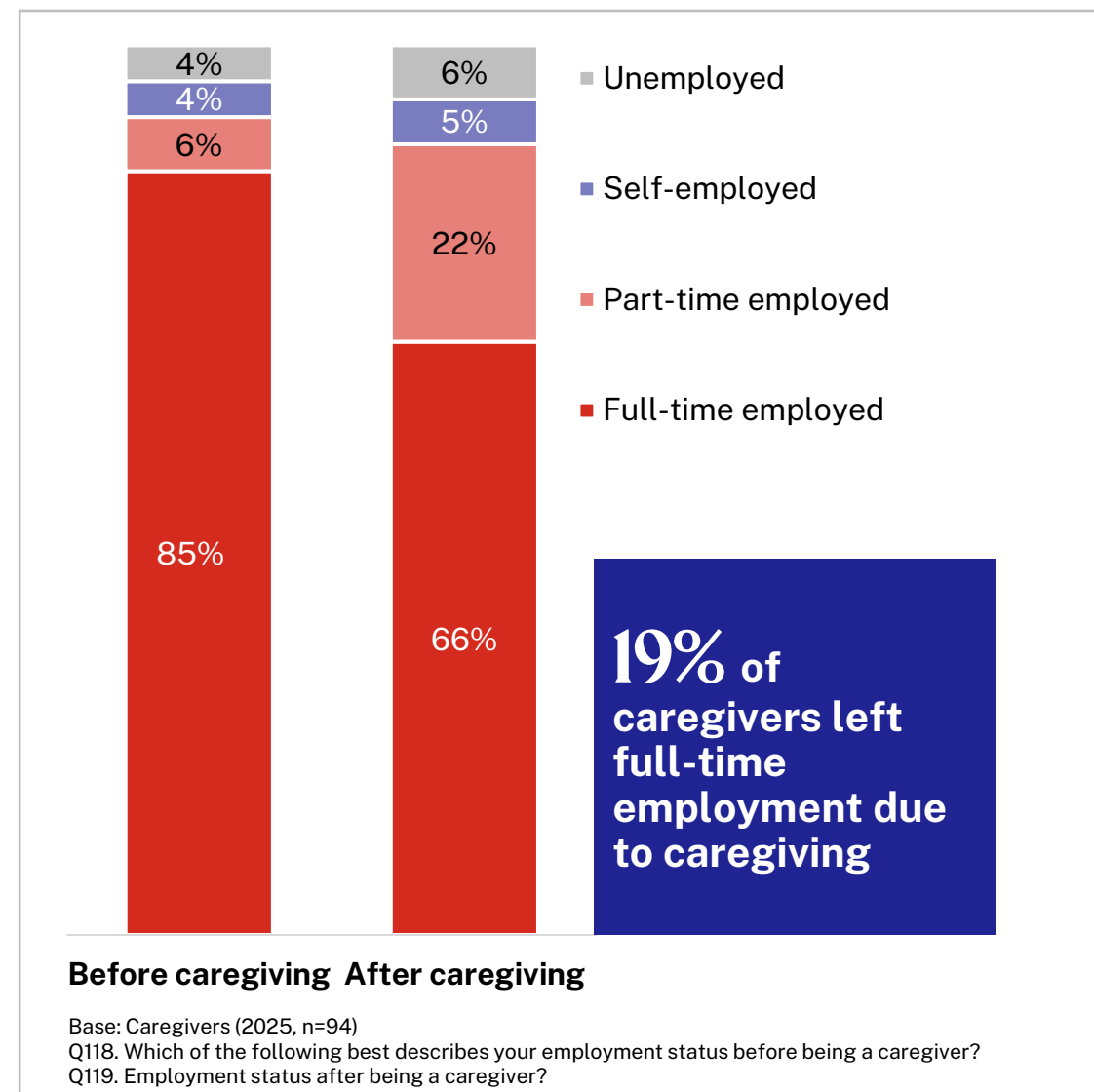
**Caregiving
is a Long-Term,
Shared
Responsibility**

5

Caregiving Is A Long-Term, Shared Responsibility

Caregiving in Singapore remains deeply embedded within family structures, with responsibility often falling on working adults supporting aged parents while at the same time managing their own families and careers.

Our study shows that **66% of caregivers aged 30-64 remain in full-time employment while caregiving**, highlighting how caregiving may overlap with peak earning years and career demands, thus requiring individuals to balance the dual responsibilities of providing care and sustaining household income.



Caregiving Is A Long-Term, Shared Responsibility

This overlap is further compounded by the nature of caregiving itself, which is rarely short-term. Caregiving often extends over multiple years with no clear endpoint, and is expected to lengthen as life expectancy increases.

