

An  
**Unconditional  
Cash Transfer**  
Randomised  
Controlled  
Trial in  
**Singapore**

**EMPOWERMENT**

**PROGRAMME**

2024

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## INTENT

Since our inception in 1970, **AWWA** has been on a journey of understanding and expanding inclusion and participation for our clients within the Singapore context. The COVID-19 period was an unexpected stressor for everyone, but even more so for lower-income families. During this period, we decided to explore an additional intervention that could help empower the vulnerable lower-income families accessing our **Family Service Centre (FSC)**.

We decided to investigate the impact of an unconditional cash transfer for these families, over and above the support services and financial support they were receiving from the government and AWWA. This was based on research that shows individuals in chronic poverty often lack bandwidth and financial resources to invest in their future, stuck in a cycle of trying to address urgent needs and the accompanying stress<sup>123</sup>.

Currently, cash assistance for work-capable households is usually granted for 3 to 6 months in the first instance, and renewable if the family continues to need it, in addition to in-kind vouchers or services based on families' needs. Even though cash assistance can be renewed in some cases, we wanted to explore how unconditional cash assistance committed over a longer 18-month period would impact lower-income families.

Family conflicts & food insecurity

Financial hardship

Unstable employment

Caregiving challenges

With the support of **TriSector Associates (TSA)**, our technical advisors, upfront funding from **Standard Chartered Bank (SCB)**, and outcomes funding from **Temasek Trust (TT)**, we embarked on the **Family Empowerment Programme (FEP)**.

## StanChart Singapore and Temasek Trust trialling cash stipend scheme for low-income families

Published Sun, Jul 24, 2022 · 03:50 PM

*Business Times headline (2022)*

## METHOD

The FEP ran from **May 2022 to October 2023** as a **randomised controlled trial (RCT)**. The participants consisted of:



**75 households in the Treatment group** (315 people, consisting of 75 main participants and 240 dependents)



**95 households in the Control group**, dropping to 93 at the end



They were drawn largely from our **FSC and Transitional Shelters (TS)**, with a handful of lower-income households recruited from our other programmes to reach the target number

*The FEP sought to empower families with the flexibility and autonomy to prioritise their urgent needs and plan for their future life goals.*



<sup>1</sup> Graham, C.. 2015. The high costs of being poor in America: Stress, pain, and worry. Brookings Institution. <https://www.brookings.edu/articles/the-high-costs-of-being-poor-in-america-stress-pain-and-worry/>

<sup>2</sup> Mani et al.. 2013. Poverty impedes cognitive function. Science: Vol. 31, Issue 6149, p. 976-980. <https://www.science.org/doi/10.1126/science.1238041>

<sup>3</sup> Low, D., and A. Gill. 2014. Singapore must ease 'bandwidth tax' on the poor. Today. Jan 8. <https://www.todayonline.com/singapore/spore-must-ease-bandwidth-tax-poor>



The households had to meet the following **eligibility criteria**:

- 1** Per capita income of less than or equal to S\$1,000 and household income of less than or equal to S\$3,600 (excluding CPF)
- 2** At least one Singapore Citizen or Permanent Resident in the household
- 3** At least one work-capable adult between 16 and 65 years of age
- 4** (To proxy for chronic poverty) Households must be known to FSC or TS for at least a year
- 5** (To proxy for chronic poverty) Household must be ineligible for ComCare Assistance due to factors other than income, or have been receiving ComCare Assistance for more than a year

The FEP participants were thus broadly representative of the lower-income families that AWWA FSC and TS support, excluding elderly households with no work-capable adults.

Each household in the Treatment group received a fixed amount between \$300 to \$550 a month (\$500 on average), depending on their family size, for 18 months. Both Treatment and Control groups completed 4 6-monthly surveys<sup>4</sup> during the 18 months. The Control group received a monetary incentive to complete each of the 4 surveys, adding up to \$450 over the 18 months (compared to the FEP cash transfer of \$9,000 on average over 18 months for the Treatment group).

Besides the FEP cash transfer for the Treatment group, **both groups continued to receive wraparound case management from the FSC** (and/or the other services they were receiving from AWWA), including but not limited to:

- Guidance and intervention covering a variety of issues (e.g. social-emotional

issues, family relationships, housing instability).

- Employment coaching to improve interpersonal skills and workplace relations.
- Referrals to employers, skills upgrading and job matching resources.

They also continued to receive any cash assistance from the government as before. We would like to thank the **Ministry of Social and Family Development (MSF)** for their support, and their Social Service Office (SSO) for working with us to ensure that the additional cash transfer was not factored into their support decisions for these households, so that the FEP pilot could be run ceteris paribus, to the extent possible.

The Treatment group had to agree to meet their AWWA caseworker on a quarterly basis at a minimum. The Control group was only required to do so as long as they remained an AWWA client. (Please see Annex pg 38 for more details on the evaluation method.)

<sup>4</sup> The surveys were completed in the usual FSC case work interview style with the families' AWWA caseworkers entering in the data.

## OUTCOMES AMPLIFIER FUNDING

TSA helped SCB, TT and AWWA land on an Outcomes Amplifier model (a type of 'pay-for-success' funding) for funding the FEP, whereby:

- The 3 parties (SCB, TT, AWWA) agreed on what the outcome targets for the intervention would be;
- SCB provided the upfront funding of \$750,000 to deliver the FEP;
- AWWA ran the FEP and collected the data;

- An independent evaluator analysed the outcomes; and
- If the agreed outcome targets for the FEP are met, TT as outcomes amplifier would contribute another \$750,000 to a second round of the FEP (FEP 2).

The targets agreed between the 3 parties for the Outcomes Amplifier funding were focused on **Education, Skills Upgrading and Employment (ESE)** outcomes for the FEP participants. To distinguish them from the other outcomes that AWWA tracked for the FEP, these outcomes linked to TT's success payment are referred to as the **payment-linked indicators**.



*Resilience workshop for TS clients*



*FEP family in a counseling session with their FSC caseworker*

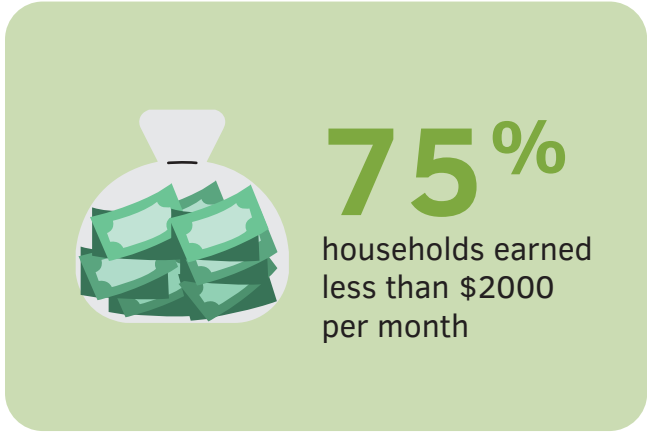
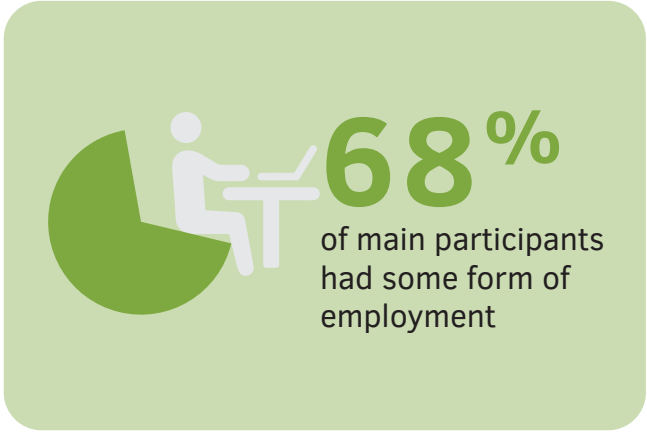
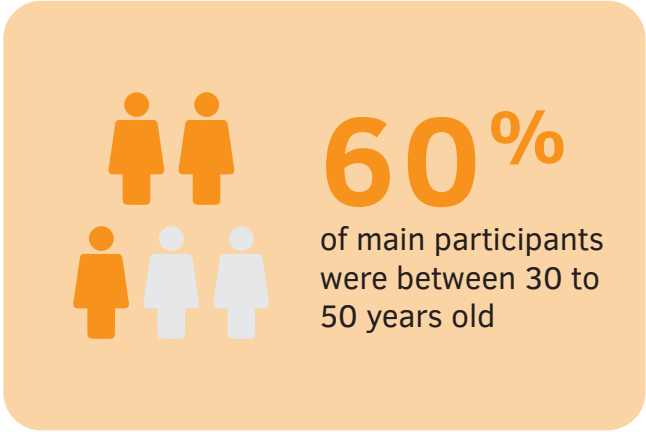
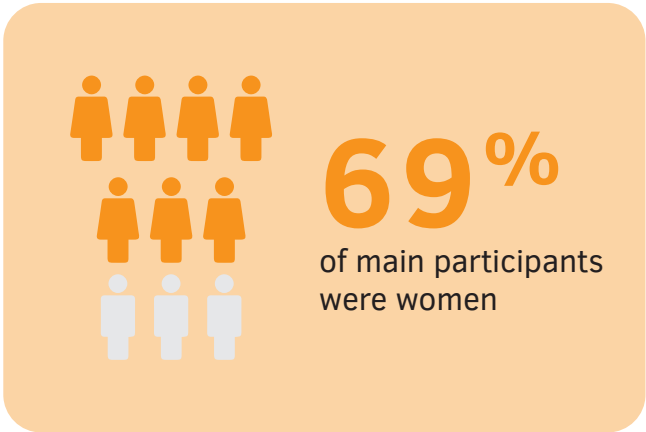


*FSC team*



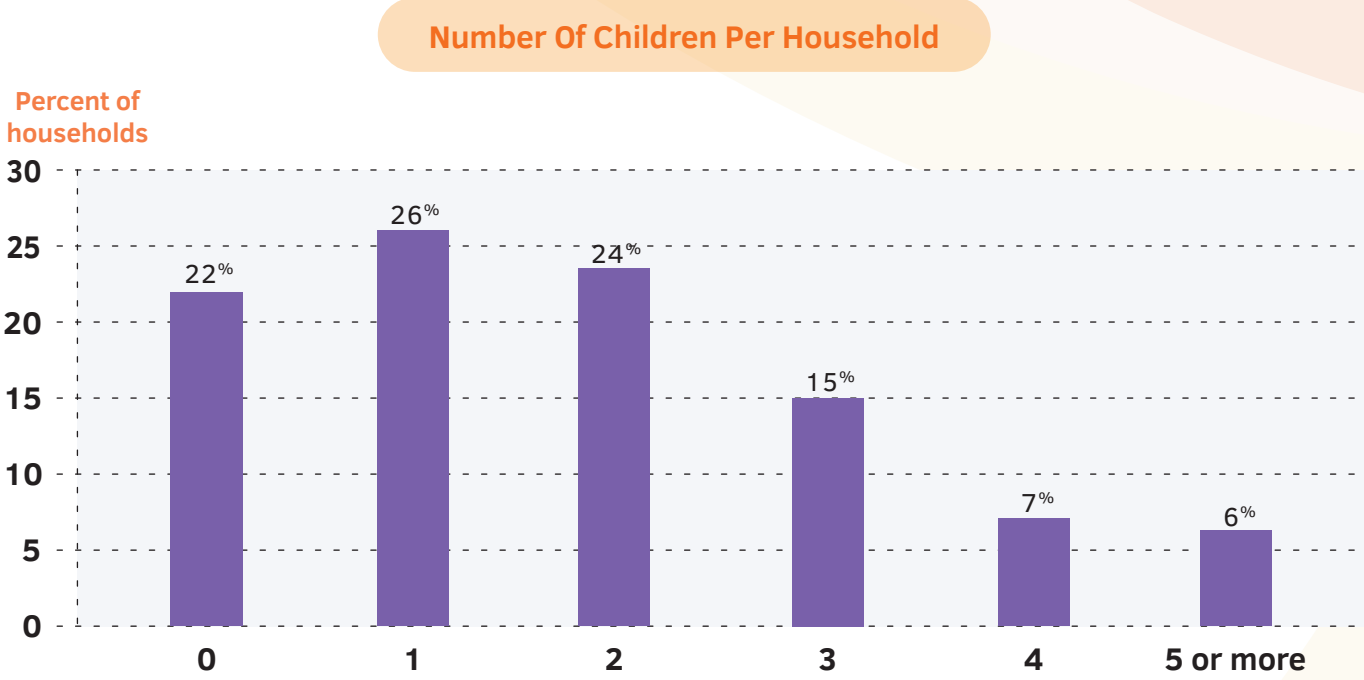
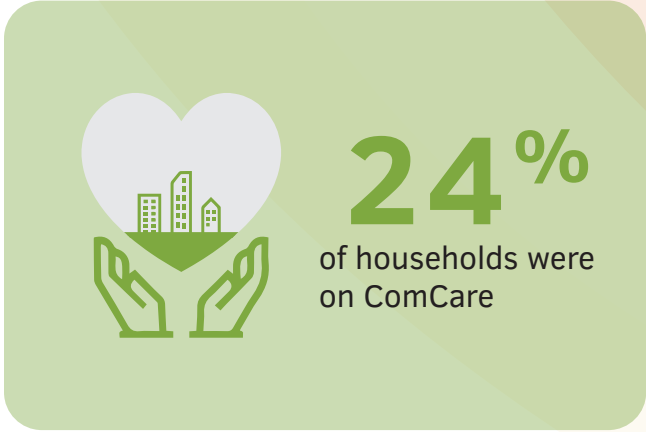
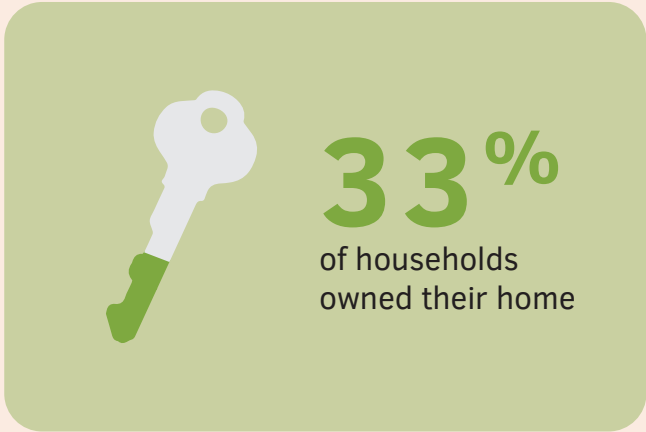
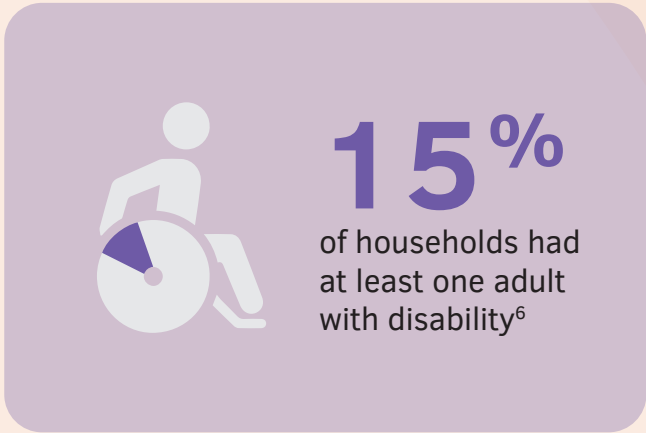
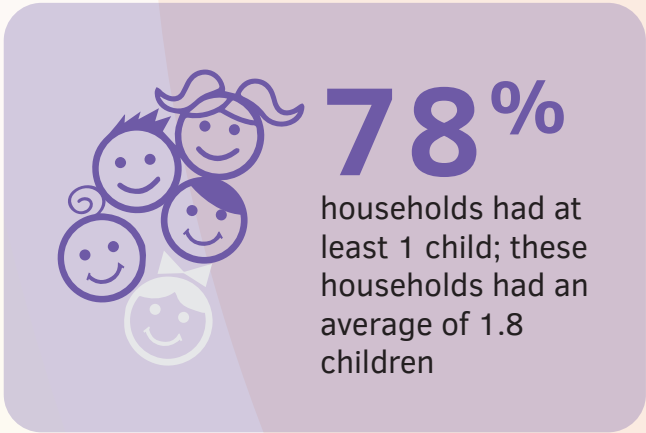
# DEMOGRAPHICS

The typical 'main participant'<sup>5</sup> (i.e. main point of contact) from households selected for the FEP was a lower-income, employed woman between 30 to 50 years old, with 1 to 4 dependents, not living in a home she owned:



<sup>5</sup> Each household had a designated 'main participant' who was the main point of contact for the FEP. The main participant may or may not be a work-capable adult. At least one work-capable adult from each FEP household participated in the 6-monthly surveys. In the quantitative data analysis, all the adults who participated in the 6-monthly surveys are collectively referred to as the 'participants'.

<sup>6</sup> Defined by the Enabling Masterplan as "those with substantially reduced prospects of securing, retaining places and advancing in education and training institutions, employment and recreation, due to physical, intellectual, and sensory impairments, as well as developmental needs including Autism Spectrum Disorder." <https://www.msf.gov.sg/media-room/article/Definition-of-Disability-for-Social-Policies> (Please see Annex pg 42 for more detailed demographic data.)



# RESULTS: PAYMENT-LINKED INDICATORS

## Payment-linked Indicators

The FEP has successfully met the outcome thresholds to receive TT’s contribution for FEP 2. The payment-linked indicators were grouped into two categories: interim indicators (i.e. pathways to achieving ESE success) and final outcomes (ESE success). Three of the interim indicators met their success threshold (three were required) for the first half of the payout. Four of the final outcome indicators met their success threshold (one was required) for the second half of the payout. (Please see Annex pg 78 for detailed success thresholds.)

*The FEP’s treatment group did consistently better than the control group on a range of indicators related to employment and well-being; some of these differences were statistically significant.*



Payment-linked Indicators:	Interim Indicators	Final Outcomes Indicators
Total number of Indicators	12	5
Number of indicators required to meet success threshold for outcomes payments	3 out of 12	1 out of 5
Met success thresholds	3	4
Trending towards success threshold	5	1
Not trending towards success threshold	4	0

## Interim vs Final Outcomes

As this was a new and untested intervention in the Singapore context, it was unclear at the start how exactly the families might use the cash transfer to improve their situation. It was also noted that based on literature, different families may find different versions of success – for example, for individuals with caregiving duties, success might look like engaging in part-time employment with flexibility to support caregiving needs, rather than full-time employment. Final outcomes were indicators of participant success in employment, skills upgrading, education and health.

*12 were 'interim' indicators that could help highlight the intermediate steps and different pathways that families may take on the way to achieving one or more of the 5 desired 'final outcomes'.*

Accordingly, the 3 parties agreed on a list of 17 payment indicators:

At the end of the 18 months, most of the indicators (13 out of 17) had either met their success threshold or were trending in the right direction. Generally, the indicators took between 12 to 18 months to meet the respective success thresholds. Of the seven indicators that met the success threshold at 18 months (endline):

- One of them did so at 6 months;
- Four of them did so at 12 months; and
- Two of them did so at 18 months.

The table below shows how these indicators fared at 6 months, 12 months and 18 months into the FEP:

### Notes for understanding the table:

- T = the Treatment group; C = the Control group
- Comparison was generally done using the difference-in-difference (DiD) method<sup>7</sup>.
- Success thresholds were set based on a combination of (a) power calculations to determine minimum detectable effect size, (b) literature review (outcomes in other similar programmes), and (c) experience on the ground (see Annex pg 39 for more information).
- Meeting the success thresholds for payment does not mean that there was a statistically significant difference in results between the Treatment and Control groups, unless otherwise noted.
- Statistical significance was set at 10% by the independent evaluator.
- Please see Annex pg 82 for detailed payment-linked indicator results.

<sup>7</sup> DiD estimates the effect of an intervention (e.g. cash transfers, policy shifts, etc.) by comparing the changes in outcomes over a specified period between a group that is receiving the intervention (i.e. Treatment group) and a comparable group that is not (i.e. Control).



Summary Results

Payment-linked Indicators	6 months	12 months	18 months
Interim Indicators			
Basic needs & motivations for ESE success			
o Improved physical health			
o Improved mental health			
o Higher motivation to pursue ESE opportunities			
Interim actions for ESE success			
o Increased number of job applications submitted			
o Increased number of interviews attended			
o Reduction in chronic absenteeism	NA	NA	
o Increase in entrepreneurship activities			
Better quality jobs for long-term retention			
o Higher skills matching			
o More autonomy and task discretion			
o Better job security			
o Better training/ learning/ structured advancement opportunities			
o Ability to hold out for higher quality jobs due to lack of immediate financial stress			
Final Outcomes Indicators			
o Increased % of individuals in ESE			
o Higher income			
o More hours worked			
o Fewer spells of being out of ESE			
o Higher incentives for long-term retention			

Key:

Meet success threshold

Trending towards success threshold

Minimal difference between T & C

Trending in opposite direction from success threshold

Detailed Results

Payment-linked Indicators	6 months	12 months	18 months
Interim Indicators			
Basic needs & motivations for success in Education, Skills Upgrading and Employment (ESE)			
o Improved physical health			
o Self-rating of overall physical health held steady for C at about 3.11 (on a 5-point scale), but gradually increased for T from 3.31 to 3.43.			
o The difference between T and C was statistically significant at both 12 and 18 months, though DiD was not.			
o From qualitative data, it appears that the T group visited the doctor more often when needed during the FEP, instead of waiting it out.			
o Improved mental health			
o Adapted Kessler-10 <sup>8</sup> scale used			
o At 18 months, about 60% of T could be categorised as 'Well' vs. 36% in C. 27% of C fell in the 'Severe Disorder' range vs. 11% of T. The difference in categorisation was statistically significant at 6, 12 and 18 months.			
o There was a statistically significant difference in average score between T and C scores at 6, 12 and 18 months, though not in DiD.			
o From qualitative data, T appreciated the relatively longer duration of the assistance and felt less mentally stressed because of it.			

<sup>8</sup> Kessler Psychological Distress Scale

## Payment-linked Indicators

### Interim Indicators

6 months 12 months 18 months

#### Higher motivation to pursue ESE opportunities

- Self-rating on a 5-point scale was 3.15 for C and 2.61 for T at 18 months.

- DiD was **statistically significant**, trending in opposite direction from success threshold.



**Explanation:** This could be due to T already experiencing 'success' in terms of moving to better quality jobs (see indicators in section 'Better quality jobs for long-term retention'), hence reducing their motivation to continue searching for other ESE opportunities.

- Also, results were very different for different sub-groups, e.g. 100% of the unemployed in T were highly motivated to look for jobs compared to 9% of unemployed in C; however, 44% of T overall were unmotivated to engage in skills upgrading compared to 26% of C.



**Learning Point:** To be more targeted about what exactly we want to measure with 'motivation' questions, frame them more precisely, and analyse separately for different sub-groups.



### Interim actions for ESE success

#### Increased number of job applications submitted

- The mean number of job applications submitted over the last 3 months was 12.7 in C and 4.9 in T.

- DiD was **statistically significant**, trending in opposite direction from success threshold.



**Explanation:** However, T attended more job interviews compared to C, despite their lower number of job applications submitted. This suggests that T could be much more targeted in submitting job applications.



## Payment-linked Indicators

### Interim Indicators

6 months 12 months 18 months

#### Increased number of interviews attended

- T attended an average of 2.5 and 2.1 interviews in the previous 3 months at 12 and 18 months respectively, compared to 0.4 and 1.0 for C.

- For unemployed participants, the difference between T and C was **statistically significant** at both 12 and 18 months.

- DiD was trending in the right direction at 18 months, though not statistically significant.



**Explanation:** This corroborates the above point that while T sent out fewer job applications, they seem to have been more targeted in their job search, resulting in a higher number of interviews attended.



#### Reduction in chronic absenteeism

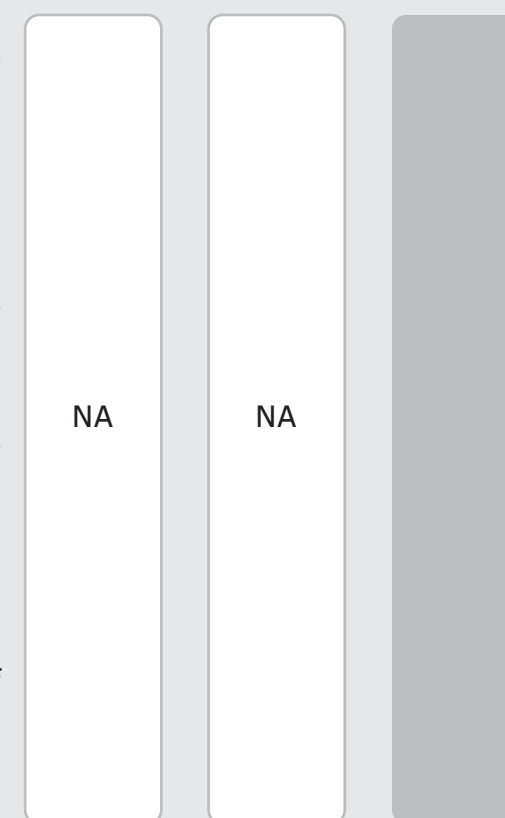
- The proportion of children with chronic absenteeism (i.e. absent 20% of school days or more per school year) dropped slightly in C from 26% to 25% and increased slightly in T from 26% to 29%.