The prolonged and uncertain duration amplifies emotional, physical, and financial strain, particularly for those balancing work and caregiving demands.

In fact, 68% of caregivers polled reported experiencing emotional stress or burnout, in addition to financial strain due to treatment or care costs (61%).

In this context, long-term care decisions are not made in isolation, but negotiated within families, shaped by shared responsibilities and expectations.

“The additional stress and burden of needing to take care of someone definitely takes away part of me”
— Caregiver (Male, 46yo) —

“A couple of years back... my sister said that she wants to take care of my dad... but **things did not turn out too well** for whatever reason, **family drama.**”
— Caregiver (Male, 46yo) —

“I have no choice. If I do not take care, who is going to take care of him? Do not expect the children to take care of him. No, they have their own things to do also.”
— Caregiver (Female, 72yo) —

“**I am the one, the main protector, get everybody around...** I do not want [everyone] to feel obligated, that is why we need to have **a role in the family. Somebody willing to take over the role** rather than pushing [responsibility] around.”
— Caregiver (Female, 63yo) —

**Home is Where
The Heart is**

6

A Desire For Dignity In Long-Term Care

For many Singaporeans, long-term care is not just about support needs – it is about preserving dignity, independence, and minimising the burden on their loved ones.

In the event that they are unable to perform day-to-day activities independently, consumers fear losing their independence and dignity, becoming reliant on others, and feeling like a burden to their loved ones, while also facing the risk of social isolation. These concerns reflect the deeply personal and relational nature of long-term care, where the impact extends beyond the individual to affect families and caregiving relationships more broadly.

As such, preserving dignity is not only about maintaining quality of life, but also about safeguarding the emotional, physical, and financial well-being of loved ones who may be involved in care.

In the event that I am unable to perform one day-to-day activity independently...

79%

I may need to rely on others for daily tasks, thus losing my independence & dignity

80%

I will feel like a burden to my loved ones

66%

I will feel socially isolated or disconnected from others

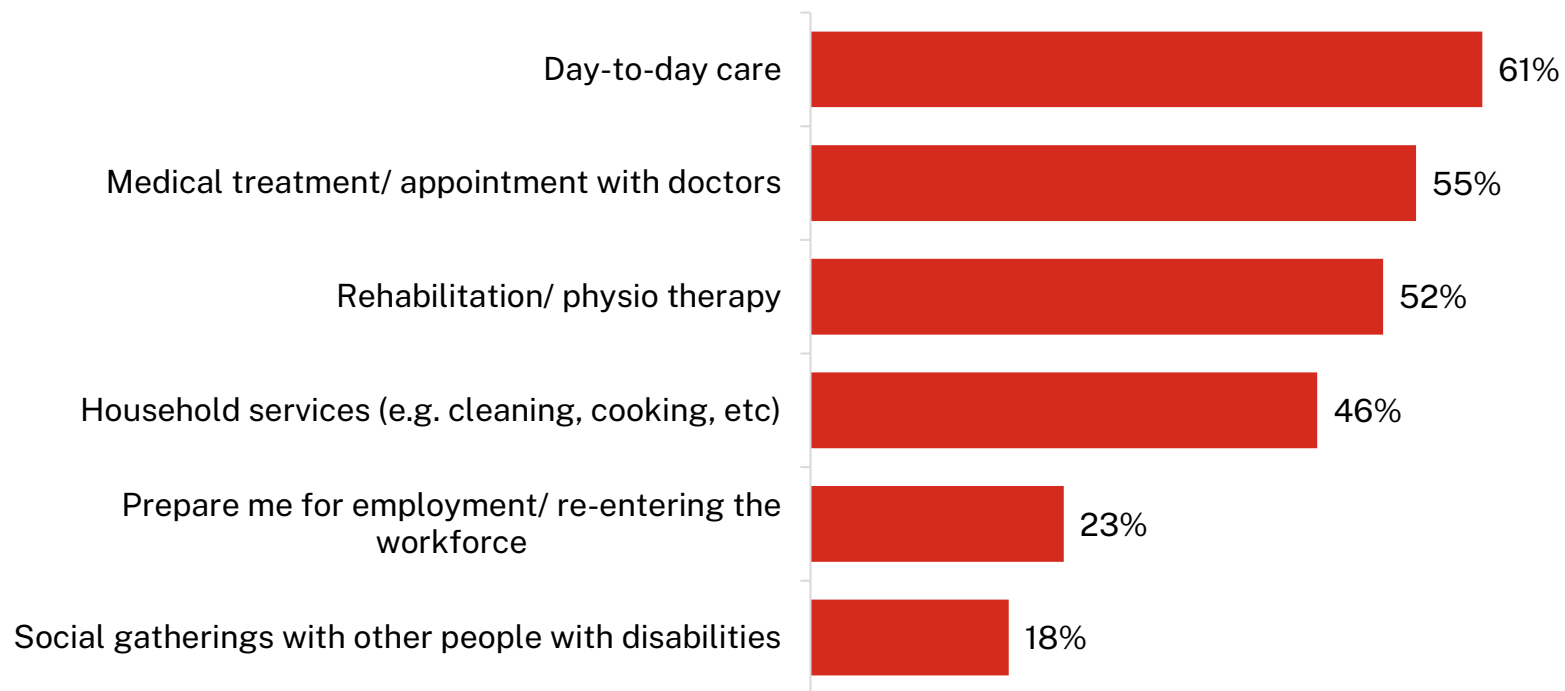
Base: All respondents (n=1000)