- The difference was trending in the opposite direction from the success threshold, though not statistically significant.



**Learning Point:** Data collection was the most difficult for this indicator. A learning point for us is to only collect data on children in formal education from primary school onwards, as attendance is not compulsory and difficult to collate for preschool children.

- This result seems to suggest that this level of cash assistance alone may not support children's educational outcomes, which is a point worth studying further.





## Payment-linked Indicators

### Interim Indicators

6 months	12 months	18 months
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#### o Increase in entrepreneurship activities

- o This indicator was constructed as the percentage of participants who reported trying to earn money in other ways including entrepreneurial, gig and ad-hoc work.
- o This declined consistently for T from 26% to 8%. Declined initially for C from 37% to 17%, then increased gradually to 24%.
- o The difference between T and C was **statistically significant** at 18 months, though DiD was not, trending in opposite direction from success threshold.



**Explanation:** Given the risks involved in entrepreneurship and gig work, it may not be a preferred option once families have the time and bandwidth to make different decisions. This is in line with the observation that the FEP cash transfer supported T's movement towards more secure types of employment.



**Learning Point:** To be more precise in tracking what kinds of employment participants are engaged in or want to be engaged in (e.g. home-based business entrepreneurs versus delivery riders) to better understand their employment aspirations and experiences.



## Payment-linked Indicators

### Interim Indicators

6 months	12 months	18 months
----------	-----------	-----------

#### Better quality jobs for long-term retention

#### o Higher skills matching

- o Self-rated skills matching score on a 5-point scale increased slightly for both groups, with a slightly larger increase for T.
- o DiD was trending in the right direction at 18 months, though not statistically significant.



**Explanation:** This suggests that a longer duration of cash transfer may be needed to observe a larger effect.



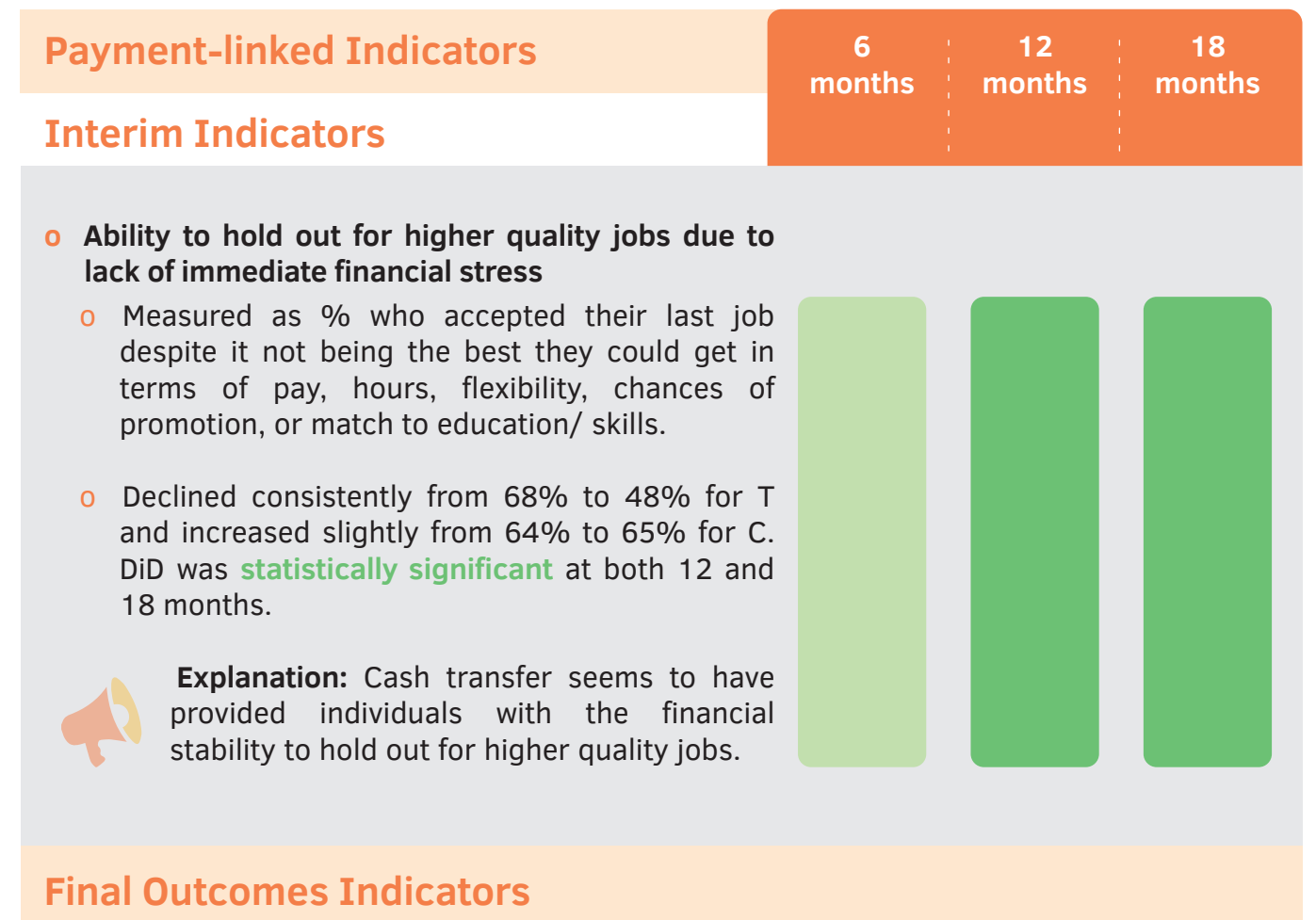
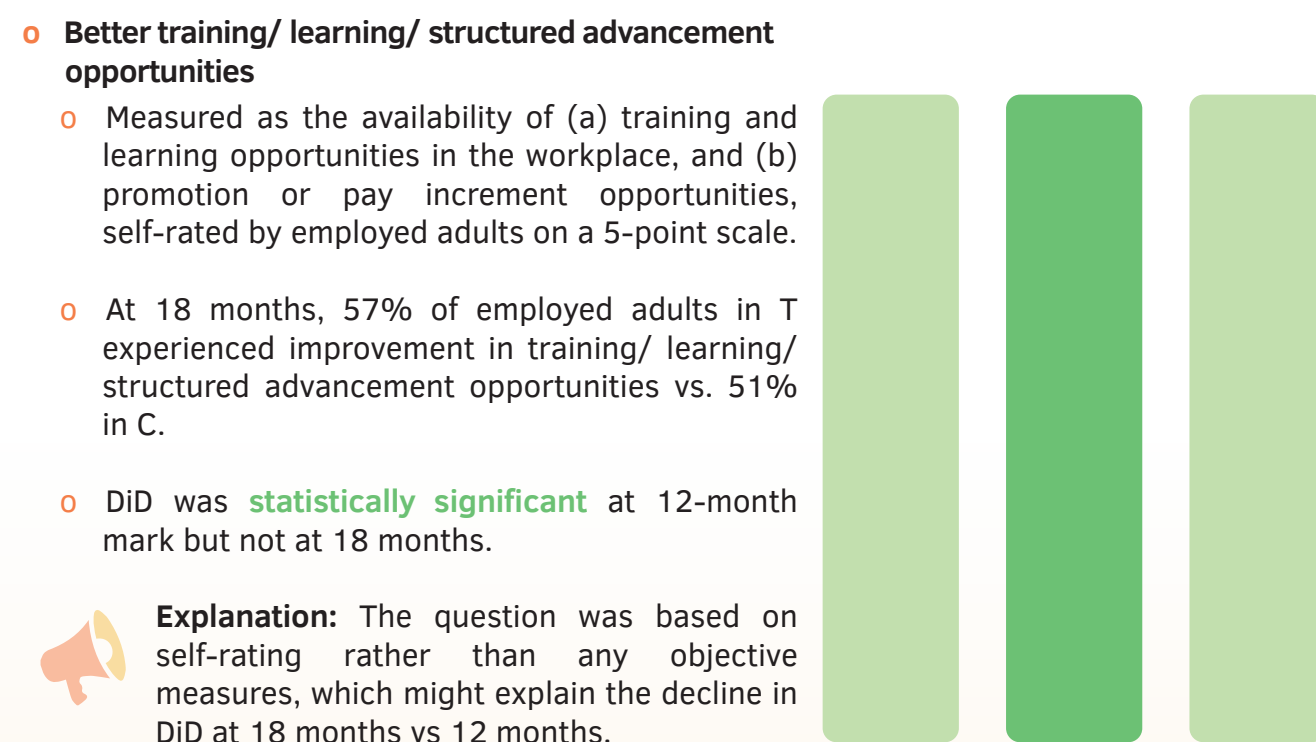
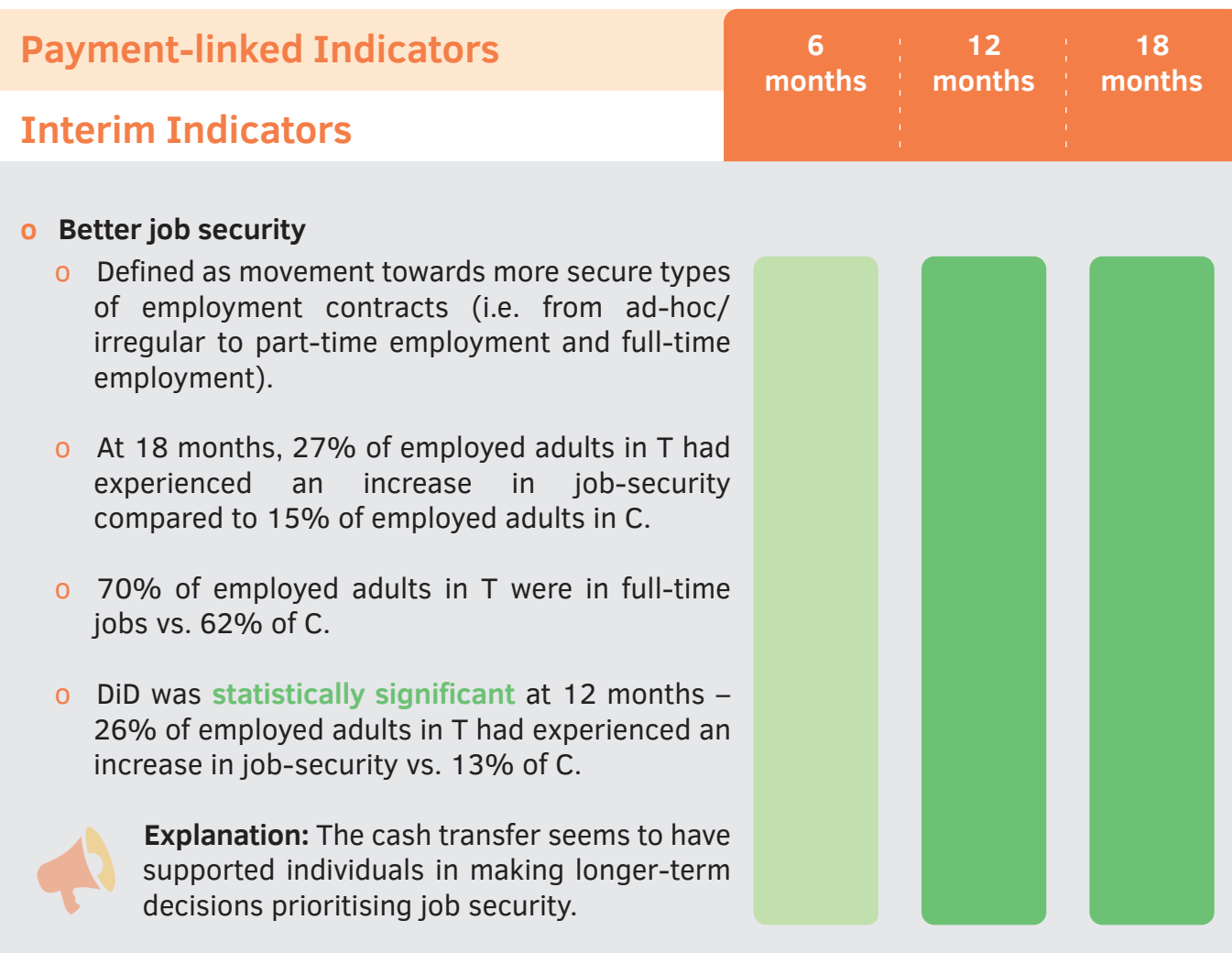
#### o More autonomy and task discretion

- o Defined as (a) flexibility in work schedule, and (b) autonomy and control over tasks given at work. Self-rated on a 5-point scale.
- o Increased slightly for both groups, with a slightly larger increase for T.
- o DiD was trending in the right direction at 18 months, though not statistically significant.

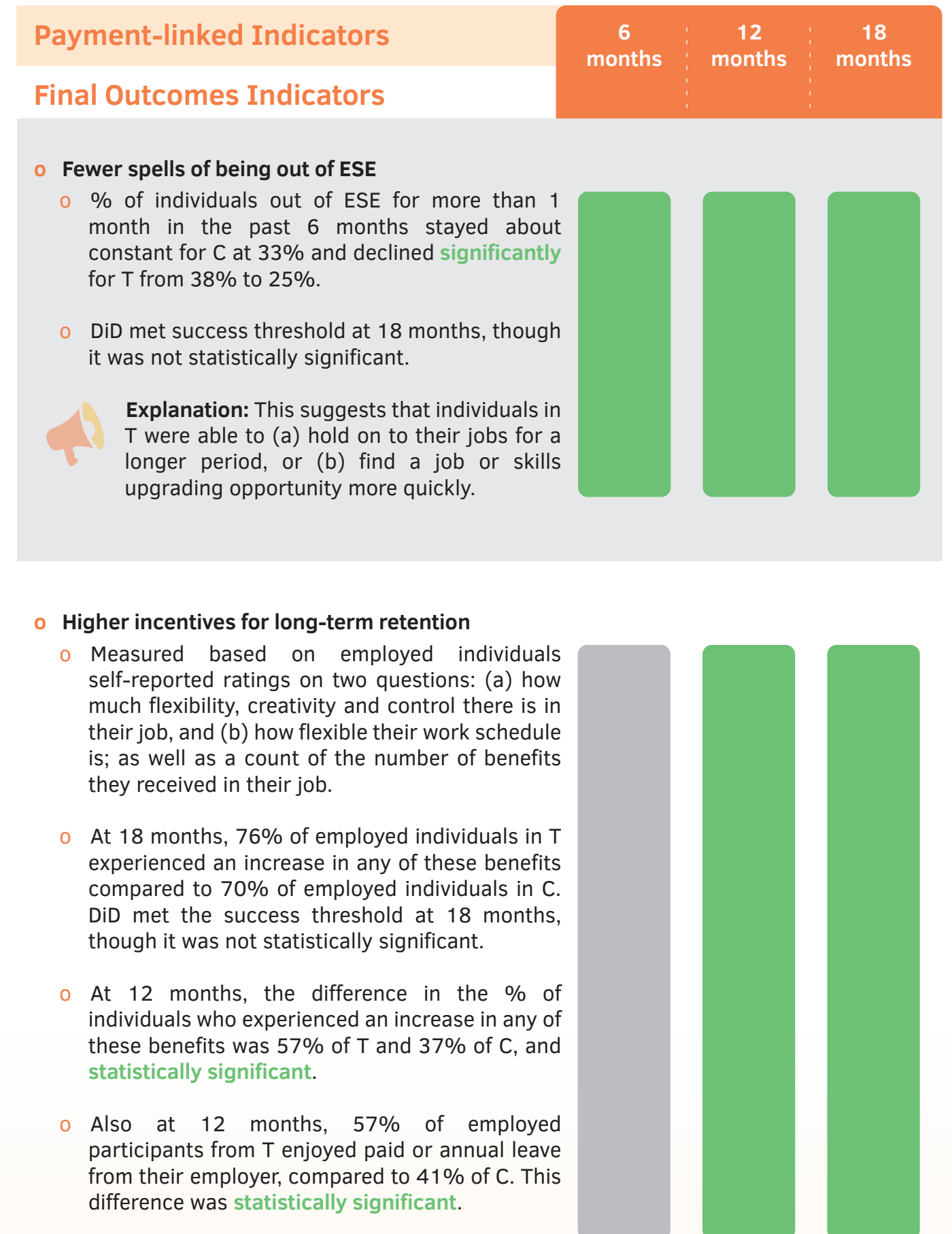
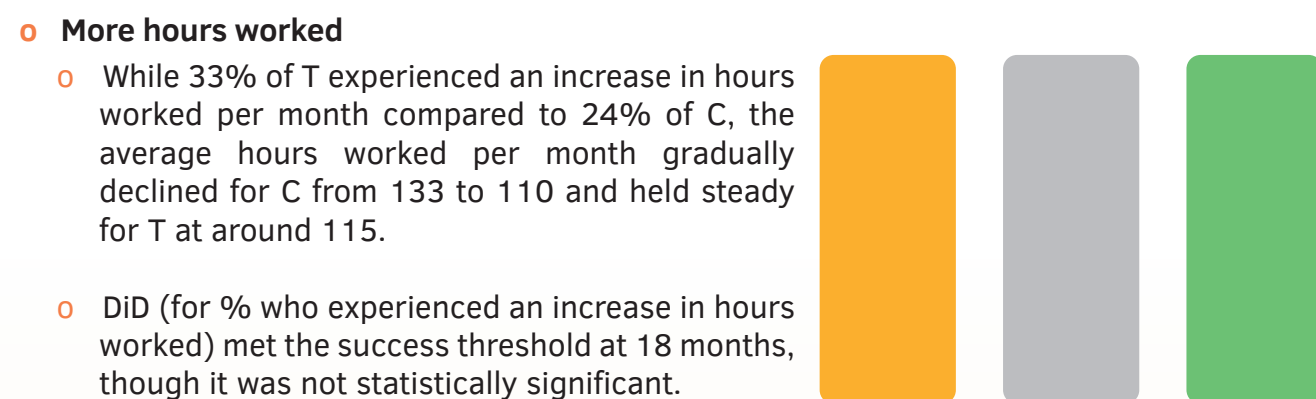
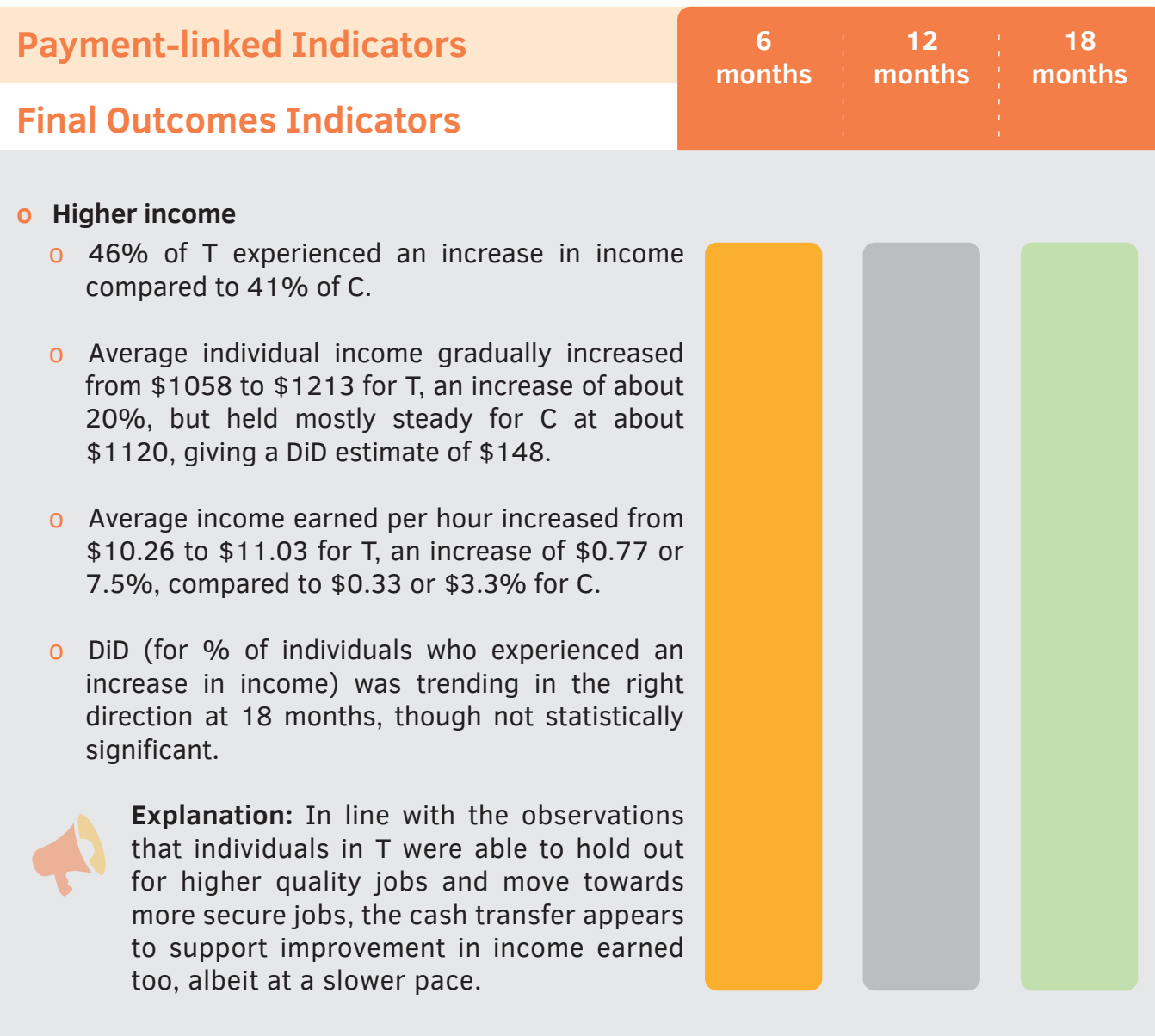


**Explanation:** While the cash transfer may have supported individuals to look for jobs with more autonomy and task discretion, the qualitative data suggests that this may be limited by other factors such as (a) individual's skill-match with such jobs; and (b) potential pool of employers that provide such jobs.









### Key Trends

#### a. Improvement in Mental Health

There was a statistically significant difference in scores between the Treatment and Control groups on the Kessler-10 scale at 6, 12 and 18 months.

This was also reinforced by qualitative data. Participants shared with caseworkers how much less stressed they felt, and how they were “more able to breathe.”

At 12 months, the following sub-items from the Kessler-10 scale showed a statistically significant difference between Treatment and Control groups<sup>9</sup>.

- How often did you feel:
- Tired for no good reason\*;
  - Hopeless\*;
  - So restless/ fidgety that you could not sit still;
  - Depressed\*;
  - Everything was an effort;
  - Worthless\*.

*The improvement in mental health among the treatment group was notable right from 6 months.*



<sup>9</sup> Annex pg 86.

Sub-items marked (\*) continued to show a statistically significant difference at 18 months as well.

However, the improvement in mental health for the Treatment group seems to have tapered off slightly at 18 months. Our qualitative analysis suggests that this was because of worry among the Treatment group about the cash transfer ending.

#### b. Improvement in Job Quality and Security

*Confirming our hypothesis, the cash transfer seemed to be giving the treatment group the mental bandwidth to think longer-term and hold out for better quality jobs, compared to the control group.*

There seemed to be an early improvement in job quality and security and a reduction in time out of ESE for the Treatment group by 12 months, before similar improvements in income, hours worked or % in ESE became apparent at 18 months.

Work-capable individuals in the Treatment group seemed to be able to take a more considered approach in their job search, applying for less jobs than the Control group but attending more interviews at the 12- and 18-month mark (statistically significant difference for unemployed individuals).

From 6 months, the Treatment group also moved at a higher rate into jobs with better:

#### Quality

Skills matching, autonomy and task discretion, training/ learning/ structured advancement opportunities

#### Benefits

‘Higher incentives for long-term retention’ indicator - i.e. CPF, annual leave etc.

#### Security

More permanent contracts than ad-hoc contracts or gig jobs, reflected in the ‘job security’ indicator improving, and the ‘entrepreneurship’ indicator (which included gig and ad-hoc work) decreasing.

Eventually, this reflected in higher income, hours worked, income per hour, and percentage of individuals in ESE from the Treatment group at 18 months.

This also suggests that the improvement of individual and family outcomes is a gradual process that takes time, and longer durations of cash assistance could be helpful for families to achieve longer-term impact.

**99%**

of the Treatment group agreed that the FEP reduced the time they spent worrying about their financial situation to some extent,

**47%**

agreed it was “to a large extent”.

**64%**

of the Treatment group agreed that the FEP had helped them plan ahead for their career/ skills upgrading or their children’s education to some extent,

**44%**

agreed it was to a medium or large extent<sup>10</sup>.

#### c. Female empowerment

We noticed a specific profile of women experiencing marked changes. Often, they were not the primary breadwinner, and dependent on others to support the family. Our qualitative data suggests that the FEP helped alleviate some of their financial stress, which in turn gave them a sense of control and agency over finances, that also spilled over into other aspects of their lives.

*These women reported an improved sense of independence, motivation to find work or better work, and improvements in their key family relationships.*

(See Annex pg 54 for some of their stories.)

<sup>10</sup> Annex pg 107.



“When FSC 128 started receiving the FEP transfer, she was unemployed. Receiving the FEP transfer gave her the confidence to find a job. Previously, her job searches were disrupted when she had to care for her children when they were ill. Now, she has the financial means for proper medical care, such as for visiting the doctor and buying medicine.

FSC 128's caseworker (FSC 128 is a married woman; caregiver for 4 children with typical needs)

#### d. Multiple and diverse pathways to 'success'

The final outcomes indicators did much better at hitting their success thresholds (4 out of 5) than the interim indicators (3 out of 12).

For example, contrary to our initial hypothesis for the 'job applications' indicator, it stayed lower for the Treatment group throughout the 18 months than for the Control. It turns out, the Treatment group were submitting fewer job applications but were being much more targeted in their job search, shown by the fact that they were able to make it to the interview round a lot more than the Control group.

Similarly, we thought entrepreneurship activities might increase amongst the Treatment group, now that they had some extra cash to fund entrepreneurial aspirations. But it turns out there was a clear preference for more permanent/ secure job types, and that was where the clear and early improvement was seen. Caseworkers also noted that some of their FEP clients expressed an interest in starting home-based businesses (especially because it could help them balance their caregiving

responsibilities) but that they still lacked the start-up capital and know-how.

We will leverage our learnings from the quantitative and qualitative data from FEP to develop stronger hypotheses about how participants may use the FEP 2 cash transfer to achieve 'success'.

*This is in line with our hypothesis that all families have unique circumstances and may take multiple and diverse pathways to 'success'.*



*The FEP cash transfer also had a positive impact on family relationships (e.g. with spouse, parents, teenagers), reduced caregiver stress, improved savings, and led to more confident management of finances.*



## RESULTS: NON-PAYMENT- LINKED INDICATORS

Apart from the indicators linked to the Outcomes Amplifier success payment, the following indicators also showed consistently better results for the Treatment group relative to the Control group (see Annex pg 107 for detailed results):

#### a. Indicators related to Family Relationships and Child Outcomes:

- o Relationship with eldest child over last 6 months
  - o Statistically significant difference at both 12 and 18 months.
  - o Many Treatment group participants also reported that relationships with their children improved, because they could give their children pocket money, buy them some of the food they liked, take them out on family outings, and spend more quality time with them.
- o Overall family relationships
  - o Statistically significant difference at 18 months.

- o Many Treatment group participants reported that their relationships with their spouses or parents improved, because they were less irritable about money and had fewer money-related arguments.
- o Relationship with spouse over last 18 months
  - o Improved for 22% of Treatment group compared to 11% of Control.
- o Caregiver stress
  - o Caregiver stress was defined as feeling stressed caring for dependents and about meeting other responsibilities.
  - o Statistically significant difference at 12 months.
- o Whether eldest child has dropped out of school
  - o Statistically significant difference at 12 months.

b. Indicators related to Management of Finances:

- o Amount of money saved
  - o Statistically significant difference in average amount saved at 18 months.
  - o Average of \$2833 saved in Treatment group compared to \$937 in Control.
- o Better able to manage money compared to start of FEP
  - o Statistically significant difference at 18 months.
  - o Many Treatment group participants felt financially empowered. Many women shared that the extra cash allowed them to practice budgeting and saving.



OTHER INSIGHTS

a. Longer-term challenges

- o While Treatment group participants felt financially empowered (short-term feeling), they **did not feel financially independent** (long-term feeling).
- o Many participants (from both Treatment and Control groups) with **caregiving responsibilities and/or health challenges** reported that their employers were not understanding of their situation and refused to accommodate their requests for flexible work. Participants also struggled to find jobs that had enough flexibility to accommodate their caregiving responsibilities or health conditions<sup>11</sup>.
- o Other common barriers cited in finding a job/ better job, access to training, etc.<sup>12</sup>:



**Educational qualifications**  
(44% Treatment, 48% Control)



**Mental or physical health issues or disabilities**  
(37% Treatment, 39% Control)



**Lack of sponsorship from employer for cost of training**  
(23% Treatment, 27% Control)



**Cannot afford to take time off work to attend training as it will affect income**  
(26% Treatment, 32% Control)



**Need coaching in how to look for a job/ write a resume/ respond in interviews/ work in an office environment**  
(27% of Treatment, 24% of Control)



**Need guidance on what kind of job would best match skills and interests**  
(Treatment 24%, Control 28%)



**Age**  
(30% Treatment, 25% Control)



**Ability to read/ write/ speak in English**  
(20% Treatment, 27% Control)



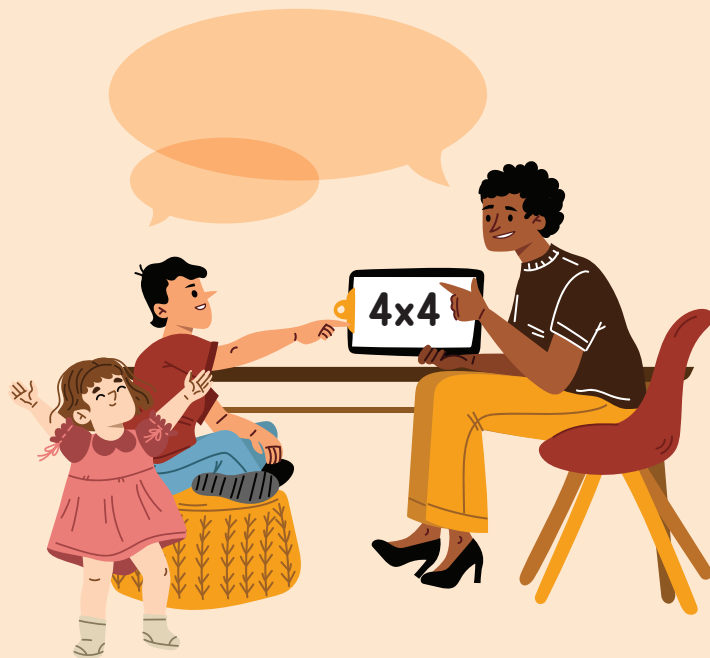
**Training requires a lot of memorizing/ reading/ writing which is difficult**  
(11% Treatment, 25% Control)

Qualitative data showed that:

*Families continued to face challenges (structural and others) in improving their longer-term well-being, which could not be resolved solely through an unconditional cash transfer of this duration.*

<sup>11</sup> Annex pg 58.  
<sup>12</sup> Annex pg 114.

- Participants (both Treatment and Control groups) with **children with special needs** reported feelings of discrimination within their families and in public. This made them spend less time in public (e.g. they didn't feel comfortable taking public transportation or sending their children to daycare/ childcare).
- Most parents (both Treatment and Control groups) requested **high-quality tuition support** for their children; parents with older children also requested career guidance for them.



- Most participants requested **platforms for emotional support and relationship building** (e.g. classes on how to parent teenagers, support groups for caregivers and families with special needs children).

## b. Caregiving as a Barrier to ESE

Both quantitative and qualitative data highlighted caregiving responsibilities as a barrier to pursuing skills upgrading, and finding a job, keeping a job, or finding a better job<sup>13</sup>:

- At 12 months, more than half of the Treatment (53%) and Control groups (52%) reported that their caregiving responsibilities didn't allow them the time or the mental bandwidth to look for a new or better job.
- For 34% of the Treatment group and 49% of the Control group, caregiving responsibilities were a major obstacle to accessing skills upgrading, educational or professional training opportunities.
- 47% of the Treatment and 57% of the Control groups said that their caregiving responsibilities affected their job outcomes (e.g. getting a job, daily work life, opportunities for promotions and pay increases, ability to switch jobs and access to training).



*These insights suggest the need for stronger wraparound support services to amplify the impact of cash transfers.*

<sup>13</sup> Annex pgs 58 & 112.

This suggests that:

*Caregiving responsibilities remained a barrier for many in pursuing skills upgrading or finding or keeping a job. However, the FEP cash transfer may have helped to alleviate the issue somewhat for parts of the Treatment group.*

- In interviews, several participants shared that finding a new job that offered them the flexibility they needed to manage their caregiving responsibilities at home was challenging; a few participants also mentioned that that this was a struggle in their current job:

**I cannot seem to find a better job because I need flexible work arrangements and that is not possible with a higher paying job. My wife and child have needs and I also have my health issues. If I were to constantly take leave, I would soon find myself without any job.**

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

Interestingly, there were **statistically significant** differences between Treatment and Control groups for:

- Those who felt caregiving responsibilities prevented them from accessing skills upgrading;
- Those who felt 'no difficulty' in accessing skills upgrading<sup>14</sup>.

## c. Higher Prevalence of Children with Special Needs

This was seen in both the Treatment and Control groups, after excluding households



<sup>14</sup> DiD comparison not available for these 2 items.

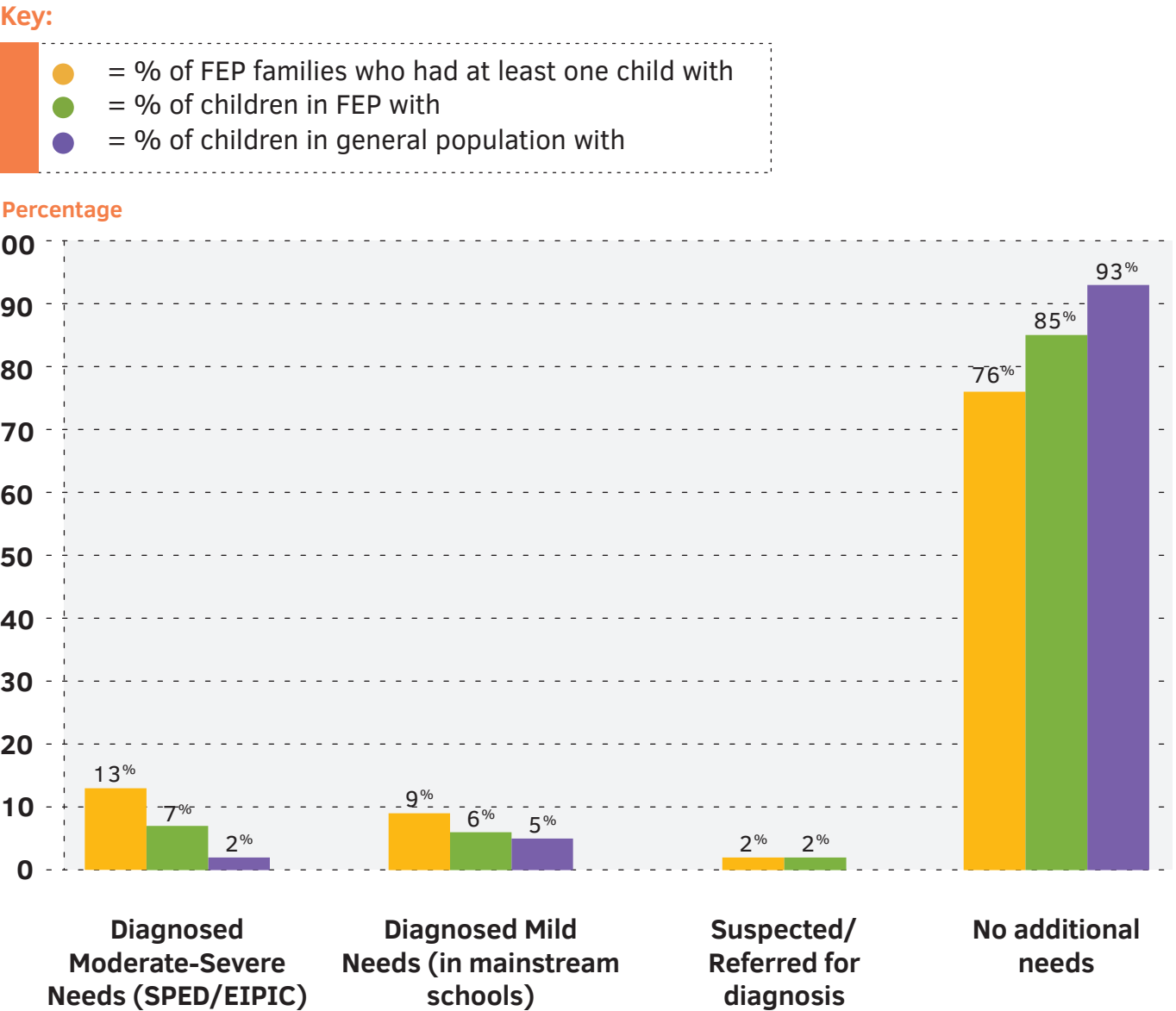


A striking demographic feature was an increased prevalence of children with special needs<sup>15</sup> among the FEP households compared to the general population.

from AWWA's disability services<sup>16</sup>. It may be worth studying further whether this is generally

the case in other FSCs, and also which way any causal link may be running for these families – whether the burden of caregiving and/or additional expense of a child with additional needs<sup>17</sup> may be pushing more of these families into poverty, or whether the prenatal stress of living in poverty may be resulting in a higher percentage of children born with additional needs<sup>18</sup>:

Prevalence of Children with Special Needs in FEP



<sup>15</sup> 'Special needs' in this report refers to moderate-to-severe developmental needs due to Autism Spectrum Disorder (ASD), Intellectual Disability, Physical Disability, or Hearing or Visual Impairment.

<sup>16</sup> See Annex pg 52 for more details. This trend was also corroborated by checking amongst AWWA FSC families in general – 18% had at least one child with moderate to severe needs, and 13% of all children had moderate to severe needs.

<sup>17</sup> 'Additional needs' in this report refers to special needs, as well as milder developmental needs and learning disorders, e.g. ADHD, mild ASD, dyslexia, dyspraxia, etc.

<sup>18</sup> Shaw, B. et al.. 2016. Special educational needs and their links to poverty. JR Foundation. <https://www.jrf.org.uk/child-poverty/special-educational-needs-and-their-links-to-poverty>

Future Avenues Of Inquiry And Study Limitations

We wanted to investigate the differences in payment outcomes in various sub-groups within the FEP participants. The three sub-groups we picked based on FSC's identification of vulnerable groups within their client base were: single parent families, families with at least one child with special needs, and women. Most of the results were not statistically significant, particularly because the subgroup sample sizes were low. However, the lower values for single parents and women for indicators such as wages/income and percentage of individuals in ESE suggest that this is a topic that warrants further analysis. In addition to providing cash transfers for families with lower-income backgrounds, it would be beneficial to understand what other types of targeted support more marginalized families may need to address their unique circumstances.

While the FEP provided insights into how families with lower-income backgrounds use unconditional cash transfers, the broader socioeconomic context during the study period may have influenced these outcomes. The turbulent socioeconomic climate in Singapore and around the world between 2022 and 2023, because of COVID-19 and cost-of-living crises, made life difficult and more expensive for many, especially lower-income families. As a result, the effect of the FEP cash transfer on families could have been dampened. In response to this, we added a qualitative dimension to our data collection to capture more nuanced details of the impact of FEP on participants, which may not have been reflected in the surveys. We plan on expanding qualitative data collection in the next round of FEP to gain a more comprehensive understanding of the cash transfer's effectiveness and the specific challenges faced by families during the study period.

IMPLICATIONS & NEXT STEPS

Key Conclusions

a. The FEP results generally confirm our hypothesis that:

*Families in the lowest income tier may benefit from cash assistance of a longer duration. It gives them the time and mental bandwidth to better plan for their families' futures, especially in finding better quality jobs and accessing skills upgrading.*

b. However, both the quantitative and qualitative data also showed that:

*In trying to improve their lot, these families still faced longer-term challenges. In particular, the burden of caregiving for young children, children with special needs, and the elderly, limited the kind of jobs work-capable adults could find and keep, and restricted their ability to upgrade their skills.*

## Implications for Wider Society

Like all complex social problems, some of these more entrenched challenges require a whole-of-society approach to support lower-income families in achieving long-term stability:

### EMPLOYERS

A key insight from our qualitative data was the apparent lack of jobs that were flexible enough for those managing caregiving responsibilities or chronic health issues. And for those who were holding on to jobs, a lack of understanding from employers when trying to balance caregiving or health issues. The new tripartite guidelines on flexible work arrangements that will start in December 2024 can form a foundation for more conversations and understanding between employers (particularly employers of lower-wage workers) and employees. We hope that employers are encouraged to create a more inclusive working environment, where employees of different talents can thrive, while being able to fulfil their personal responsibilities.

### GENERAL PUBLIC

Acceptance and inclusion of children with special needs by the wider public continues to be an issue, despite all the good work done in the past decade plus by MSF and related government agencies. This issue seems to particularly impact lower-income families. Unlike families who are better off, they have fewer resources and limited options to manage the burden of caregiving and discrimination by employing helpers, taking private transport, or paying for more inclusive preschools. AWWA and its multi-sectoral partners in disability and inclusion will continue to advocate for more awareness and visibility around people of all ages with disabilities and empowering them to actively participate in our society.

### FINANCIAL ASSISTANCE POLICIES

Our learnings from the FEP suggest that 18 months of unconditional cash assistance can be helpful for families in terms of building stability and supporting employment. Our learnings also align with the government's recently announced ComLink+ vision of empowering families to make progress towards stability, self-reliance and social mobility. However, the FEP also shows that some families may require more support to meet the criteria for accessing ComLink+'s conditional payouts (e.g. getting a CPF-paying job). An FEP-type unconditional cash transfer can be one of the ways to support families as they work towards ComLink+ outcomes, complementing existing support like case management which provides targeted guidance to families as they work towards their goals.

## Next Steps for AWWA

The FEP was an invaluable learning experience for AWWA. From implementing an RCT at FSC (on top of their day-to-day casework), to building out a comprehensive outcomes framework, the programme challenged us to think more deeply and more ambitiously about how to better track, measure, and respond to our clients' needs. Both the quantitative and qualitative FEP data also offered us granular insights into our clients' lived realities, which help us better understand and advocate for their needs.

Going forward, AWWA plans to:

**a. Share learnings** from the design, implementation, evaluation and outcomes of the FEP with the broader social service sector,



Sharing FEP updates at Tri-Sector Associates' Innovate for Impact event (October 17, 2023)

including government, private funders and other social service agencies (SSAs); and

**b. Work on scoping FEP 2.** Based on our learnings, we plan to:

- **Continue experimenting** with aspects of the FEP, like qualifying criteria, target profile, quantum of the cash transfers, and their duration, to better understand what level of support different profiles of families need to benefit meaningfully from such a programme.
- **Add stronger wraparound support services**, in addition to an unconditional cash transfer, to help these families with some of the more entrenched challenges they face. This is based on participants' feedback about the need for more support with caregiving responsibilities, chronic health issues, children with special needs, tuition, parenting, and peer support.
- **Better embed FEP 2 activities within FSC's existing rhythms and processes** (e.g. recruitment, data collection, provision of wraparound support). This will help us better align the FEP with FSC's regular programming to make it easier for caseworkers to implement the programme.
- **Strengthen FEP 2's research design** component to better ensure that we are collecting high quality data that helps us answer our research questions on supporting families living in vulnerable settings. Specifically, we are aiming to implement a mixed methods approach from the start, streamline data collection, and align data collection with existing FSC timelines to better integrate FEP 2 with FSC work.



## ACKNOWLEDGEMENTS

The FEP was the first unconditional cash transfer RCT pilot in the Singapore context, and its funding model based on ‘payment for success’ was also relatively new. That resulted in an almost constant stream of unexpected challenges, both big and small, that required an extraordinary level of cross-party trust, teamwork and agility to keep us moving through.

We are extremely grateful to all who worked with us to pull this off:

Especially **TSA**, for going far above and beyond in their role as technical advisors. Special thanks to **Kevin, Nadia, Marelle, Hui Hui** and **Akshar**.

Our funders, **SCB** and **TT**, for believing in this project, and in us, and walking this journey so flexibly with us.

**Caesar Sengupta**, for seed funding to cover the conceptualisation and impact evaluation costs for the FEP.

**MSF** and **SSO@Jalan Besar** and **Toa Payoh**, for their support and understanding, giving us the opportunity to pilot this unique project, and to share back our learnings with the sector.

All the **AWWA social workers** who went the extra mile to implement the FEP for their clients.

And as always, the **AWWA Board** for their steadfast support and guidance.

## ANNEX

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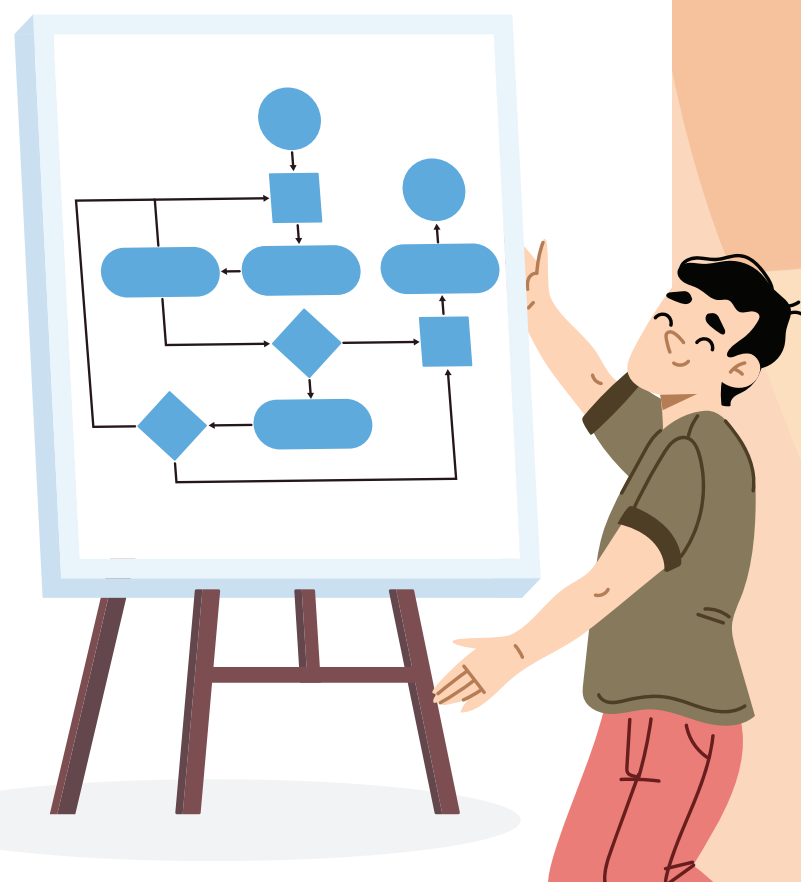


## BACKGROUND & LOGIC MODEL

### AWWA's Motivation

Social workers at AWWA's FSC work daily with families struggling with financial instability, trying to break out of the cycle of poverty and do better for their families. Occasionally there are families who share that their parents were also served by AWWA's FSC years ago when they were children. Stories like that left us wondering how we could be more effective in helping families to truly break out of this cycle.

The upheaval of COVID-19 gave us an opportunity to think more deeply about how we might want to try tackling this problem. We started by trying to better understand the root causes of chronic poverty in the Singapore context, so we could design an intervention to tackle them more directly. However, given the many complex and inter-connected issues these families struggle with, we wanted to try out an intervention where AWWA could more easily have an impact.



### Narrowing down on a cash transfer

TSA assisted us with a high-level landscape scan, which included conversations with local subject matter experts and focus group discussions with AWWA's own FSC clients. We used this to narrow down to the 3 key areas of intervention that could have the greatest impact for these families:

- Income stability through the provision of cash transfers
- Tuition vouchers for children in lower-income families, and developmental needs screening and support for those with learning needs
- Housing vouchers to support individuals/families living in transition

Of these, we chose to work on (a), a cash transfer or income stability pilot. As a non-government actor, this area was the most straightforward of the three for us to intervene in and implement, hopefully boosting our chances of producing meaningful and valid results from the pilot.

We also chose to make it an **unconditional** cash transfer, as we believe that our clients know best how to maximise outcomes for their families given the resources they have.

### Hypothesis

Research shows that individuals in chronic poverty are stuck in a cycle of trying to address urgent needs, which affects cognitive functioning, sometimes by as much as 10 IQ points. This lack of mental bandwidth, coupled with a lack of financial resources, reduces their ability to plan for and invest in their future. When COVID-19 emerged, households earning less than \$3000 a month were hardest hit<sup>19</sup>, with many having difficulty paying for their daily expenses.

Lower-income families in Singapore do have access to financial assistance from the government, but this is generally short-to medium term (approximately 3 to 6 months), and renewable if the family continues to need it. Other assistance is also available based on families' needs, but is often in-kind and restrictive, for example grocery or transport vouchers.