Care Needs Are Continuous, Practical, And Demanding

In the event of disability, consumers value practical and hands-on support such as daily care (61%), medical coordination (55%), and rehabilitation (52%).

These needs highlight the sustained and operational nature of long-term care, which can be both resource-intensive and demanding for caregivers overtime.

If insurance companies were to provide you with all the services needed to take care of you in case of disability, which of the following would be important to you? Please select the top 3 important services.

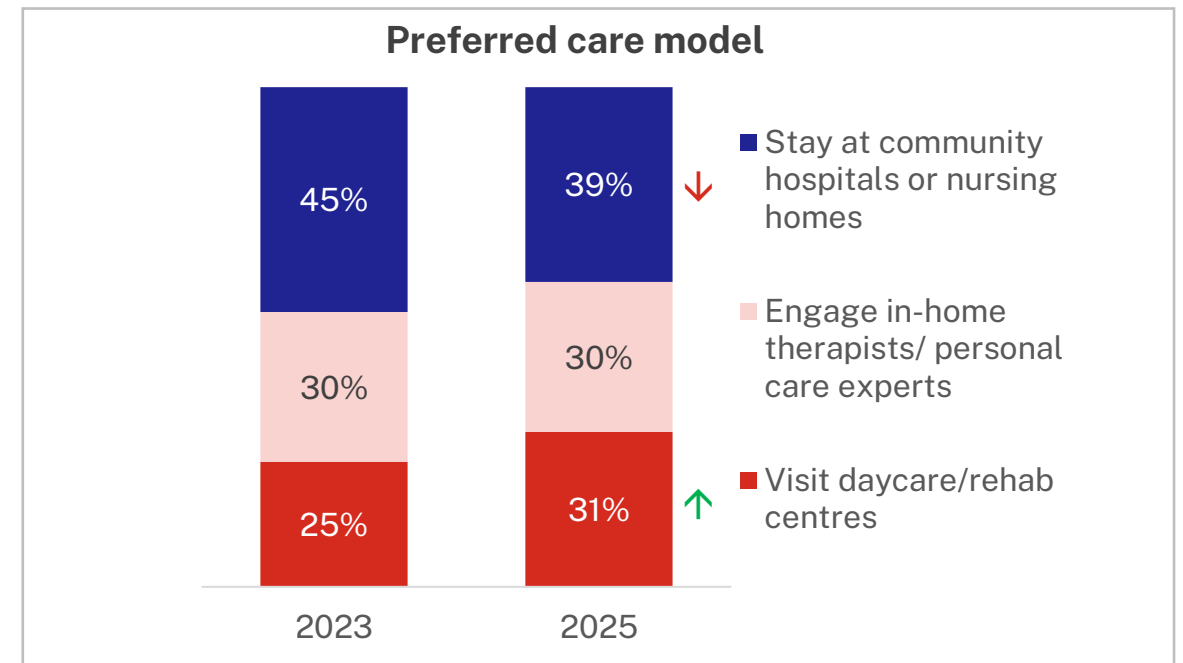
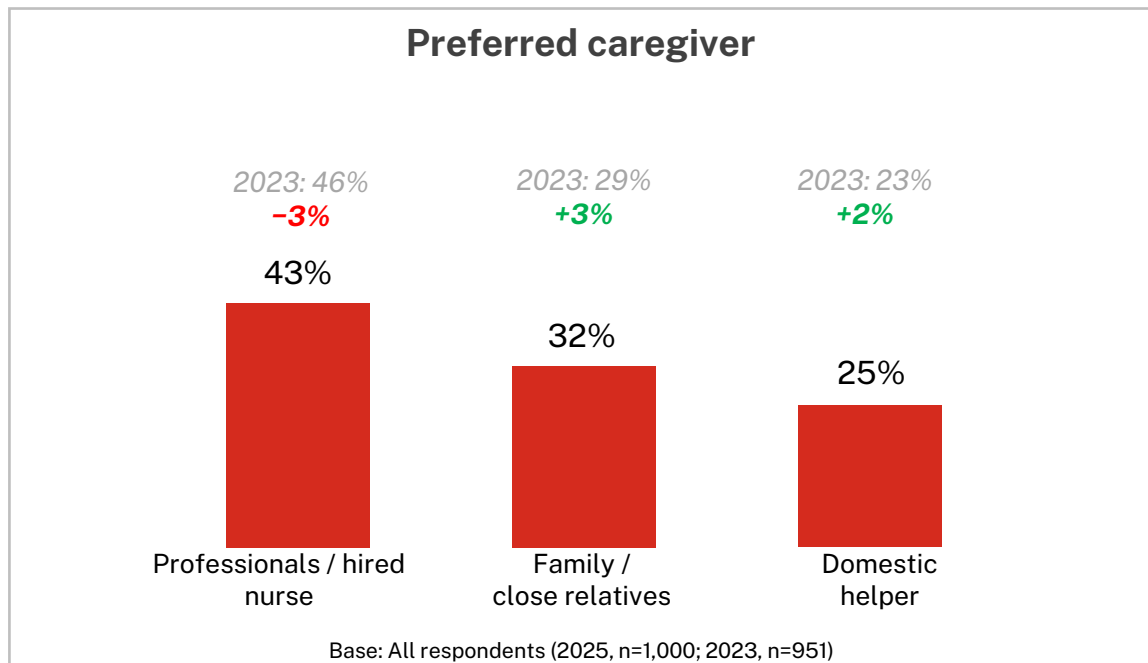