Our hypothesis for the FEP was that giving families a more stable income flow, for a longer duration of 18 months, and leaving them with the autonomy to decide how they wanted to spend it, would lead to better holistic outcomes for families. This cash transfer was in addition to the usual casework and support that we provide these families through AWWA services.

### Arriving at the monthly cash assistance amount

To do this, we took reference from:

- Other unconditional cash transfer pilots overseas;
- Singapore's Household Expenditure Survey for 2017-2019, which found that the bottom 20% of households faced a shortfall of \$335 on average each month<sup>20</sup>.

We also had to work within the limitations of the funding available, and the need to have sufficient households to measure statistical significance. We thus arrived at an amount for each household calculated based on:

- \$300 for the work-capable adult;
- Recognising that there would be higher expenditures for larger households, \$100 for each additional household member;

<sup>19</sup> <https://www.straitstimes.com/singapore/lower-income-folk-worst-hit-by-spores-covid-19-circuit-breaker-study>

<sup>20</sup> <https://www.singstat.gov.sg/-/media/files/publications/households/hes201718.pdf>

- After the intake of families was complete, this had to be capped at \$550 per household as we ended up with more additional household members than initially estimated.

On average, households received approximately S\$ 500 per month in the Treatment group.

### Deciding on an RCT

At AWWA we have a history of not just advocating for policies that could help our

clients, but also showing how these could be implemented, and then sharing back our learnings with the sector. Having learnt from some of our recent pilots, we wanted the evidence to be clearer this time. And so we decided to make the FEP a Randomised Controlled Trial or RCT, where participants are randomly assigned to Treatment or Control groups. This allows the difference in outcomes between the 2 groups to be attributed to the intervention. The RCT is considered a gold-standard in research, and it is very rare to get the opportunity to conduct one in a social service setting.

### Theory of change

- Unmet basic needs
- Reduced motivation to consider long-term ESE success
- Limited suitable employment opportunities
- Lack of income stability for low income families

- Case management
- Monthly payments

#### Immediate Effects

- Less fear and pressure to choose between priorities
- Mental space freed up for longer-term security
- Time and money to plan towards achieving long-term ESE goals<sup>3</sup>

#### Strategies

#### Interim Effects

- Improve basic needs and motivation
- Take interim actions towards ESE success
- Higher skills matching for long-term ESE

#### Intended Outcomes

- Improved education and employment attainment
- Reduced income volatility
- Improved well-being

## EVALUATION METHODS & TIMELINES

The evaluation was conducted by an independent evaluator, who led the development of the evaluation plan, data analysis methodology, baseline and final outcomes measurement. An independent impact auditor was also engaged to verify certain aspects of the evaluation to reduce any potential bias.

### Randomisation

170 lower-income households that met the FEP's eligibility criteria were recruited, 156 from AWWA's Family Services - FSC and TS, and 14 from some of AWWA's other services - Early Intervention Centres (EIC), Special Education (SPED) School at Napiri, and Community Integration Service (CIS). The selected households filled out a consent form and agreement, and then were randomly allocated to the Treatment or Control group.

The evaluator used stratified randomisation to balance the characteristics of the Treatment and Control groups that may influence the FEP's outcomes. First, the main participants<sup>21</sup> from every household were stratified according to characteristics, such as age and the AWWA service they were recruited from. Then, within each stratum, they were randomly assigned to the Treatment or Control group.

The programme started with 75 households in the Treatment group and 95 in the Control group as we were expecting greater attrition from the Control group. However, attrition was surprisingly limited, and 93 households remained in the Control group at the end of the 18 months.

#### External Evaluator's Randomisation Notes:

- Randomisation done in Stata version 16.
- Seed used: 232419
- Randomisation based on two immutable characteristics: (a) "Broad Age-Groups" of the main participant of the household; and (b) Service-group of the household, as follows:
  - Broad Age-Groups: Age cut-off determined by median-age of the main participant:
    - Group 1: 18-44 years of age;
    - Group 2: 45 years and above.
  - Service-groups were combined into three groups as individual cell-sizes were relatively small. The groupings were as follows:
    - Group 1: Family Service Center (FSC)
    - Group 2: The two Transitional Shelter (TS) locations were combined into 'TS'
    - Group 3: EIC, CIS and SCH were combined into 'Others'.
- Main participants were thus grouped into sex, broad-age, and service-group blocks. Within each block, the participants were randomized into Treatment and Control groups.
- Balance across demographic characteristics at the time of randomisation is shown in the table below. Most characteristics were well balanced, except for service-group due to low numbers.

<sup>21</sup> Each household had a designated 'main participant' who was the main point of contact for the FEP. The main participant may or may not be a work-capable adult. At least one work-capable adult from each FEP household participated in the 6-monthly surveys. In the quantitative data analysis, all the adults who participated in the 6-monthly surveys are collectively referred to as the 'participants'.



Factor	Control	Treatment group	p-value from Pearson's chi-squared test (rounded to 2 decimal places)
<b>N</b>	95	75	
<b>Broad Age Group</b>			0.88
Age 18 - 44	48 (51%)	37 (49%)	
Age 44+	47 (49%)	38 (51%)	
<b>Gender</b>			0.98
Female	67 (71%)	53 (71%)	
Male	28 (29%)	22 (29%)	
<b>Service</b>			0.41
FSC	69 (73%)	60 (80%)	
TS	16 (17%)	11 (15%)	
Others	10 (11%)	4 (5%)	
<b>Race</b>			1.00
Chinese	37 (39%)	30 (40%)	
Indian	11 (12%)	9 (12%)	
Malay	37 (39%)	28 (37%)	
Other	10 (11%)	8 (11%)	

### Balance of Demographic Covariates

### Success thresholds for payment indicators

Each FEP payment indicator had a unique success threshold and was determined based on one of three rationales:



#### Literature review

For outcomes that had been measured by similar interventions,



#### Statistical significance

For outcomes that had not been evaluated in comparable programmes, but where the sample size made it possible to detect a statistically significant

the success thresholds were set at the largest improvement seen in the literature.

difference and the statistically significant effect size would be reasonable to expect on the ground, the threshold was set at what was estimated to be the statistically significant difference.

### Experience on the ground

For outcomes that had not been evaluated in comparable programmes and for which it was unlikely that statistical significance would be achieved given the relatively small sample size, success thresholds were set based on AWWA's experience on the ground. For these indicators, AWWA estimated the status quo on the ground and then set a higher success threshold that we believed to be ambitious yet achievable.



### Methods

We used a mixed methods approach to measure the holistic impact of the FEP cash transfer. Four surveys were administered every 6 months (baseline/ Wave 1, at 6 months/ Wave 2, at 12 months/ Wave 3, and at 18 months/ Wave 4/ endline). Beyond quantitative surveys implemented by the independent evaluator, AWWA also conducted endline interviews and focus group discussions with available participants. To better contextualise and ground-truth the findings, we also conducted a discussion with FSC caseworkers after FEP ended.



FEP family in counselling session with their FSC caseworker



# Timelines



**Data collection period**  
Apr-May 2022

**Data finalised**  
May 15<sup>th</sup> 2022

**FEP governance meetings**  
12<sup>th</sup> Sep 2022

**Cash transfer disbursement**  
May 2022 – 1<sup>st</sup> cash disbursement



**Data collection period**  
Oct-Nov 2022

**Data finalised**  
Nov. 15<sup>th</sup> 2022

**FEP governance meetings**  
13<sup>th</sup> Feb 2023, 23<sup>rd</sup> May 2023



**Data collection period**  
Apr-June 2023

**Data finalised**  
Jun 13<sup>th</sup> 2023

**FEP governance meetings**  
14<sup>th</sup> Aug 2023, 14<sup>th</sup> Nov 2023



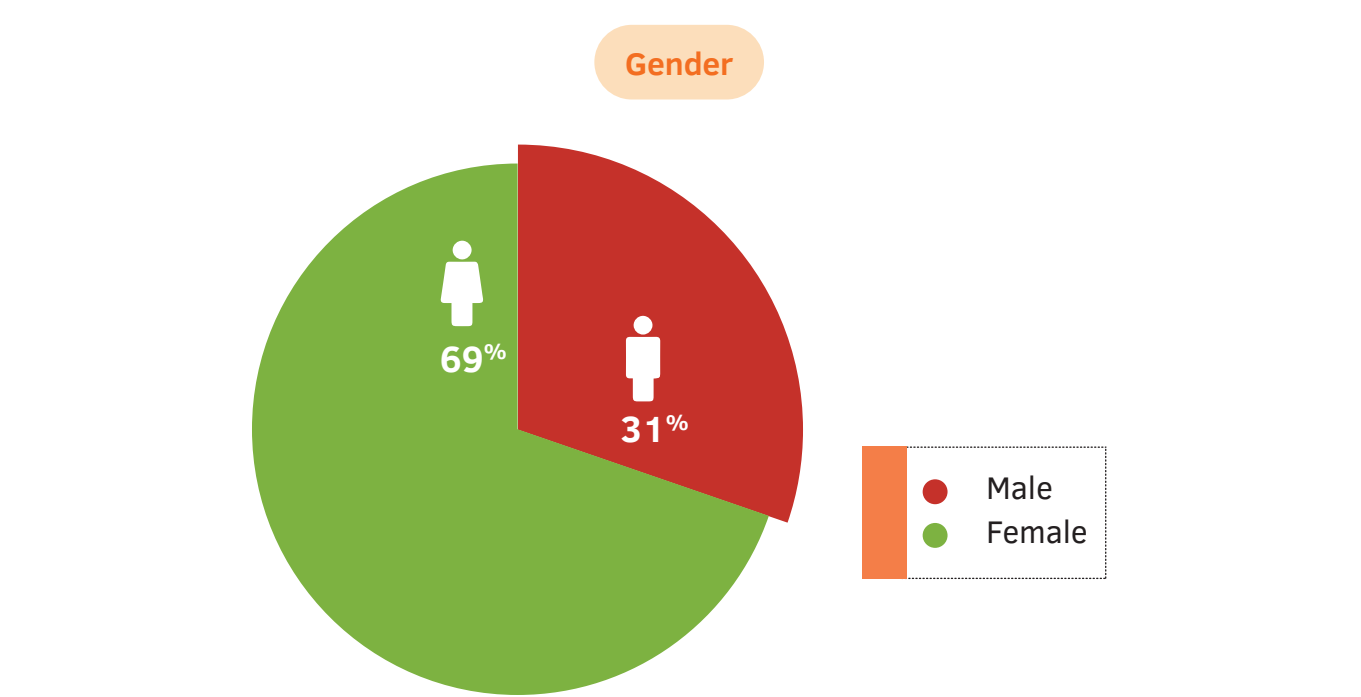
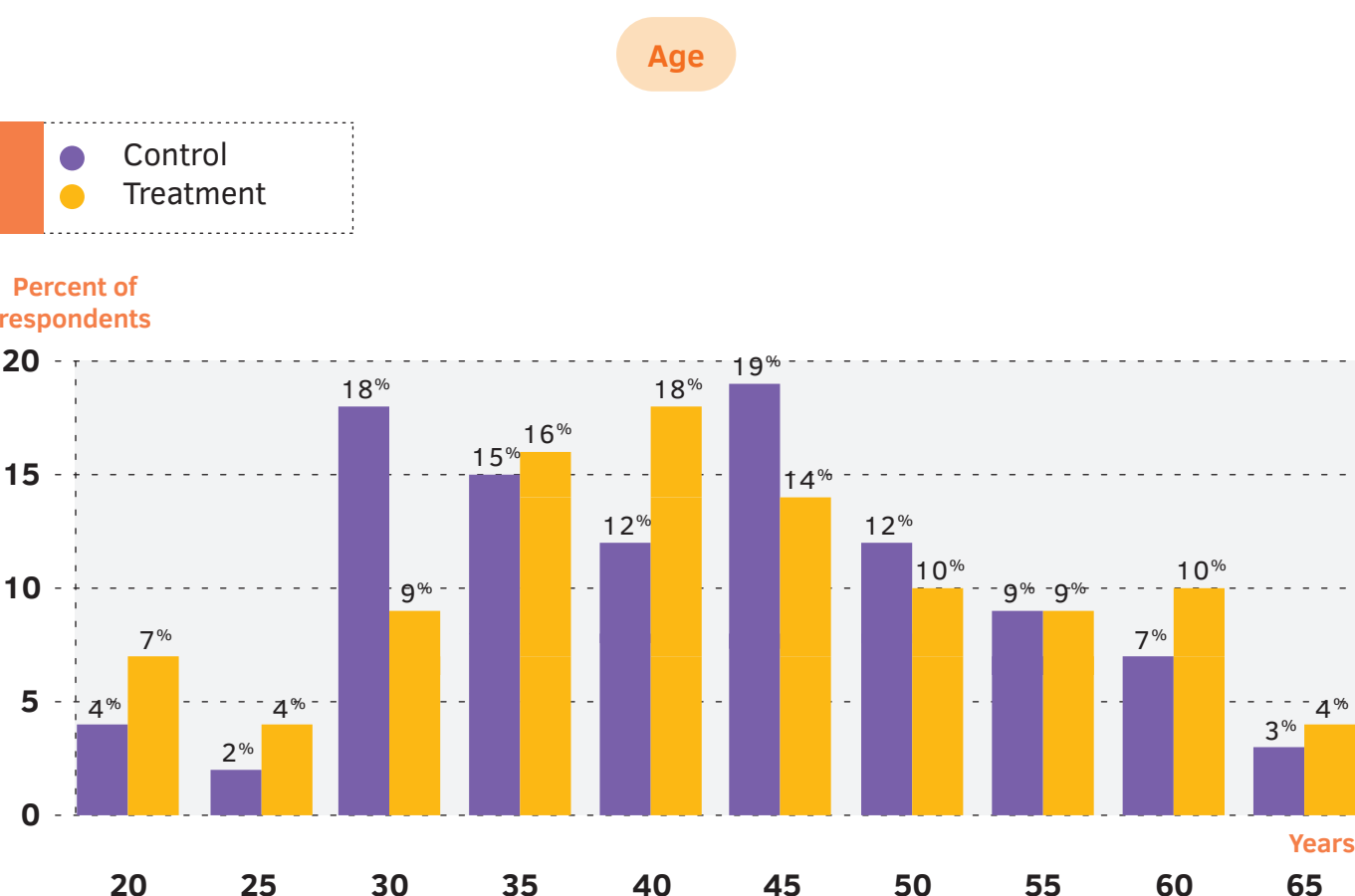
**Data collection period**  
Sept-Oct 2023

**Data finalised**  
Nov 1<sup>st</sup> 2023

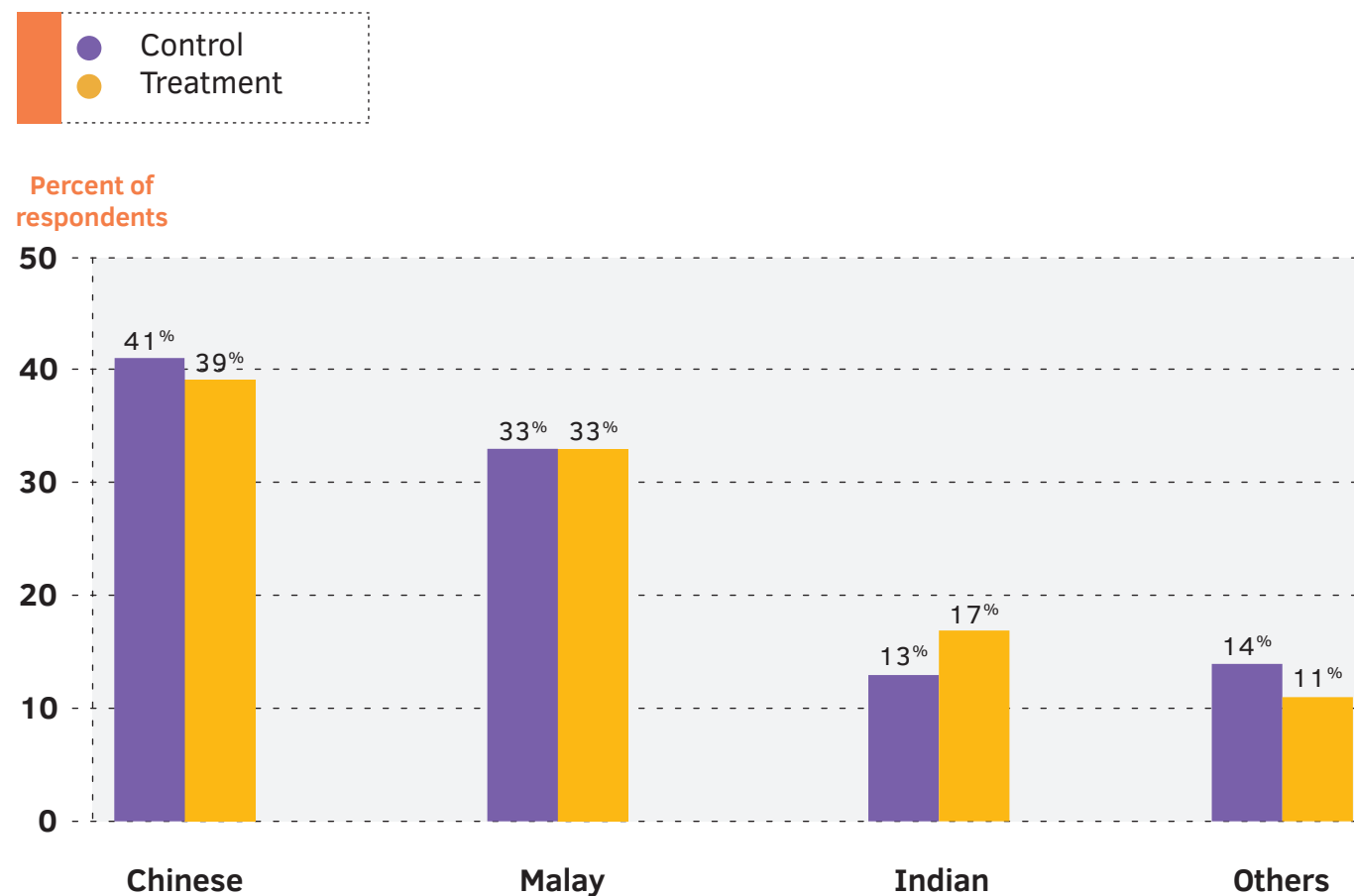
**FEP governance meetings**  
12<sup>th</sup> Mar 2024

**Cash transfer disbursement**  
Oct 2023 – last cash disbursement

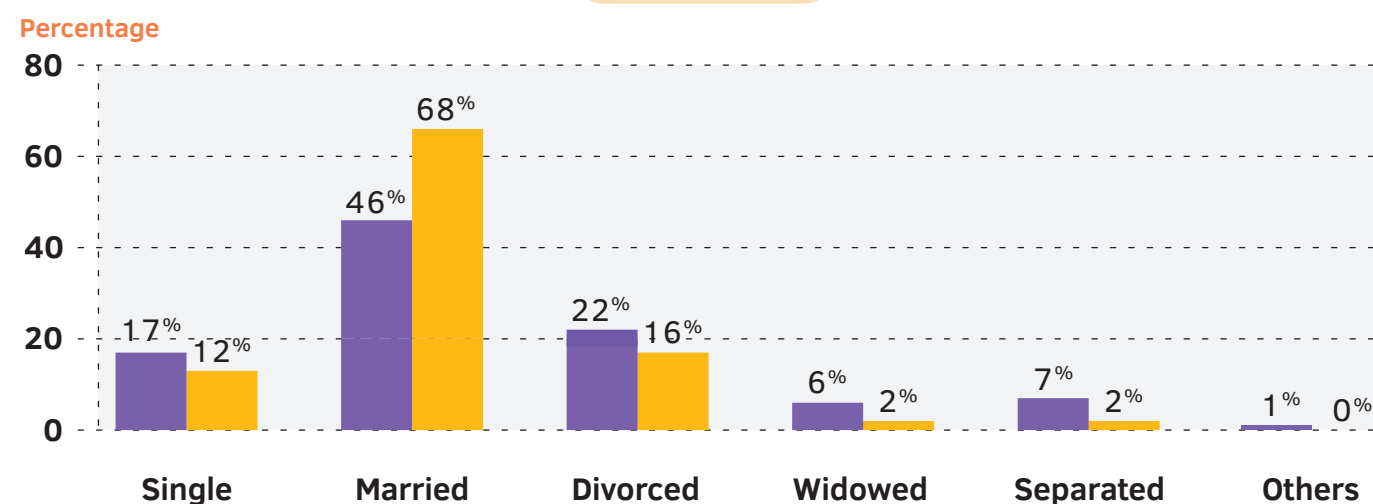
# BASELINE DEMOGRAPHICS & HEALTH DATA



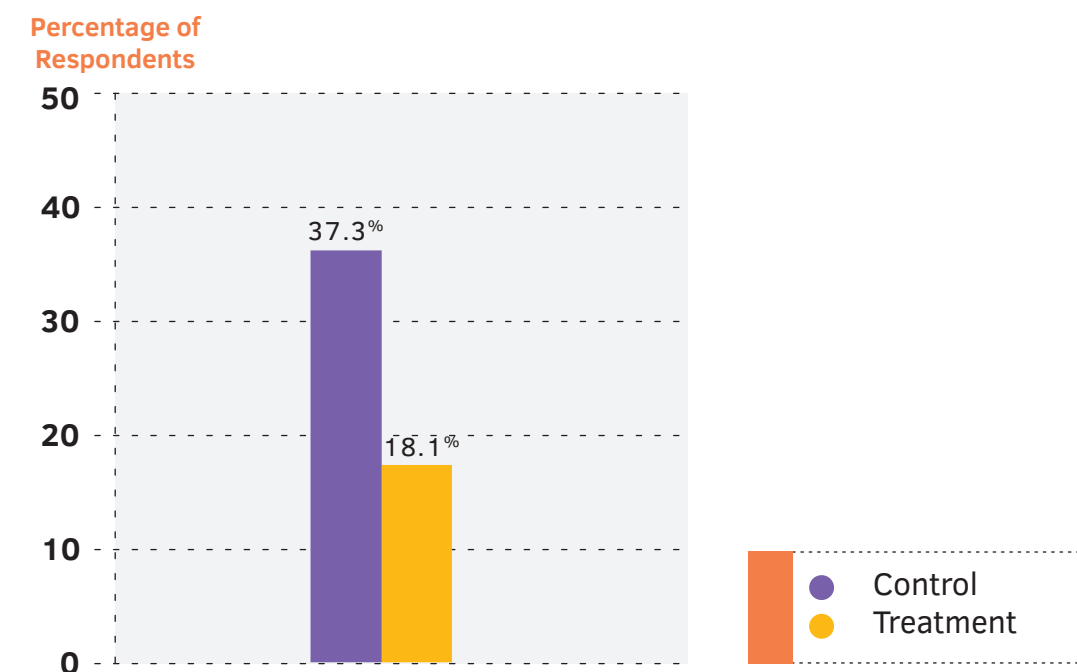
### Race



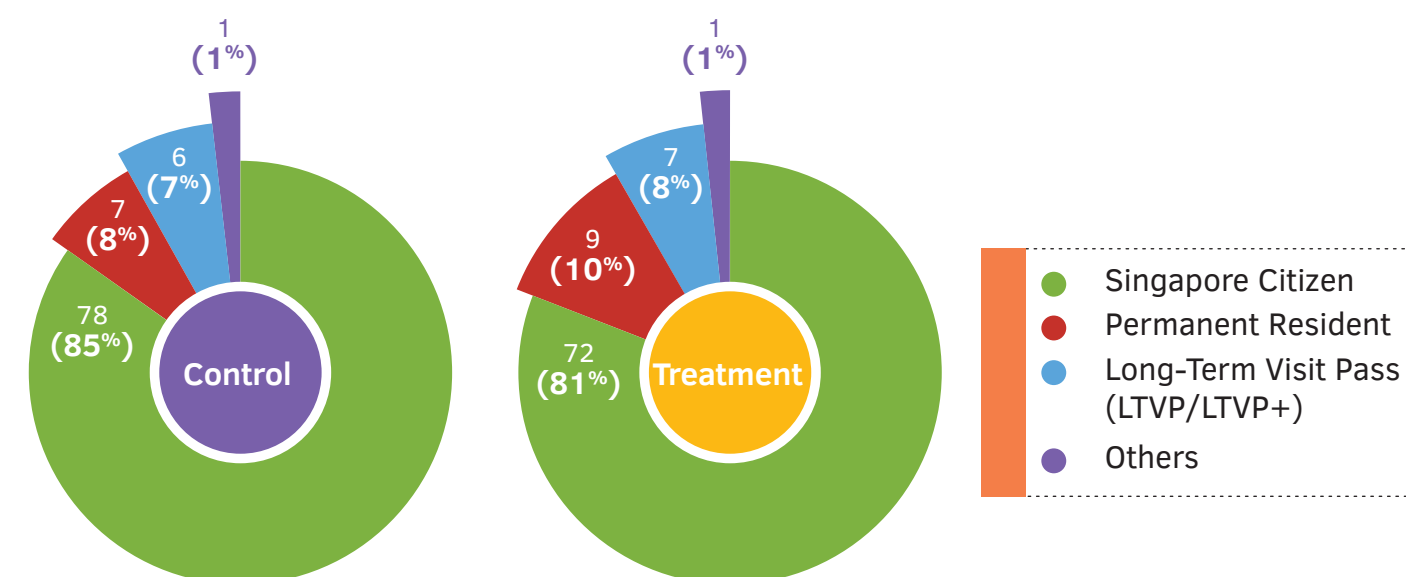
### Marital Status



### % of single-parent households\*

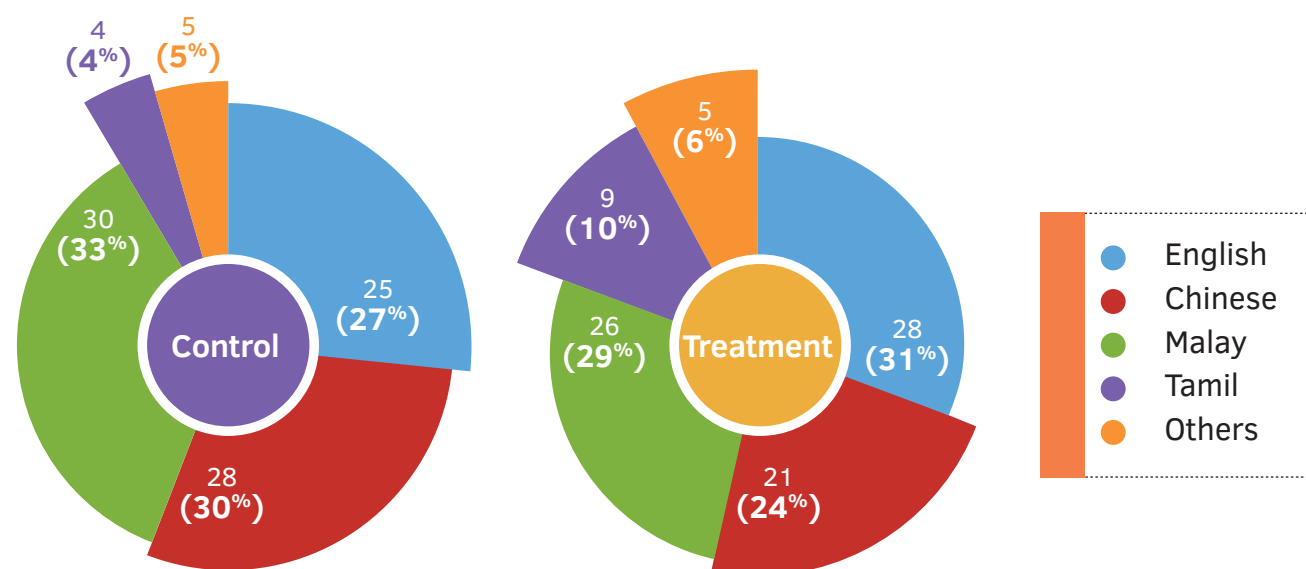


### Citizenship

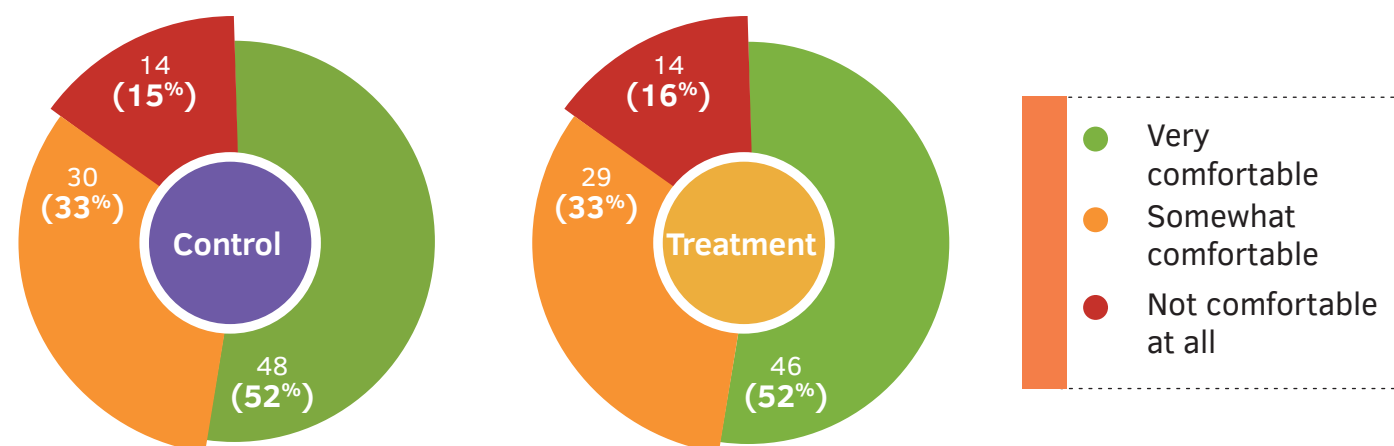


\*Note: This difference is statistically significant. Random allocation was conducted but not controlled for single parent status. Random allocation conducted at the start of the program was performed by the independent evaluator based on (a) age-group of participants and (b) service type. It was also balanced in gender, race and number of dependents.

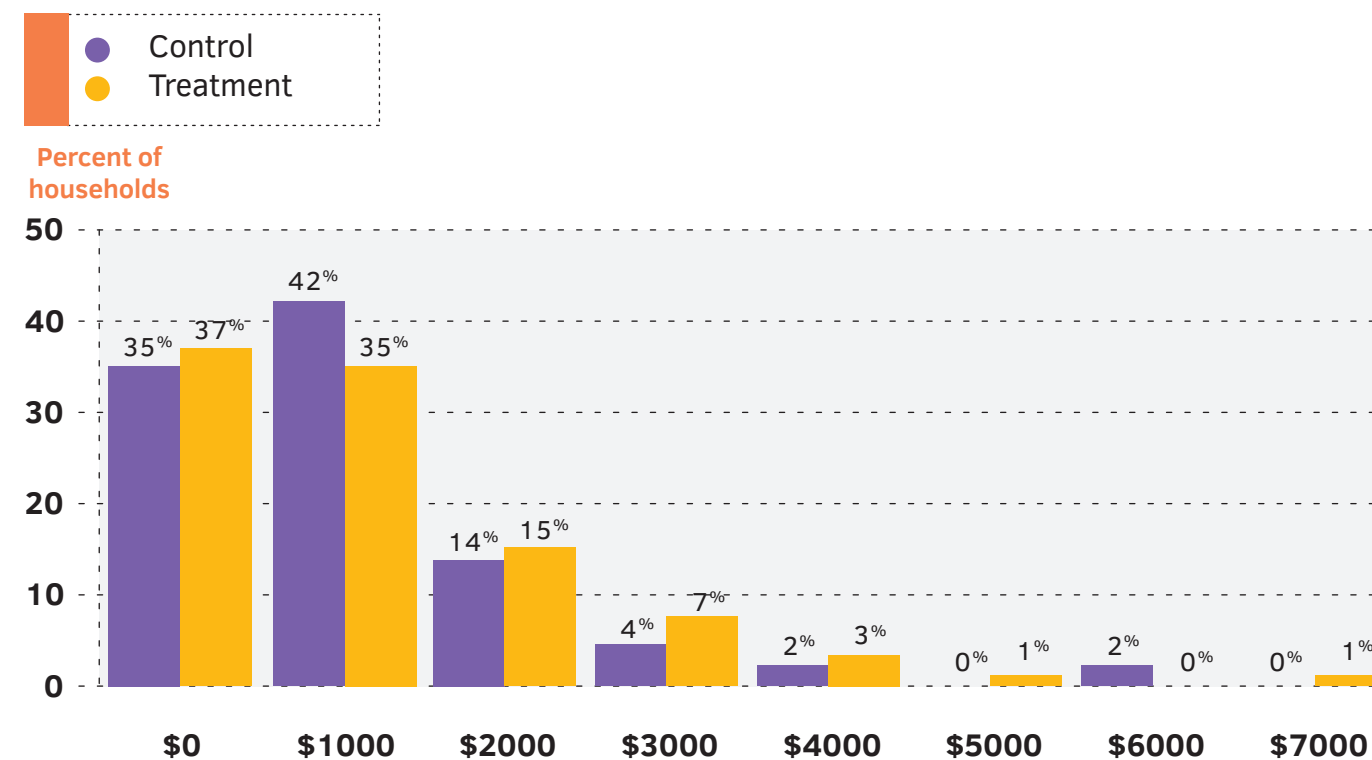
### Primary Language Spoken at Home



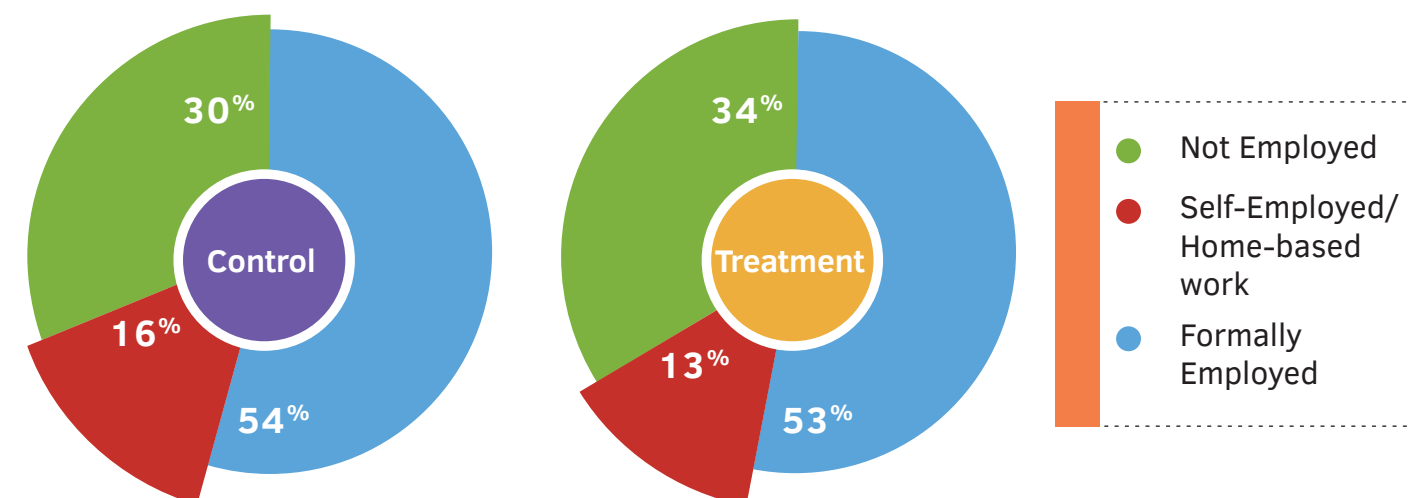
### Rate how comfortable you are in English in a work or training setting



### Household Income

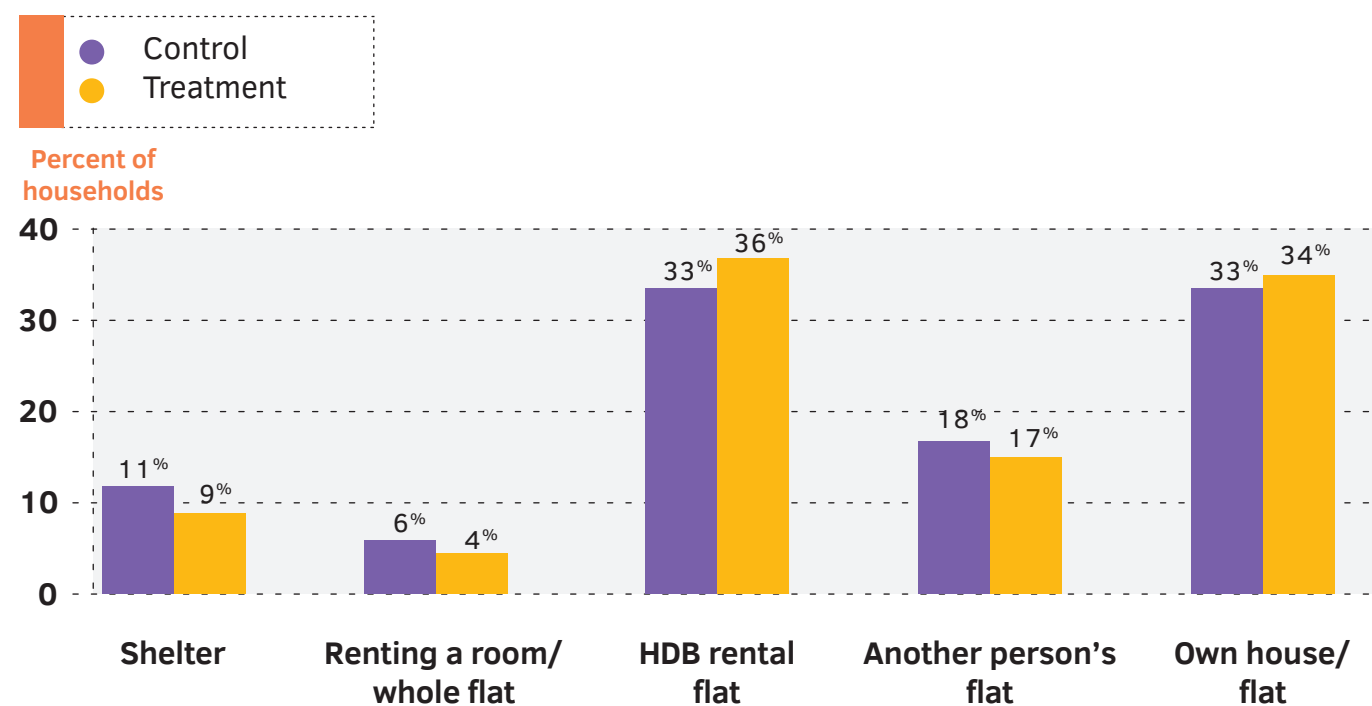


### Employment Status

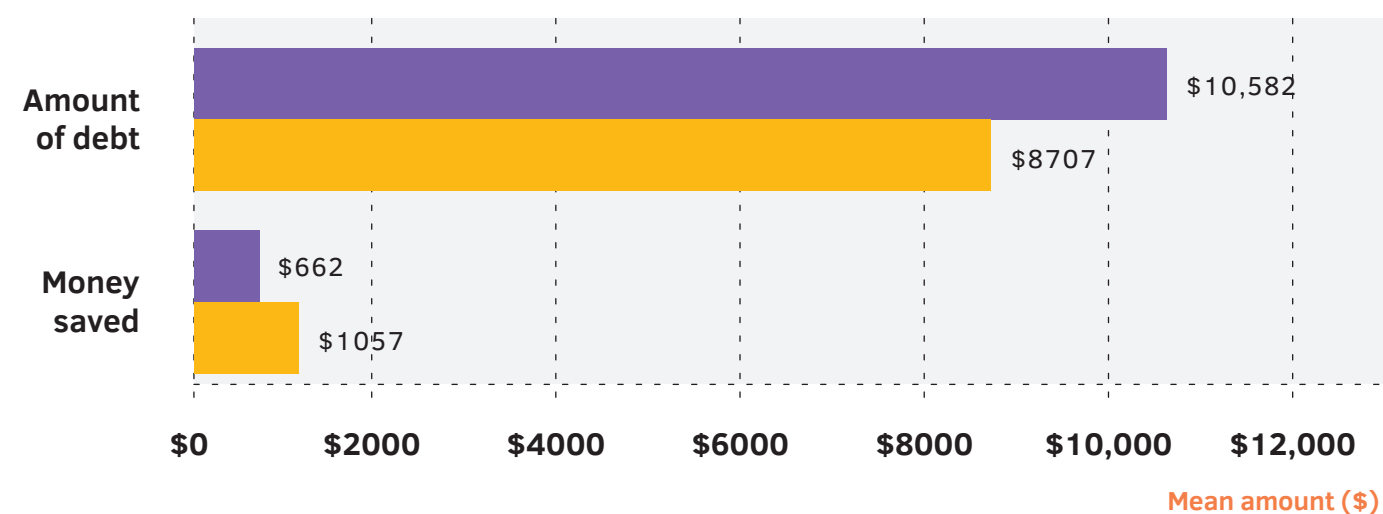




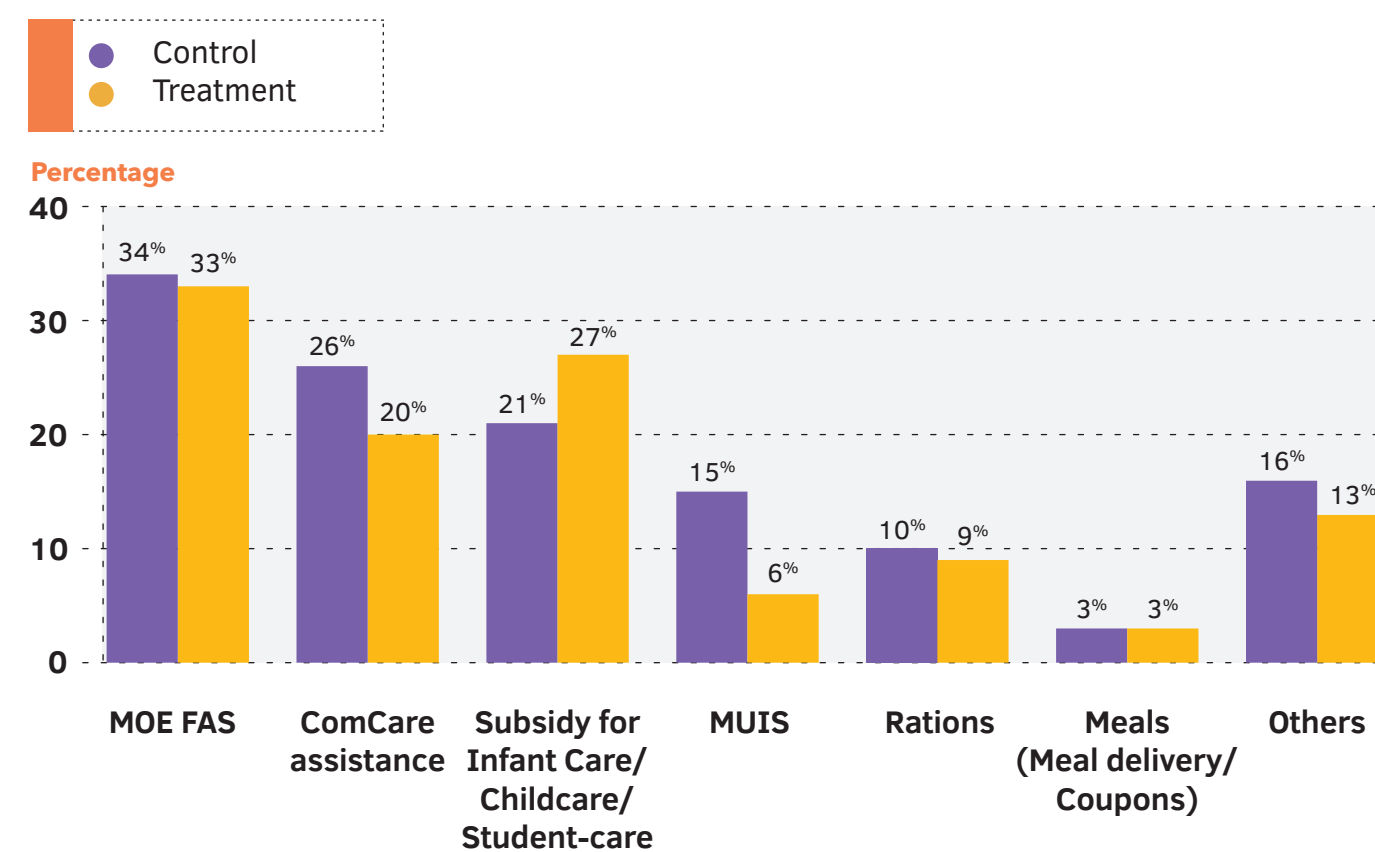
### Housing Type



### Debt and Savings



### Other Assistance Benefited from in Past 6 Months



(data collected at 12 months)

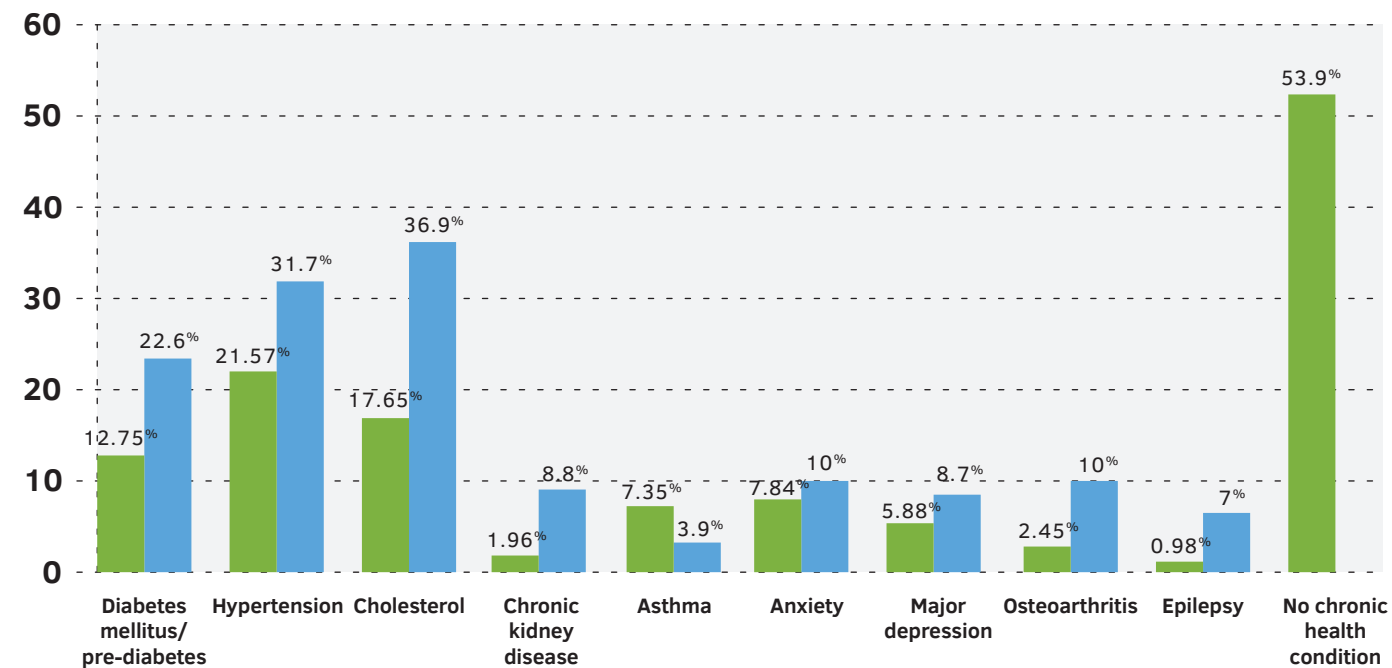
## Health conditions comparison to general population

There seems to be a smaller proportion of individuals who self-reported chronic health conditions compared to national statistics:

Key:

- = FEP main participants
- = general population

Percent of respondents



## Insights

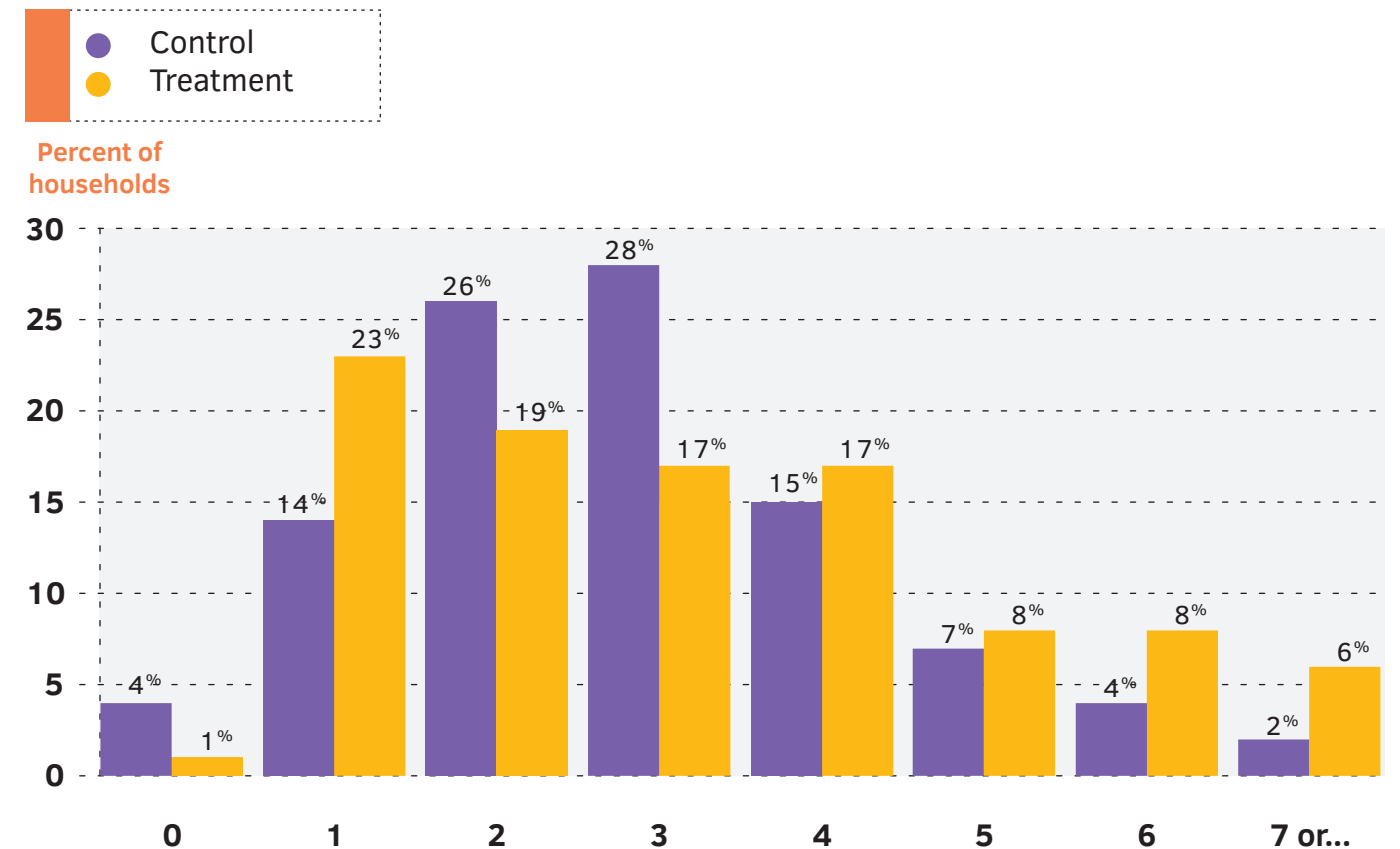
- Main participants generally self-reported lower prevalence of chronic health diseases compared to national statistics. This is despite research showing the correlation between lower socioeconomic status and poor health<sup>22,23</sup>.
- The lower percentage of individuals reporting chronic health conditions may be due to the lack of diagnosis of health conditions. This is corroborated by research in Singapore which highlights lower level of health screenings associated with populations with lower socioeconomic status<sup>24</sup>.