Base: All respondents (n=1000)

Preference For Care Delivered at Home For Control And Familiarity

As a result, consumers gravitate towards solutions that offer greater control and flexibility in managing care, reinforcing a strong preference for professional support delivered at home. This preference reflects a desire to maintain familiarity, dignity, and autonomy in how care is received.

In fact, **68% of consumers prefer engaging professional care at home** (through engaging hired nurses/caregivers or domestic helpers) over institutional settings. This preference is stable compared to 2023, indicating a consistent need for such support.



“Before my dad passed on, I told my dad I would take care of my mom. No matter what, I will never put her into the nursing home. That is my promise to my dad.”

— Caregiver (Female, 63yo) —

“Do not let your own family, loved ones, let them stay in the hospital, try not to even put them into nursing homes because mentally, it is quite detrimental.”

— Caregiver (Male, 52yo) —

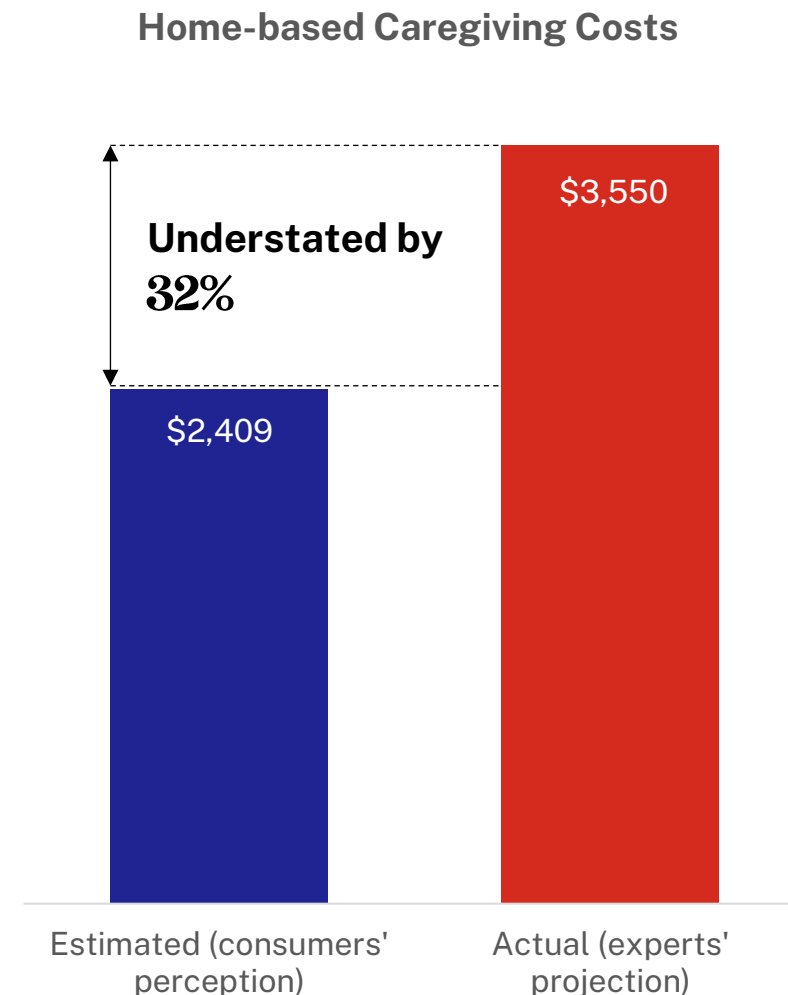
Feels Within Control At Home, But Reality Is More Complex