<sup>22</sup> Low, L.L. et al.. 2016. Housing as a social determinant of health in Singapore and its association with readmission risk and increased utilisation of hospital services. Front Public Health: 4, 109.

<sup>23</sup> Leng, B. et al.. 2015. Socioeconomic status and hypertension: A meta-analysis. Hypertension: 33(2), p. 221-229.

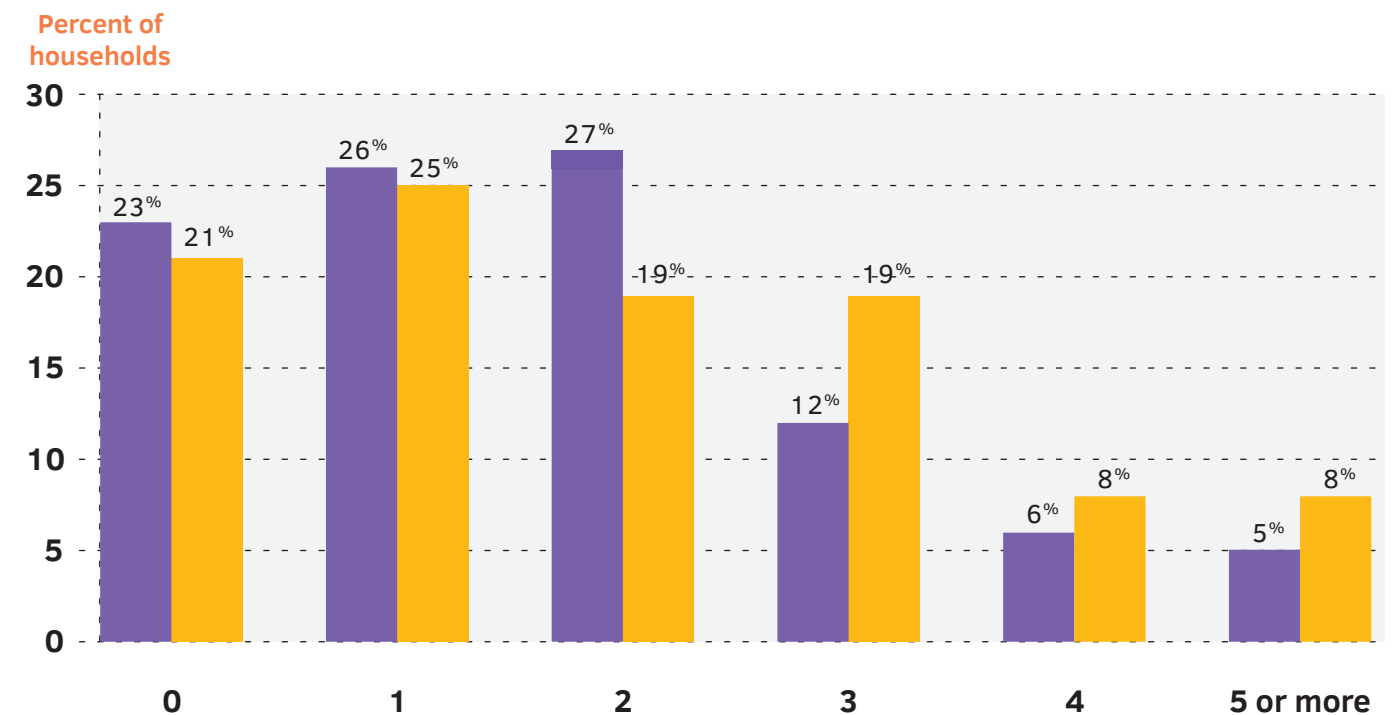
<sup>24</sup> Source: Qiu, C. et al.. 2018. "A systematic review of health status, health seeking behaviour, and healthcare utilisation of lower socioeconomic status populations in Urban Singapore. Int J Equity Health.

## Number of Dependents

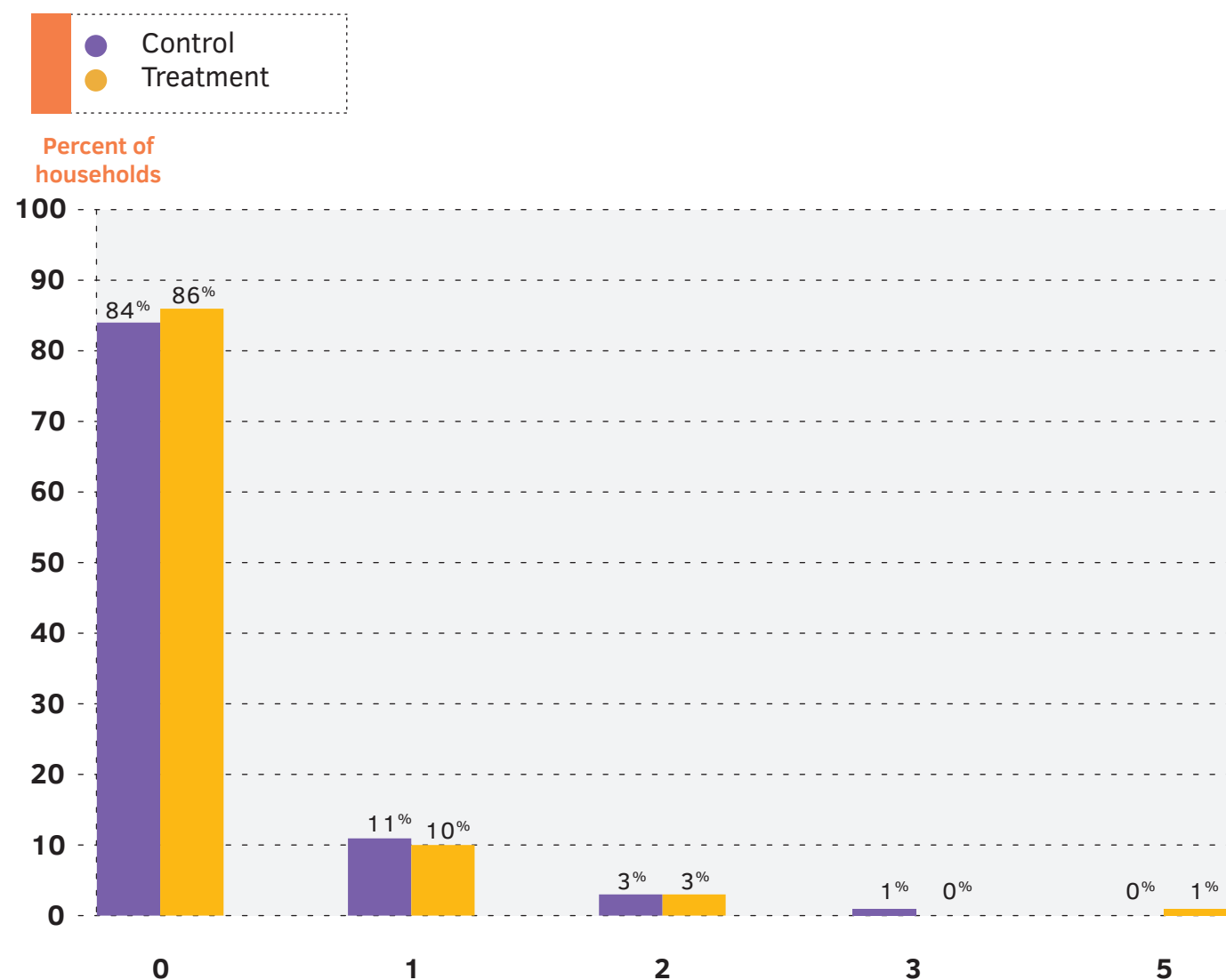


Dependents are referred to as individuals who are materially financially dependent on the work-capable adult in the household.

## Number of Children



## Number of Adults with Disability



## Proportion of Children with Additional Needs\*<sup>25</sup>

(excludes FEP households recruited from AWWA's disability services, data at 18 months)

FSC

TS

FSC and TS Households Overall

General Population  
(Source: MOE for school-age children)

### At child level - number and % of children with:

N	217 (100%)	31 (100%)	248 (100%)	
Diagnosed Moderate to Severe needs (child attends EIPIC or SPED)	16 (7%)	2 (7%)	18 (7%)	2%
Diagnosed Mild needs (child attends mainstream school)	13 (6%)	1 (3%)	14 (6%)	5%
Suspected by family/ teacher/ school or referred for diagnosis	5 (2%)	0 (0%)	5 (2%)	
No special needs	183 (84%)	28 (90%)	211 (85%)	93%

<sup>25</sup> 'Additional needs' in this report refers to (a) moderate-to-severe developmental needs due to Autism Spectrum Disorder (ASD), Intellectual Disability, Physical Disability, or Hearing or Visual Impairment, and (b) milder developmental needs and learning disorders, e.g. ADHD, mild ASD, dyslexia, dyspraxia, etc.



(excludes FEP households recruited from AWWA's disability services, data at 18 months)

FSC

TS

FSC and TS  
Households  
Overall

General  
Population  
(Source: MOE  
for school-age  
children)

## At family level – number and % of households with at least one child with:

N	111 (100%)	20 (100%)	131 (100%)	
Diagnosed Moderate to Severe needs (child attends EIPIC or SPED)	15 (14%)	2 (10%)	17 (13%)	
Diagnosed Mild needs (child attends mainstream school)	11 (10%)	1 (5%)	12 (9%)	
Suspected by family / teacher / school or referred for diagnosis	3 (3%)	0 (0%)	3 (2%)	
No special needs	82 (74%)	17 (85%)	99 (76%)	

\*Percentages are rounded to the nearest whole number

## Special needs prevalence compared to general population & potential areas for further study

There was a much higher percentage of children with diagnosed moderate-severe developmental needs among the FEP households (Treatment and Control combined, excluding FEP families from AWWA's disability services) compared to the general population. In comparison, the percentage of children with diagnosed mild developmental needs was about the same as the general population, suggesting that mild needs might be potentially under-diagnosed amongst these lower-income families.

Both findings suggest areas for further study; first, a study on the prevalence of mild or moderate-severe developmental needs amongst lower-income families and investigate if mild needs might be under-diagnosed in lower-income families. Second, we need to explore which way the causal link may be running for these families – whether the burden of caregiving and/or additional expense of a child with additional needs may be pushing more of these families into poverty, or whether the prenatal stress of living in poverty may be resulting in a higher percentage of children born with additional needs<sup>26</sup>.

<sup>26</sup> Shaw, B. et al.. 2016. Special educational needs and their links to poverty. JR Foundation.  
<https://www.jrf.org.uk/child-poverty/special-educational-needs-and-their-links-to-poverty>

## STORIES FROM THE FEP TREATMENT GROUP

### FEP as Financial Empowerment

#### Background

**Participant A** (48 yo) is a mother of three children (aged 12, 14, and 16), is separated from her husband, and lives with elderly parents. She suffers from depression and had a relapse in 2021. She has gone through long periods of unemployment and hasn't been financially independent. She is currently working part-time as a back-end store packer 3-5 days a week, earning \$7/hour. When FSC first started working with her, she was very much dependent on her estranged husband and parents for financial support and parenting. She did not consider herself capable or able to positively contribute to her family.

#### How FEP impacted her life

The FEP cash transfer empowered Participant A since she doesn't have to ask her parents or husband for money. She felt more in control of her life and felt like she had the strength and agency to make

positive changes. She became more ambitious and started planning to move to client-facing work and to negotiate a higher pay of \$9/hour.

The FEP cash transfer also made her more confident and resilient. She can now financially contribute toward her children's activities, like tuition. In working with her social worker, she also improved in her parenting skills. In general, she felt like the FEP cash transfer has made her more assertive and independent.

### FEP and Family Relationships

#### Background

**Participant B** (43 yo) lives with her husband and 9-year-old child. Her husband works as an IT support staff and gives her \$400/month. The husband has a history of physically abusing her, and their daughter has been a witness to this family violence. Participant B and her child did not have sufficient food to eat before the FEP; she was also unable to negotiate with her husband for a higher allowance. Participant B did not have the confidence or the social support to move out of the house and live independently with her child.

#### How FEP impacted her life

As a result of the FEP, Participant B had access to money outside the allowance her husband gave her. She felt more independent and became motivated to find work for herself. She planned to find part-time work once her child could travel independently to and from school. She also proactively approached every stall in the market for work opportunities.

The FEP cash transfer also improved her financial literacy and budgeting skills. With the help of the FEP, she managed to save over \$2000. This provided her with a



sense of financial stability and security, a feeling she had never experienced before.

Further, the FEP cash transfer positively changed family dynamics. She started feeling less resentful toward her husband and communication between the two of them improved. Her child also reported feeling less stressed living in the house. The FEP cash transfer helped to financially empower Participant B, boost her self-confidence, and improve relationships within the family.

### FEP and Caregiving

#### Background

**Participant C** (44yo) is a Singaporean woman with multiple caregiving responsibilities. She takes care of her in-laws and her two younger children (aged 9 and 17).

Her 17-year-old son has special needs and attends AWWA's Special Education (SPED) School @ Napiri. Her eldest child (aged 20) also lives with them. All seven of them live in a three-room flat. Additionally, Participant C also cares for her parents who do not live with her.

She works as a beautician and her elder daughter is a full-time nurse. Her husband is an assistant supervisor in a restaurant.

#### How FEP impacted her life

With the help of the FEP cash transfer, Participant C could purchase supplements for her children, buy them Christmas presents, and settle arrears. She was able to fully pay off her credit card debt and no longer owns a credit card. The family's employment situation remained stable for the duration of the FEP, even when additional caregiving responsibilities emerged – Participant C's father was diagnosed with dementia and had a fall and her

mother-in-law had to have knee surgery and rehab. The FEP cash transfer gave the family enough mental and financial bandwidth to start planning for their son's financial future and to teach him how to live independently when they are no longer around to support him. The unconditional nature of the FEP cash transfer allowed Participant C's family to prioritize their needs and set their family on a journey toward financial independence and security.

### FEP and Parenting

#### Background

**Participant D** (45yo) is a single mother living with her two young sons (aged 6 and 5) in a one-room HDB rental flat. She also has two adult children (aged 25 and 24) from a previous marriage. Because of her caregiving responsibilities, she faces challenges in looking for a stable, full-time job. She currently works as a part-time stall helper for nine hours a week. She earns an estimated amount of \$30 per day. She is also receiving assistance from SSO @ Jalan Besar.



#### How FEP impacted her life

With the FEP cash transfer, Participant D could eat more nutritious food because she had more money to buy it. Previously, she was eating instant noodles daily since 2018. Because of her dietary changes, she also saw improvements in her physical health.

Participant D also observed an increase in her confidence as a mother during the FEP. She had a better relationship with her children because she could finally financially provide for them. She used the FEP money to take her children out for recreational activities, bought them comfort food, and educational materials like books. Participant D is generally a thrifty person. She used to think twice before buying anything; she would also often reject her children's requests. With the FEP cash transfer, she felt less stressed about making decisions to buy things for her family.

Participant D shared her challenges parenting as a single mother with a lower-income background. She once remembered seeing her children feeling disappointed when they saw that their classmates had new coloured pencil sets and they did not have any. That disappointment she observed in her children made her feel like she had failed as a mother because she could not even meet her children's basic needs, like getting them coloured pencils. With the FEP, she could buy her children new coloured pencils, wrap them nicely, and gift them to her kids. Her children were delighted to receive them, and she felt happy that she could give them what they wanted.

The FEP also helped Participant D build up her emergency savings from zero to \$800. This gave her the confidence and security to know that she and her family would be OK if there were any emergencies.

### FEP and Children with Additional Needs

#### Background

**Participant E** (38yo) is the sole breadwinner for his family of five. His wife is a long-term-visit pass holder from Thailand; she works as a sales assistant and her salary is used to support her family in Thailand. They have a six-year-old son who was born with multiple congenital anomalies, leading to significant mobility issues. He requires support in transferring from one place to another and in toileting. Participant E takes his son to NUH four to five times a month to manage his conditions.

The family does not own their own home and live with Participant E's retired parents. The family's biggest expenses are transportation and medical bills.

#### How FEP impacted his life

Participant E found the FEP cash transfer helpful in paying for childcare expenses and groceries. This allowed the family to stop drawing from his parents' retirement savings. The family has also been depositing a portion of the FEP into their child's Child Development Account (CDA) account to save for his future educational needs.

Participant E's son started attending TOUCH Integrated Childcare programme at a subsidised rate, which provides him with specialized care and gives his grandparents some respite from caregiving during the day. His son's improved wellbeing combined with the additional financial support from the FEP cash transfer finally gave Participant E the mental bandwidth to look for a better job. He previously worked as a technician, earning \$1,200/month. Now, he is working for a friend's company in Malaysia with a salary of \$2,000/month. With his increased salary, Participant E hopes to buy his son a motorised wheelchair to improve his independence and mobility in school.



receiving pain and  
symptom management  
from hospice care.

#### How FEP impacted her life

Participant F's family is currently undergoing a highly stressful period. The FEP cash transfer provided a small financial cushion for the family and helped alleviate some of her anxiety in preparing her children for the future. She hopes that her two younger children will be able to get Singapore citizenship so they can have a bright future.

The FEP provided Participant E's family with the resources to meet their immediate basic needs and the ability to strategically plan for their future.

### FEP and Managing Serious Illness

#### Background

**Participant F** (43 yo) is a Singapore PR. She is a single mother of four and lives in a rental flat. Her two older children (both aged 21) are Singaporean citizens, and her two younger children (aged 17 and 15) are under a Special Visit Pass because they are considered Stateless. Her older children work as part-time delivery riders but do not financially contribute to the family.

The family's mixed citizenship status makes accessing government subsidies challenging. Since Participant F is a PR, she did not qualify for any government funding such as Solidarity Fund or other COVID-19 funds. She was also not eligible for certain government subsidies and GST vouchers. Because her two younger children are on a Special Visit Pass, they are not eligible for MOE's Financial Assistance Scheme or The Straits Times School Pocket Money Fund. As a result, they have to pay \$1,600/month in school fees at the non-Singaporean rate.

Participant F was diagnosed with cervical cancer in 2020. Initially, she responded well to the treatment and even started a successful home-based business selling ice lollies. However, her condition has recently worsened, and she is now



## QUALITATIVE ANALYSIS

### Overview

To better contextualise the survey findings and to understand the 'whys' of what the surveys were describing, we undertook two qualitative data collection exercises:

- Interviews and focus group discussions (FGDs) with FEP participants (December 2023-Jan 2024)
- Caseworker insights session (April 2024)

The caseworker insights session was organized with FSC caseworkers to share FEP findings, ground-truth the results with them, and elicit their feedback on the implementation of the cash transfer programme.

Interviews and FGDs were held with 29 participants from the Treatment and Control groups after the FEP ended. These interviews and FGDs were designed to better understand the impact of the FEP cash transfer on the lives of the Treatment group participants to gain more awareness about the lived realities of families living in vulnerable settings in Singapore.

The interviews, FGDs and caseworker insight session also explored potential research questions, target populations, and wraparound support for FEP 2.

### Summary of qualitative findings on the impact of the FEP

Treatment group participants found the longer-term FEP cash transfer helpful and used the money primarily on food (buying a greater variety of it), children's expenses (especially on infant care), and paying off bills. The cash transfer significantly improved their mental health by reducing their stress.

Many participants reported **visiting the doctor (and asking their family members to visit the doctor) when they needed to** with the FEP, instead of waiting it out (their usual practice).

Both the Treatment and Control groups struggled at some level with food security and nutrition. **The FEP cash transfer allowed the Treatment group to buy a greater variety of food than they normally do and enabled them to take their children out to eat;** this improve relationships within the family. **Parents also reported that they could give their children pocket money from the FEP cash transfer, which helped improve their relationship with them.**

FSC caseworkers observed that their Treatment group participants exhibited **increased confidence, self-worth, and parenting confidence, particularly women.** While several Treatment group participants said they felt financially empowered (short-term feeling) during the FEP, they did not feel financially independent (long-term feeling).

The Treatment group also encountered significant challenges. As a senior FSC social worker noted,

**A better life has a lot of criteria. You can't really easily achieve it.**

Both Treatment and Control groups reported significant barriers to pursuing ESE opportunities. **Key barriers include significant caregiving responsibilities, lack of inclusive and flexible work environments, high opportunity costs of education and skills upgrading, and lack of guidance on figuring out which courses to take and what jobs to pursue.**



Both Control and Treatment group participants did not feel very optimistic about their future; those with children prioritized their children’s wellbeing over pursuing their own aspirations. Generally, **parents had dreams for their children but not for themselves.**

Caseworkers observed that many **Treatment group participants became anxious as the end of the FEP approached – they were not financially stable enough to withstand the end of the programme.** Having some type of **transition support and system** in place could have alleviated this anxiety and helped families acquire tools and resources for long-term financial security. Caseworkers recommended a **suite of wraparound support services for FEP 2** to help families transition from receiving the cash transfer to improved financial stability.

In addition to the topics covered by the interviews and FGDs, two other themes emerged from the qualitative data. First, in both the Treatment and Control groups, **parents with kids with additional needs reported feeling discriminated against**

**within their families and in society.** This reduced their community participation. Second, a few participants from the Treatment and Control groups reported that they **found the FEP surveys helpful as a mechanism to voice their concerns and as a tool for personal reflection.** Caseworkers also reported that the FEP surveys were a useful check-in tool with their clients. Finally, caseworkers shared that a small subset of the FEP families experiencing chronic poverty had immigration issues; without Singapore citizenship or permanent residency, individuals were unable to access subsidised school fees and training and had difficulty finding jobs.

### Results from the interviews and FGDs with participants

29 people in total were interviewed (21 interviews and 3 focus group discussions [4 people + 2 people + 2 people]) by caseworkers. 14 were from the Treatment group and 15 were from the Control group. This is the breakdown of participant characteristics:

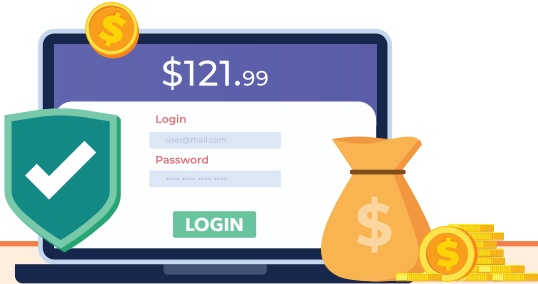
	Treatment group	Control group
Women	10	13
Men	4	2
Caregiver*	14	13
Not a caregiver	0	2
Married	9	7
Single/separated/divorced/widowed	5	8

\*"Caregiver" includes caregivers of children (under 18) with typical needs, people of all ages with additional needs and/or disabilities, and seniors with typical needs

The interview and FGD questions covered the following topics: overall impact of the FEP cash transfer (only for the Treatment group); physical and mental health; meals and food security; relationships with family and friends; relationships with children; caregiver experience; employment, skills upgrading and education; housing and living conditions; financial situation; and future

hopes and dreams. For the Treatment group, the questions explored the possible impact of the FEP cash transfer on the different dimensions listed above. For the Control group, the questions sought participants’ feedback on their quality of life to strengthen the evidence base on the experiences of families living in vulnerable settings in Singapore.

### OVERALL EXPERIENCE WITH THE FEP CASH TRANSFER\*



- All participants found the FEP cash assistance helpful
- They specifically appreciated the longer duration of the assistance since they don’t have to constantly renew the support.

“If [financial] support is only given for 3 months, I have to keep telling why I need the support and send in the supporting documents. Being the caregiver to support my child and disabled wife is enough stress.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

- Ideal duration of time for cash assistance mentioned by a few participants: 1.5-2yrs
- Two participants mentioned that an additional 6 months to 1 year of FEP would’ve facilitated their move from being financially empowered to being able to save and be financially independent in the long run.

- Participants mostly spent the FEP money on food (they could buy a greater variety of it), children’s expenses, and paying off loans.

“Taking care of a child, especially a child with special needs, is expensive in these times.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

- A few of the participants said that the surveys made them feel heard; they were willing to participate in regular surveys.

“I feel that the survey questions are useful – they help me to reflect. It opens up a conversation and allows me to share my thoughts and my voice.

FSC 63 (divorced woman; primary caregiver to 2 young children, one with additional needs)

- While all participants found the FEP cash transfer helpful, a couple of them said they’d like future cash assistance to be credited on the same date every month to ensure consistency.

\*Question only for the Treatment group

## PHYSICAL AND MENTAL HEALTH



### Overall

- Both Treatment and Control group participants reported **high levels of stress**, especially associated with finances, jobs, and caregiving.
- The FEP cash transfer helped improve mental health in the Treatment group by decreasing their financial stress. The FEP also improved health-seeking behaviour in the Treatment group.
- Several participants requested additional financial support for the following: school/educational expenses for children, food, milk powder, and diapers.

### Treatment group

- Participants felt less mentally stressed with the FEP.

“It was definitely less stressful for me. I did not have to worry about not having money. I had [the FEP cash transfer] as my spare cash to support my family. I know in the event of any emergency, I have a pool of cash in hand to support my family.”

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

“FEP allowed them to be a bit more flexible with their budget, as they may have set aside \$200 for food but they were able to extend it to \$250 if needed to. Hence, there is lesser stress as although they went over budget they would not be bankrupt. Mentally, that made the family feel happier.”

FSC 43's caseworker (FSC 43 is a married woman; caregiver for three children, two with additional needs)

- Many participants reported visiting the doctor (and asking their family members to visit the doctor) when they needed to with the FEP, instead of waiting it out (their usual practice). A few participants also noted that they used the FEP cash transfer to buy over-the-counter health-promoting items, like supplements and pain relief creams.

“FSC 33 was able to get her family members to see a doctor instead of asking them to wait one day and see how. She did not worry so much about medical costs.”

FSC 33's caseworker (FSC 33 is a married woman; caregiver for 3 children (one with additional needs), parents and in-laws)

“When FSC 128 started receiving the FEP cash transfer, she was unemployed. Receiving the FEP cash transfer gave her the confidence to find a job. Previously, her job searches were disrupted when she had to care for her children when they were ill. Now, she has the financial means for proper medical care, such as visiting the doctor and buying medicine.”

FSC 128's caseworker (FSC 128 is a married woman; caregiver for 4 children with typical needs)

### Control group

- Many Control group participants reported that they did not have time to care for their health.

“In terms of physical health, I am able to move when I am working and make an extra effort to do more jobs that need physical movement. But for mental health, I do not have time for myself.”

EICKK 169 (single woman; caregiver for two children with additional needs)

“There could be more community involvement in matters of physical health –like walks but whether I have the time to attend it will be another matter. For mental health, if I get a change in my job environment, I believe it will help in my mental health.”

EICKK 169 (single woman; caregiver for two children with additional needs)



## NUTRITION AND FOOD SECURITY



### Overall

- Both Treatment and Control group participants expressed at least some challenges with affording enough food.
- Many participants in the Treatment and Control groups said they were satisfied with the nutritional value of their meals.
- While the FEP cash transfer didn't significantly boost the nutritional value of meals in the Treatment group, it helped households buy a larger variety of food and facilitated family outings to restaurants, thus improving their family relationships.
- Both Control and Treatment group participants requested more supermarket vouchers. They preferred to have some control over the type of food they were able to buy with vouchers, compared to pre-packaged rations.

### Treatment group

- A few of the participants said that the FEP cash transfer helped them buy more nutritious food.

"I used to eat Maggi mee on a daily basis (for both lunch and dinner). Now I eat Maggi mee three times a week, maybe only one Maggi mee meal a day out of the three times.

FSC 63 (divorced woman; caregiver for 2 young children, one with additional needs)

- Many participants reported that they could buy a greater variety of food with the FEP cash transfer, especially food that their children liked. They could also take their family out to eat.

"SCH 162's family could choose from a wider variety of food more often because of the FEP cash transfer. They don't have to wait until SCH 162 gets her salary. For example, she bought prawns for her elderly parents to try to expand their palate.

SCH 162's caseworker (SCH 162 is a divorced woman; caregiver for 3 children (one with additional needs) and parents)

"With the FEP assistance, FSC 33 could take the children out for meals at the hawker centre and the children did not need to share.

FSC 33's caseworker (FSC 33 is a married woman; caregiver for 3 children (one with additional needs), parents and in-laws)

"The FEP cash transfer allowed TSJT 149 to bring all 5 children to eat at places they want to eat at, such as McDonald's, thereby creating opportunities for family bonding.

TSJT 149's caseworker (TSJT 149 is a married woman; caregiver for 5 children with typical needs (including infants))

"My children are able to eat the food they want. I have more time to bring them out for window shopping and to eat out more. Now they can eat McDonald's sometimes. Last time, they had to share one pack of French fries.

FSC 63 (divorced woman; caregiver for 2 young children, one with additional needs)

### Control group

- Several participants in the Control group reported food insecurities. Most of the participants with children said they made food based on their children's preferences, which often centre around highly processed food.





## RELATIONSHIPS WITH FAMILY AND FRIENDS



### Overall

- The Treatment and Control groups reported a mixed bag of results in terms of relationship quality.
- The Treatment group said that money-related quarrels and irritation reduced with the FEP cash transfer, leading to fewer interpersonal squabbles.
- Parents of children with additional needs across both groups reported feeling discriminated against within their families and by society.

### Treatment group

- Many of the participants said their relationships with their spouses or parents improved because of the FEP cash transfer.

### Control group

- Many participants reported good relationships with families and friends, with the occasional family disputes.
- Several parents of children with additional needs reported feeling discriminated against by their families and society.

SCH 161's relatives are unaware that her son has ASD and look down on him. She feels judged by the public when her son shouts on the train. She doesn't go out with her friends and prefers to stay in touch with them over WhatsApp.

SCH 161's caseworker (SCH 161 is a married woman; caregiver for child with additional needs)

## RELATIONSHIPS WITH CHILDREN



### Overall

- In both the Treatment and Control groups, money and related financial stress impacted relationships between parents and children. Parents who felt stressed did not feel like they had the bandwidth to be good parents or felt guilty that they could not afford to give their children things (e.g. pocket money, family outings etc.).
- In the Treatment group, the FEP cash transfer helped parents improve their relationships with children because they could give them pocket money, take them out to eat, and buy some of the food they liked.
- Parents in both groups requested additional support: tuition support, career guidance for older children, and parenting support groups.

### Treatment group

- Many participants with children said that their relationships with their children improved.

Most often, we let him watch TV. But with the FEP money, I was also able to get toys to stimulate his learning.

EICKK 170 (married man; caregiver for child with additional needs and wife with disability)

FEP allowed her husband to spend more time with the kids and the kids look forward to playing with someone new other than mother. Although the kids are not able to directly show on their faces that they are happy, she is able to tell that they are happy when they bond with their father.

FSC 43's caseworker (FSC 43 is a married woman; caregiver for three children, two with additional needs)

“Last time, my financial status is tighter. My children always requested me to buy them items in the past and I said cannot. Now I can buy some of the stuff that my kids want. It helps me to improve my relationship with kids.

FSC 63 (divorced woman; caregiver for two young children, one with additional needs)

“FSC 128's relationship with her children improved as she can give them more pocket money. In fact, before the FEP cash transfer, her daughter was borrowing money from friends because her parents were struggling financially. FSC 128 still feels that she needs a little more savings to spend sufficiently on all her children.

FSC 128's caseworker (FSC 128 is a married woman; caregiver for four children with typical needs)

- Most of the participants requested additional support for their children.

“In Singapore, as long as you study well, you will be able to find a job. I hope there will be more subsidized support for home tuition - because we can't always take our child somewhere else.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

#### Control group

- Several parents shared how chronic stress made them feel like they did not have the bandwidth to be good parents.

“If I can reduce my stress levels, I truly feel that I would be a better parent to my children. But though it is something at the back of my mind, sometimes I am so tired, and anything can make me angry.

EICKK 169 (single woman; caregiver for two children with additional needs)

“She feels guilty that she cannot bring [her kid] to the places they want to go to.

SCH 163's caseworker (SCH 163 is a divorced woman; caregiver for child with additional needs)



#### CAREGIVER EXPERIENCE



#### Overall

- Caregiving was a significant challenge for both Treatment and Control group participants. Most participants have multiple caregiving responsibilities – for older parents and in-laws, children, and spouses. The FEP alleviated some of this burden for the Treatment group.
- Participants requested caregiver training and support groups and appreciate nursing home subsidies to defray costs involved in caring for seniors.

#### Treatment group

- Many parents with infants/younger children reported that infant care costs (e.g. diapers and milk powder) are very expensive.
- The FEP cash transfer allowed parents to spend more quality time with their kids.

“It is a chain reaction - when her husband is able to have a break from work, he is healthier due to the rest he gets and when he is healthier, she is happier and the FEP money provides her with a peace of mind which makes her feel more positive. In turn, this impacts the children as well.

FSC 43's caseworker (FSC 43 is a married woman; caregiver for three children, two with additional needs)

#### Control group

- Participants with children struggled with finding high-quality, affordable childminding/respite care for their children, especially if they have additional needs.

“...her idea of respite is that she feels assured that her son is well taken care of so that she can take care of other things.

SCH 163's caseworker (SCH 163 is a divorced woman; caregiver for child with additional needs)



## EMPLOYMENT, SKILLS UPGRADING AND EDUCATION (ESE)



### Overall

- Both Treatment and Control groups reported significant barriers to pursuing ESE opportunities. Key challenges include considerable caregiving responsibilities, health challenges, lack of inclusive work environments, large opportunity costs of education and skills upgrading, and lack of guidance on figuring out which courses to take or which jobs to apply for.

### Treatment group

- Many participants also struggled to find and keep a job that has enough flexibility to accommodate their caregiving responsibilities and/or health issues.

I cannot seem to find a better job because I need flexible work arrangements and that is not possible with a higher paying job. My wife and child have needs and I also have my health issues. If I were to constantly take leave, I would soon find myself without any job.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

I think the most important thing is for Singapore to have flexibility in work arrangements. That is most important. They need to know that some families have more needs than others, and not all have people supporting them.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

- Participants reported that they did not have the time or the money to go for skills upgrading/education.

I am not interested in studying as it would mean taking time away from my family and it would also mean that I have to spend more money.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

### Control group

- The Control group was in a similar situation.

I don't even have enough time to rest and take a break, how can I look for more time to study? If I need to study, I will need to go to the place, do assignments/projects. Plus who is going to go home and take care of my son?

EICKK 169 (single woman; caregiver for two children with additional needs)

SCH 163 shared an incident where her oldest son was admitted to the hospital for fits but [her] boss forced her to go into work because (in the boss's words) "you need money" and "no other job can allow you to spend so much time with your kids. [Her boss] also rejects her leave that she takes to send her son to school.

SCH 163's caseworker (SCH 163 is a divorced woman; caregiver for child with additional needs)



## HOUSING AND LIVING CONDITIONS



### Overall

- Both groups felt generally OK with their housing but dream of owning their own home or moving to a higher quality flat.

### Treatment group

- FEP had little impact on housing in this group. Some of the participants reported that they used the FEP cash transfer to upgrade some of their broken household appliances.

### Control group

- A few participants reported less-than-ideal living conditions because of tensions with other people living in the same flat.
- A few of the participants wanted to upgrade their home (e.g. buy newer appliances, install aircon) so they could rent out a room for extra income.



## FINANCIAL SITUATION



### Overall

- Participants in both groups were generally stressed about inadequate finances and support. While Control group participants did not feel financially empowered or independent, a few of the Treatment group participants did report feeling financially empowered (short-term feeling) because of the FEP but not financially independent (long-term feeling) because the FEP cash transfer was not permanent.

### Treatment group

- A few of the participants managed to save a portion of the FEP cash transfer. Many of the participants felt financially empowered but not independent.

“I was able to save with the FEP cash transfer because I did not have to fear that I'll have no cash. So, I managed to save a small pool of cash. Just as expected, there is always something that comes up and it will need to be used.

EICKK 170 (married man; primary caregiver for child with additional needs and wife with disability)

“FEP helped her feel financially empowered but not independent since the FEP will not last forever and will eventually end. However, it did provide her with hope.

FSC 43's caseworker (FSC 43 is a married woman; caregiver for three children, two with additional needs)





Last time, I didn't feel empowered because I did not have enough money to use or work around with.

FSC 63 (divorced woman; caregiver for 2 young children, one with additional needs)

#### Control group

- Most participants did not feel financially empowered or secure.

She feels like she is only provided with the resources to help her survive, rather than improve.

FSC 35's caseworker (FSC 35 is a divorced woman; caregiver for five children)

I am not earning much to feel very empowered. I still need to stay with my parents because I cannot afford to pay for a house for myself or have a helper to take care of the children.

EICKK 169 (single woman; caregiver for two children with additional needs)

She does not feel financially secure as she is unable to save and the assistance that she gets finishes within the month.

FSC 100's caseworker (FSC 100 is a divorced woman; not a caregiver)

SCH 161 found the CDC vouchers helpful, but just for a month. She feels that having a family member who holds a stable job and draws a regular salary would be more helpful.

SCH 161's caseworker (SCH 161 is a married woman; caregiver for child with additional needs)

## FUTURE HOPES AND DREAMS



#### Overall

- Both Control and Treatment group participants did not feel very optimistic about their future; those with children prioritized their children's wellbeing over pursuing their own aspirations. Parents had dreams for their children but not for themselves.

#### Treatment group

- Many participants preferred to take their lives day by day. Current goals included improving their health and education level to get jobs and being financially stable.

She does not want to live with high expectations because if she does not achieve them, she will feel angry, sad or stressed. Therefore, she prefers to live by the day. Last time, she used to have dreams for her children when they were young and when the things she planned did not happen, they would have to come back to reality...She is unable to plan for the future and expects the worst. That way, she is able to appreciate it if she gets something out of it and if she does not get anything out of the situation, she will not grieve so much as she did not expect anything from it.

FSC 43's caseworker (FSC 43 is a married woman; caregiver for three children, two with additional needs)

FSC 128 plans to pursue her bachelor's degree in the next few years. She hopes her kids will be independent when they grow up. She feels like working full-time means she's "neglecting" her kids; so, she wants to prioritize their wellbeing over her ambitions.

FSC 128's caseworker (FSC 128 is a married woman; caregiver for 4 children with typical needs)

- Most participants did not express any hopes and dreams for themselves, even when prompted multiple times. They only wanted to ensure that their children received adequate support to do well in school and in their extracurricular activities, receive career guidance, and achieve their dreams.

At the moment, the only hope is my son.

EICKK 170 (married man; caregiver for child with additional needs and wife with disability)

Even when the focus group discussion participants were invited to reflect on their aspirations, they remarked that those aspirations could only be fulfilled after their children's needs were met.

FSC caseworker

### Control group

- Similarly, most Control group participants also focused on their children.

I don't have any dreams from me. But for my children, I have. I want my son to be okay and go into mainstream school. I need my daughter to be able to study well and take care of her health.

EICKK 169 (single woman; caregiver for two children with additional needs)

TSJT 155 says that it's not easy raising kids and protecting them and giving them the best.

TSJT 155's caseworker (TSJT is a widowed woman with health challenges; dependent on son for care)

For SCH 163, while she has her own aspirations, she has put them aside to ensure that her children fulfil theirs. She said she may only feel assured to pursue [her dreams] when her children are older.

SCH 163's caseworker (SCH 163 is a divorced woman; caregiver for child with additional needs)

### Other Themes

In addition to the topics covered in the interviews and FDS, two other themes emerged from the qualitative data:

**1 In both the Treatment and Control groups, parents with kids with additional needs reported feeling discriminated against within their families and in society. This reduced their community participation** (e.g. not feeling comfortable taking public transportation, not trusting childcare centres/external caregivers to take care of their kids well).

**2 A few participants from the Treatment and Control groups reported that they found the FEP surveys helpful as a mechanism to voice their concerns and as a tool for personal reflection.** Several participants also requested different platforms for emotional support, including parenting and caregiving support groups and sponsored outings dedicated to families with children with additional needs. This suggests that the FEP participants could use more emotional and peer support to cope with their everyday challenges and share messages of encouragement and hope with each other.

### Findings From Caseworker Insight Session

The caseworker insight session was structured around the topics in the interview and FGD questions, along with their perspectives on how FEP 2 can do better.

In general, the findings from this session can be summarized by this quote from one of FSC's senior social workers:

A better life has a lot of criteria. You can't really easily achieve it.

Key insights the caseworkers shared were:

- Social workers noticed the following significant changes in their Treatment group participants:
  - Improved quality of life and relationships (especially in married couples)
  - Increased self-confidence and self-worth (especially in women)
  - Increased parenting confidence
  - Decreased financial stress
  - Decreased caregiving stress
  - Expanded variety of food consumed
  - Increase in positive financial habits (e.g. saving money); decrease in negative financial habits (e.g. pawning)
  - Negligible impact on housing and living conditions
- Caseworkers reported the following challenges experienced by the Treatment group:
  - Many Treatment group participants became anxious as the end of the FEP approached – they were not financially stable enough to withstand the end of FEP. Having some type of transition support and system in place could have alleviated this anxiety and helped families acquire tools and resources for long-term financial security.
  - For Treatment group families entrenched in chronic (vs. acute) poverty, the FEP cash transfer helped families survive but the transfer was not enough to break the cycle of poverty.

- Some families receiving different types of financial assistance from the government may not wish to switch to a higher paying job because it may render them ineligible for certain support programmes, which they depend on.
- For skills upgrading, the opportunity cost is higher in general for lower-wage workers. Further, many lower-wage workers might need to take a lot more foundation courses in the Workplace Literacy and Numeracy Series (WPLN) before they are eligible for vocational courses, such as security training.
- FSC clients require extensive hands-on, in-person guidance to look for jobs and skills upgrading courses.
- Caseworkers recommended the following types of wraparound support to amplify the impact of FEP 2:
  - Financial literacy and financial management courses dedicated to people from lower-income backgrounds
  - Nutrition support and guidance
  - Caregiver and parenting support groups
  - Digital literacy programmes to improve clients' comfort with accessing different government portals and resources
  - Job coaching
- Caseworkers observed that many families who struggled the most had immigration issues. For a small subset of women and children who were not Singapore Citizens (SC) or Permanent Residents (PR), there were significant obstacles facing them in terms of high local school fees

(compounding into thousands of dollars), inability to access subsidized training, and difficulty in finding jobs. This further limited the social mobility of the families in poverty.

## QUANTITATIVE ANALYSIS

Notes for understanding this section:

- C:** the Control group
- T:** the Treatment group
- pp:** percentage points
- n:** sample size
- p-value:** probability value – a statistical measure used to determine the likelihood that an observed outcome is the result of chance. For the FEP's analysis, a p-value of 0.1 or less is considered statistically significant.
- Participant:** Refers to all adults who participated in the 6-monthly surveys.
- Endline:** Refers to the final survey at 18 months.
- DiD:** Difference-in-Difference:  $(TW4 - TW1) - (CW4 - CW1)$ , where TW4 refers to values for Treatment group at Wave 4 (endline); CW4 refers to values for Control group at Wave 4 (endline).

### a. Success Thresholds for Payment-linked Indicators

Key:

- Met success threshold
- Did not meet success threshold

#### Payment-linked Indicator

#### Success Threshold

#### Endline Results

#### Interim Indicators

#### Basic needs & motivations for ESE success

#### Improved physical health

The DiD estimate between the avg. physical health score must be at least 0.3 points higher on the 5-point scale for T than C at Endline.

The DiD estimate is 0.12 (n=386, p-value =0.55).



Payment-linked Indicator	Success Threshold	Endline Results
<b>Interim Indicators</b>		
<b>Basic needs &amp; motivations for ESE success</b>		
<b>Improved mental health</b>	The DiD estimate between T and C must be at least -.293 on the Kessler-10 score.	The DiD estimate is 1.15 points (n=387, p-value =0.55).
<b>Higher motivation to pursue ESE opportunities</b>	The DiD estimate must be at least 0.43 points higher on the 5-point scale for T than C at Endline.	The DiD estimate is -0.51 (n=386, p-value =0.09).
<b>Interim actions for ESE success</b>		
<b>Increased number of job applications submitted</b>	The DiD estimate between T and C. The average number of job applications submitted must be at least 2 applications higher in the previous 3 months in T as compared to C at Endline.	The DiD estimate is -12.04 (n=79, p-value =0.097). Applications increased by 5.6 in C and decreased by 6.44 in T.
<b>Increased number of interviews attended</b>	The DiD estimate between T and C. The average number of interviews attended must be at least 2 interviews higher in the previous 3 months in T than C at Endline.	The DiD estimate is 0.25 (n=81, p-value=0.89). The mean number of interviews attended by C is 1.0 and for T is higher at 2.1.
<b>Reduction in chronic absenteeism</b>	The difference between the % of Chronically Absent children in T must be lower than in C over the 18 months.	C: 25% and T: 29%.

Payment-linked Indicator	Success Threshold	Endline Results
<b>Interim Indicators</b>		
<b>Interim actions for ESE success</b>		
<b>Increase in entrepreneurship activities</b>	The DiD estimate must be higher for T than C.	DiD estimate is -6.1 (n=386, p-value=0.46).
<b>Better quality jobs for long-term retention</b>		
<b>Higher skills matching</b>	The DiD estimate on the avg. score must be at least 0.54 points higher on the 5-point scale for T than C at Endline.	The DiD estimate is 0.085 (n=259, p-value =0.81).
<b>More autonomy and task discretion</b>	The DiD estimate on the avg. score must be at least 0.47 points higher on the 5-point scale for T than C at Endline.	The DiD estimate is 0.14 (n=259, p-value=0.66). The increase in T is higher (0.17) than increase in C (0.03).
<b>Better job security</b>	The percentage difference between T and C must exceed 7 pp.	15.09% of C (n=53) and 27.45% of T (n=51) experienced any increase in their job-security. Difference=12.36 pp.
<b>Better training/ learning/ structured advancement opportunities</b>	The percentage difference between T and C must exceed 7 pp.	50.94% of C (n=53) and 56.86% of T (n=51) experienced any improvement. Difference=5.92 pp n=104; p-value=0.54; $\chi^2$ test)
<b>Ability to hold out for higher quality jobs due to lack of immediate financial stress</b>	The DiD estimate must exceed 7 pp.	The DiD estimate is 20 pp (n=259, p-value =0.092).