Importantly, this does not reflect reluctance toward professional support. Rather, **consumers want professional support that comes to them**, fits into daily life, and preserves familiarity, dignity and a sense of control.

Home-based care may feel more familiar and easier to plan for than institutional care, and respondents showed greater confidence and consistency when estimating home-care costs compared with institutional settings, where cost perceptions varied more widely. However, this confidence may mask a preparedness gap: respondents' **average estimates for home caregiving were understated by up to 32% compared with expert projections.**

Caregiver perspectives further reinforce this reality. The most valued forms of support – including transportation to medical appointments (45%), respite care (37%), and standby help (33%) – point to the **ongoing coordination, flexibility, and caregiver relief required to sustain care at home**, which are often overlooked in cost expectations.

Together, these findings suggest that while ageing in place is increasingly the preferred model, families may not fully anticipate the scale of recurring costs, operational complexity, and caregiver demands involved. Long-term care planning must therefore move beyond funding alone, to account for how care is accessed, coordinated, and sustained in the home over time.



Shaping the Future of Long-Term Care



Designing Care Around How Singaporeans Want to Age

Singapore's policy direction has increasingly focused on supporting seniors to age well, with initiatives such as the launch of Healthier SG⁵ in July 2023, the nationwide Age Well SG programme⁶, and the progressive rollout of Age Well Neighbourhoods⁷, and more living arrangements such as Community Care Apartments⁸ and intergenerational co-living spaces like Commune@Henderson, which allows for both long and short-term living for flexible, round-the-clock care.

Despite this, many only begin actively planning for long-term care when care needs become immediate or personally experienced. Bridging that gap therefore requires models that translate intent into living experience, aligning funding access and care coordination around where people actually want to age.



Photo by Age Well SG

Source:

5. [HEALTHIER SG ENROLMENT PROGRAMME TO COMMENCE ON 5 JULY](#)
6. [AGE WELL SG TO SUPPORT OUR SENIORS TO AGE ACTIVELY AND INDEPENDENTLY IN THE COMMUNITY](#)
7. [THREE MORE AGE WELL NEIGHBOURHOODS TO STRENGTHEN SUPPORT FOR SENIORS IN THE COMMUNITY](#)
8. [SINGAPORE'S FIRST ASSISTED LIVING FLATS TO BE LAUNCHED IN FEBRUARY 2021](#)

Enabling Continuous Care Journeys That Adapt And Evolve

The findings point toward a clear implication: **sustainable long-term care systems will need to be designed around home-based, flexible, evolving care pathways.**

This suggests a future where support extends beyond financial payouts alone to include:

- Access to professional care at home
- Coordination across changing levels of need
- Support for both care recipients and caregivers

Such ecosystems reflect how ageing is experienced in reality: **as a journey, not a single milestone or event.** Addressing these needs will require closer collaboration between insurers, healthcare providers, community care organisation and caregiving partners.

"At this stage of his condition, it is just a waiting game. There is nothing much anybody can do except for waiting for him to progress further until one day he could not handle himself anymore."

— Caregiver (Male, 46yo) —

"The decline has been gradual. I would say this thing I have been going through the last 10 years where they have been gradually declining."

— Caregiver (Female, 67yo) —

Preparing for the Long Journey of Care Ahead

Singapore's ageing success story demands a corresponding evolution in how long-term care is understood and supported.

Reframing long-term care as a prolonged life phase rather than a distant risk creates space for earlier action, more relevant planning, and more resilient outcomes.

For individuals, families, and institutions alike, the challenge is to plan ahead and adequately so one can have the choice and dignity in caregiving when need arises.

Long-term care is no longer a marginal issue. It is a defining challenge of our ageing society. The question we should all be asking is not "What if this happens?" but "If it does, **how prepared are we, and for how long?**"



End