Payment-linked Indicator	Success Threshold	Endline Results
<b>Final Outcomes Indicators</b>		
<b>Increased % of individuals in ESE</b>	The DiD estimate must exceed 7 pp.	DiD estimate is 7.25 pp (n=386; p-value=0.44).
<b>Higher income</b>	The percentage difference between T and C must exceed 7 pp.	41.05% of C (n=95) and 45.98% of T (n=87) experienced gain in income from baseline. Difference = 4.93 pp (p-value = 0.45; $\chi^2$ test).
<b>More hours worked</b>	The percentage difference between T and C must exceed 7 pp.	24.21% of C (n=95) and 33.33% of T (n=87) experienced any increase in their hours worked. Difference = 9.12 pp (p-value=0.17; $\chi^2$ test).
<b>Fewer spells of being out of ESE</b>	The DiD estimate between T and C must show any difference.	C increased by 1.8 pp and T decreased by 12.9 pp. The DiD estimate is 14.7 pp (n=386, p-value = 0.12).
<b>Higher incentives for long-term retention</b>	The difference between T and C. The % of T participants who report at least 1 additional benefit or better working conditions compared to themselves at Baseline must be greater than C at Endline.	69.81% of C (n=53) and 76.47% of T (n=51) experienced any increase. Difference = 6.66 pp (n=104).

b. Detailed Results for Payment-linked Indicators

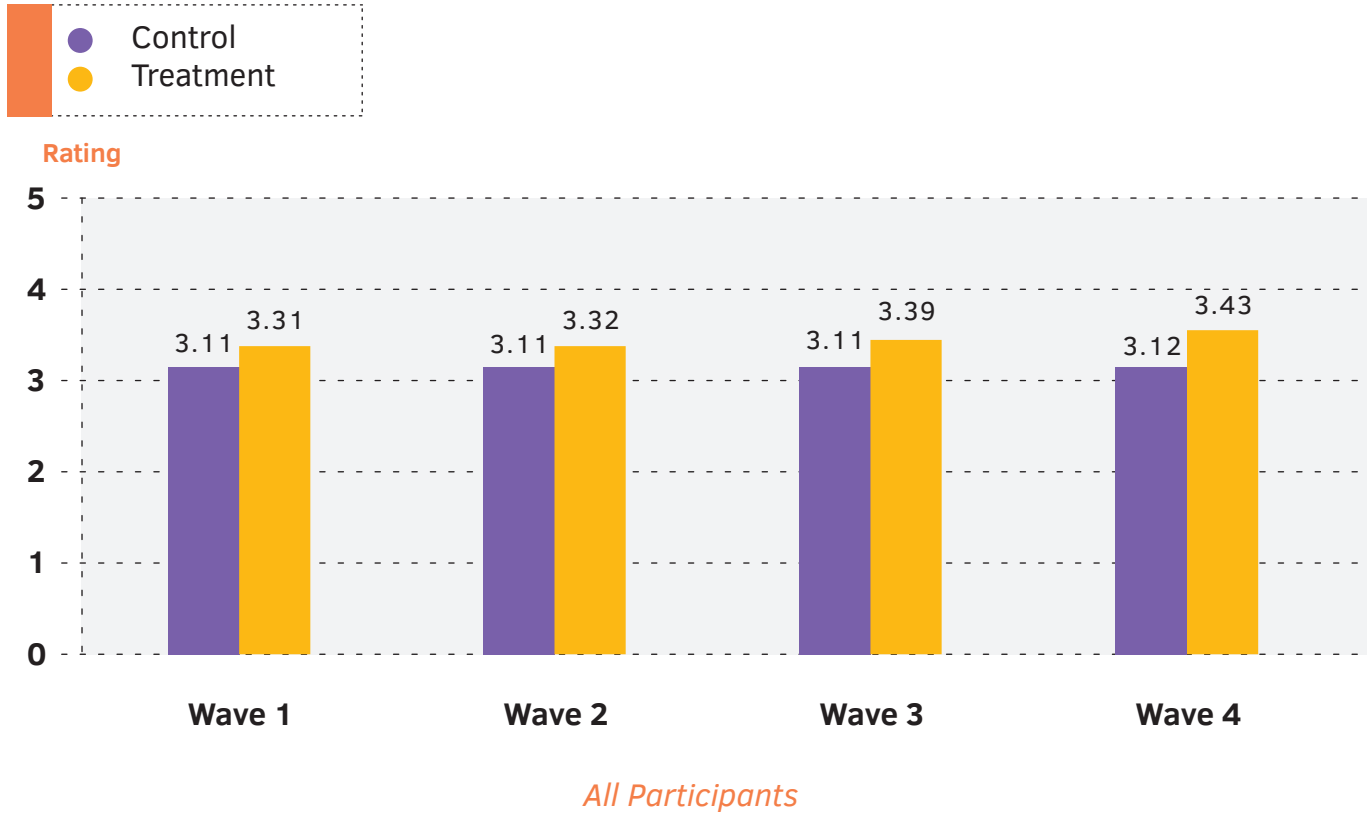
Interim Indicators

Basic needs & motivations for ESE success

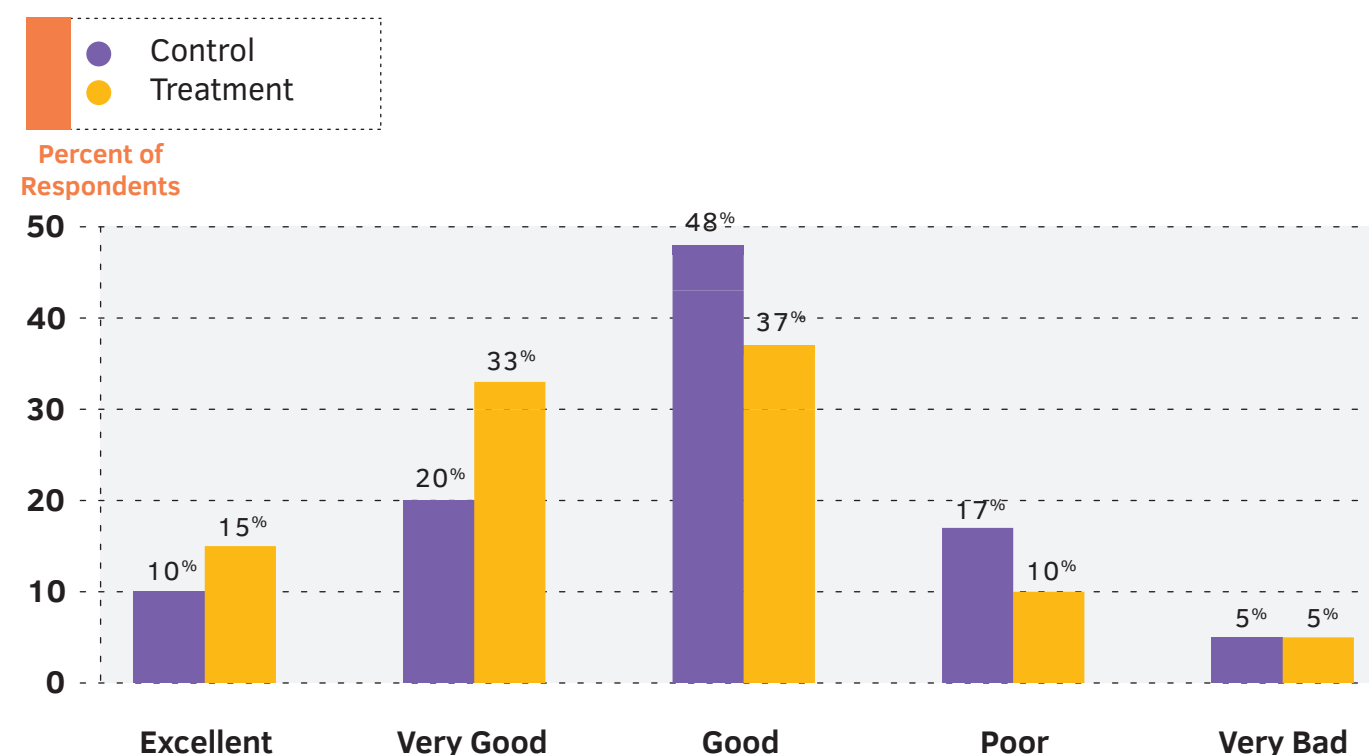
Improved physical health

- This outcome measures the average physical health score on a scale of 1-5 (1=Very Bad, 2=Poor, 3=Good, 4=Very Good, 5=Excellent) at 18 months compared to baseline.
- Data was obtained from the survey question: “In the past month, on a scale of 1-5, how would you rate your overall physical health?”
- The self-rating held steady for C at about 3.11 (on a 5-point scale), but gradually increased for T from 3.31 to 3.43.
- The difference between T and C was **statistically significant** at both 12 and 18 months.
- The DiD estimate was 0.12, was not statistically significant (p-value = 0.55) and did not meet the success threshold of DiD estimate of 0.3 points higher in T than C at 18 months.

Physical Health Self-Rating Over Time



### Distribution of Physical Health at 18 months



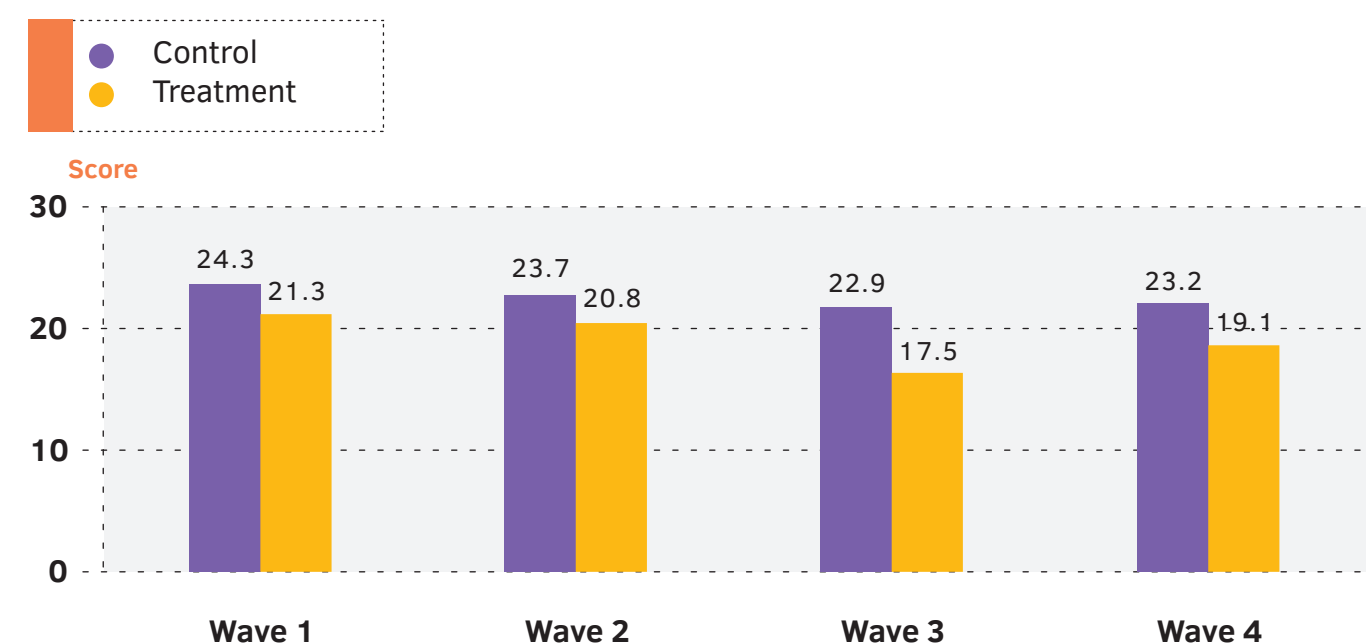
All Participants

### Improved mental health

- The Kessler Psychological Distress Scale (K10) was used in this survey to measure the mental health of the participants. K10 is a widely used, simple self-reported measure of psychological distress which can be used to identify those in need of further assessment for anxiety and depression.
- The K10 comprises 10 questions that are answered using a five-point scale (where 5 = all the time, and 1 = none of the time). The scores for the 10 questions are then summed and interpreted using a scoring guide. Scores less than 20 indicate a person is likely to be well, 20-24 likely to have mild mental disorder, 25-29 likely to have moderate mental disorder, and 30 and over is likely to have severe mental disorder. (Kessler Psychological Distress Scale)
- This outcome measures the K10 score and compares the level of depression or anxiety between baseline and 18 months. The data was obtained from the K10 list of questions in the survey. (Note: The NTU Institutional Review Board (IRB) had instructed to omit question "In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up?". Hence, this survey has only 9 out of 10 questions from the standard K10 battery. The scores out of 50 have been derived by changing the denominator to 45, and hence may not be appropriate for comparison with international studies.)
- The Figure below shows the mean mental health score across groups over time. C's score declined by 1.11 points between baseline and 18 months (p-value =0.36), while T's score declined **significantly** by 2.26 points (p-value =0.03).

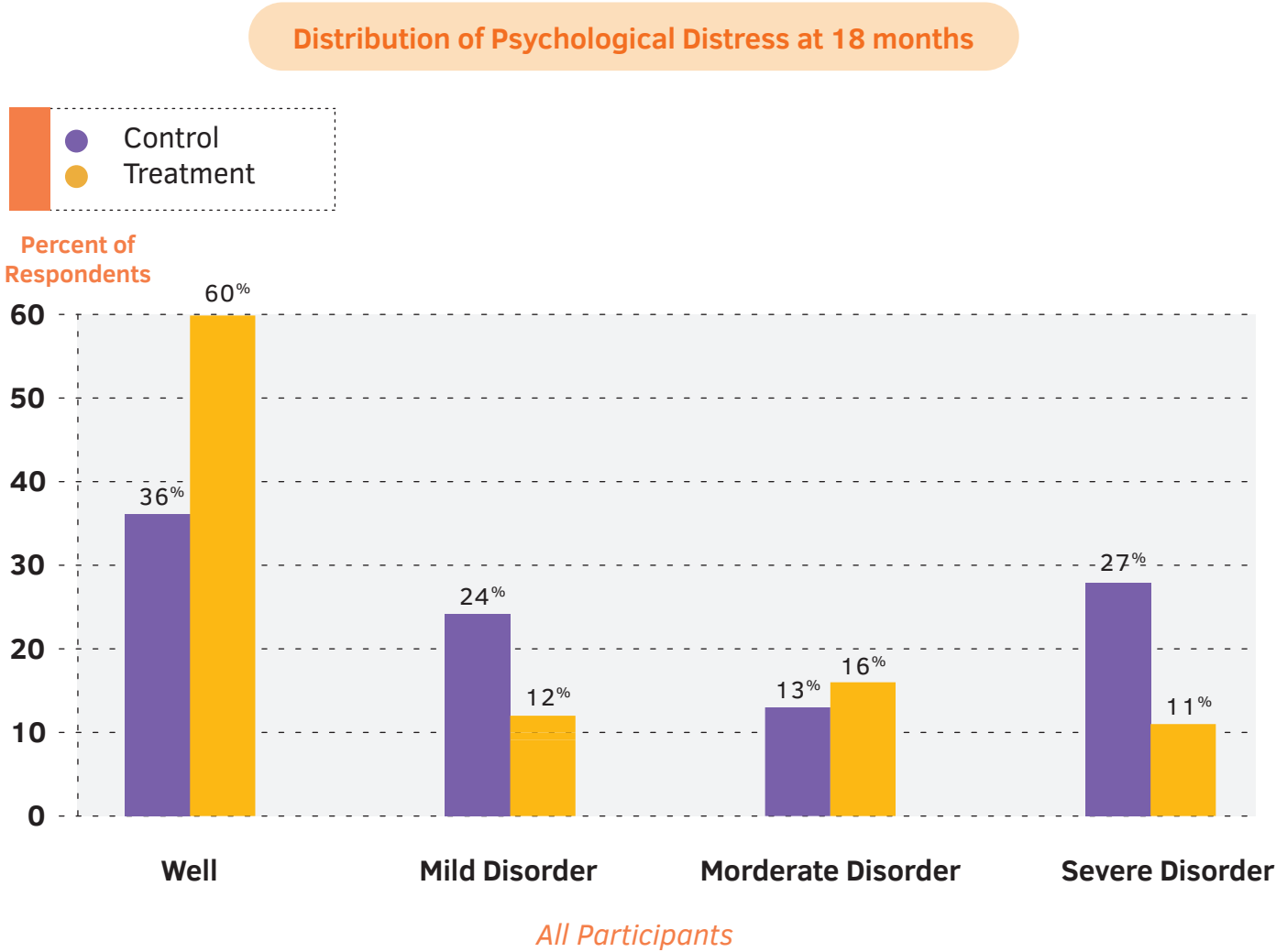
- The DiD estimate was 1.15 points, was not statistically significant (p-value =0.55), however it exceeded the success threshold of DiD estimate of 0.293 points. There was also a **statistically significant** difference in average score between T and C scores at 6, 12 and 18 months.

### Kessler-10 Mental Health Score Over Time



All Participants

- At 18 months, about 60% of T could be categorised as ‘Well’ vs. 36% in C. 27% of C fell in the ‘Severe Disorder’ range vs. 11% of T. The difference in categorisation was **statistically significant** at 6, 12 and 18 months.



- The table below shows the breakdown in responses between T and C to the various sub-items of the K10 at both 12 and 18 months. **Statistically significant** differences are marked in green.

Key:

Statistically significant

Not statistically significant

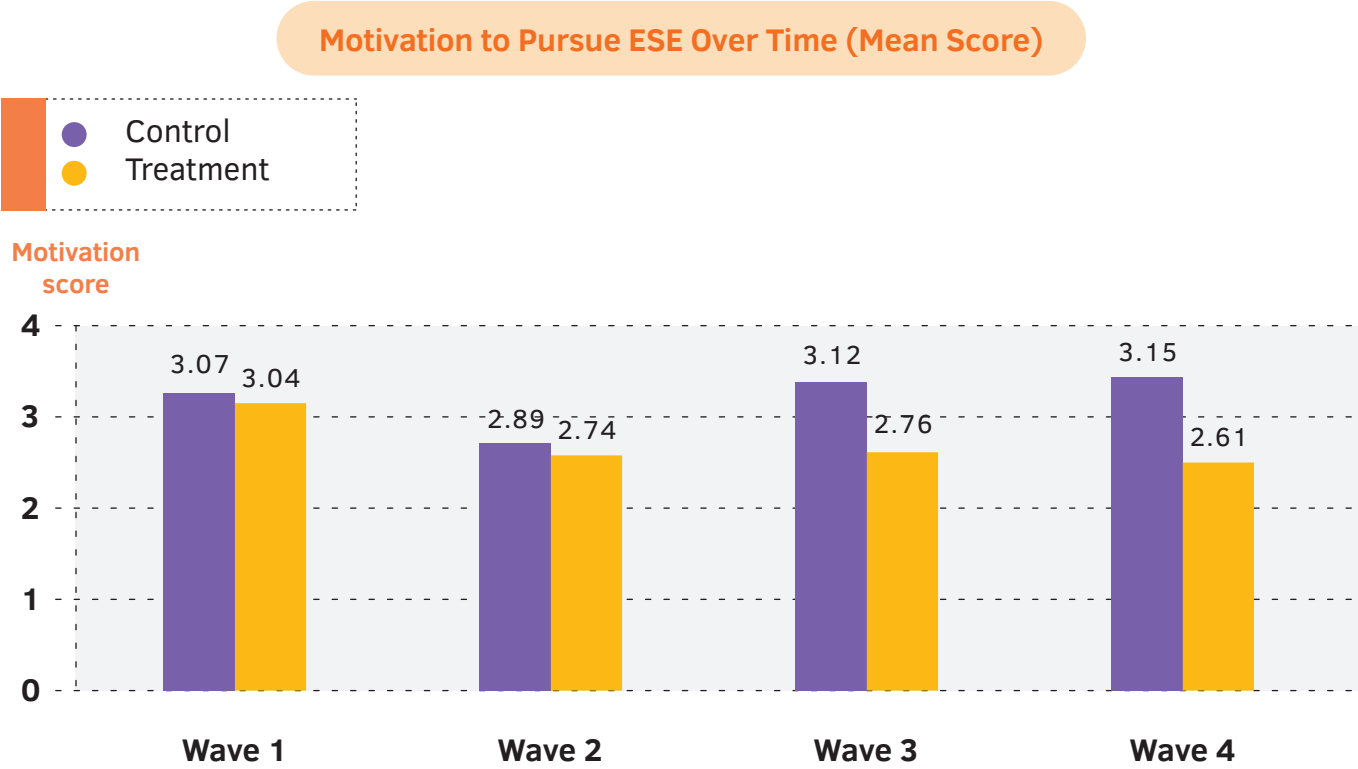
Mental Health Kessler-10 Scale		12 months			18 months (endline)		
Sub-Items	Scale	C %	T %	P-Value	C %	T %	P-Value
N		92	89	75	95	88	75
How Often Felt Tired Out for No Good Reason	None of the time	22	40	0.023	24	45	0.031
	A little of the time	9	13		12	7	
	Some of the time	36	29		28	24	
	Most of the time	22	12		22	18	
	All of the time	11	4		14	6	
How Often Felt Nervous	None of the time	42	52	0.18	41	52	0.56
	A little of the time	15	20		10	9	
	Some of the time	25	16		28	25	
	Most of the time	10	10		16	9	
	All of the time	8	2		5	5	
How Often Felt so Nervous that Nothing Cools You Down	None of the time	59	76	0.13	56	69	0.29
	A little of the time	14	11		13	13	
	Some of the time	16	7		18	10	
	Most of the time	9	4		6	6	
	All of the time	1	1		6	2	
How Often Felt Hopeless	None of the time	41	69	<0.001	36	65	0.002
	A little of the time	15	13		21	14	
	Some of the time	23	15		29	15	
	Most of the time	13	2		10	2	
	All of the time	8	1		4	5	



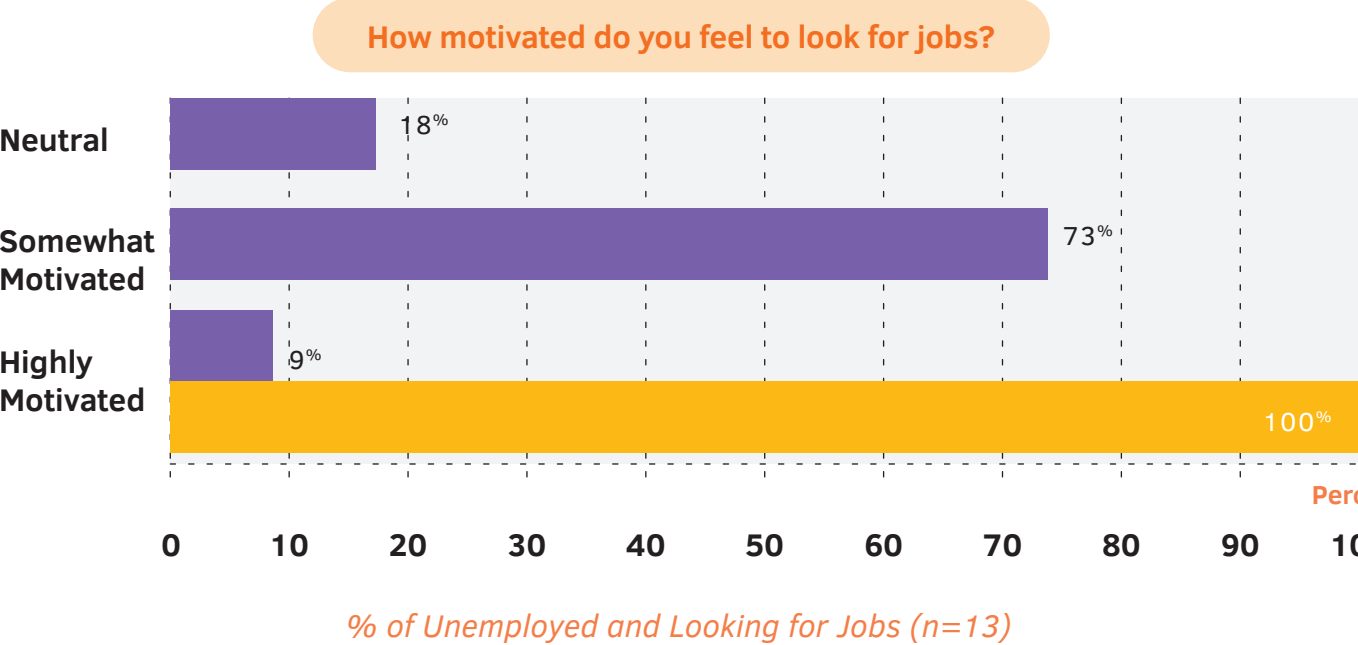
Mental Health Kessler-10 Scale		12 months			18 months (endline)		
Sub-Items	Scale	C %	T %	P-Value	C %	T %	P-Value
How Often Felt Restless/ Fidgety	○ None of the time	42	58	0.16	38	56	0.12
	○ A little of the time	16	15		13	11	
	○ Some of the time	21	15		30	19	
	○ Most of the time	15	7		14	7	
	○ All of the time	5	6		5	7	
How Often Felt so Restless/ Fidgety that You Could Not Sit Still	○ None of the time	51	74	0.025	45	61	0.17
	○ A little of the time	15	7		16	14	
	○ Some of the time	19	9		24	13	
	○ Most of the time	11	7		9	8	
	○ All of the time	4	3		6	5	
How Often Felt Depressed	○ None of the time	38	60	0.012	39	58	0.031
	○ A little of the time	18	18		15	17	
	○ Some of the time	23	15		29	18	
	○ Most of the time	11	7		11	2	
	○ All of the time	10	1		6	5	
How Often Felt Everything Was An Effort	○ None of the time	36	58	0.001	31	45	0.29
	○ A little of the time	5	11		15	14	
	○ Some of the time	21	18		28	17	
	○ Most of the time	20	6		15	14	
	○ All of the time	18	7		12	10	
How Often Felt Worthless	○ None of the time	49	69	0.004	46	67	0.037
	○ A little of the time	16	16		13	13	
	○ Some of the time	22	8		27	13	
	○ Most of the time	3	7		7	3	
	○ All of the time	9	1		7	5	

Higher motivation to pursue ESE opportunities

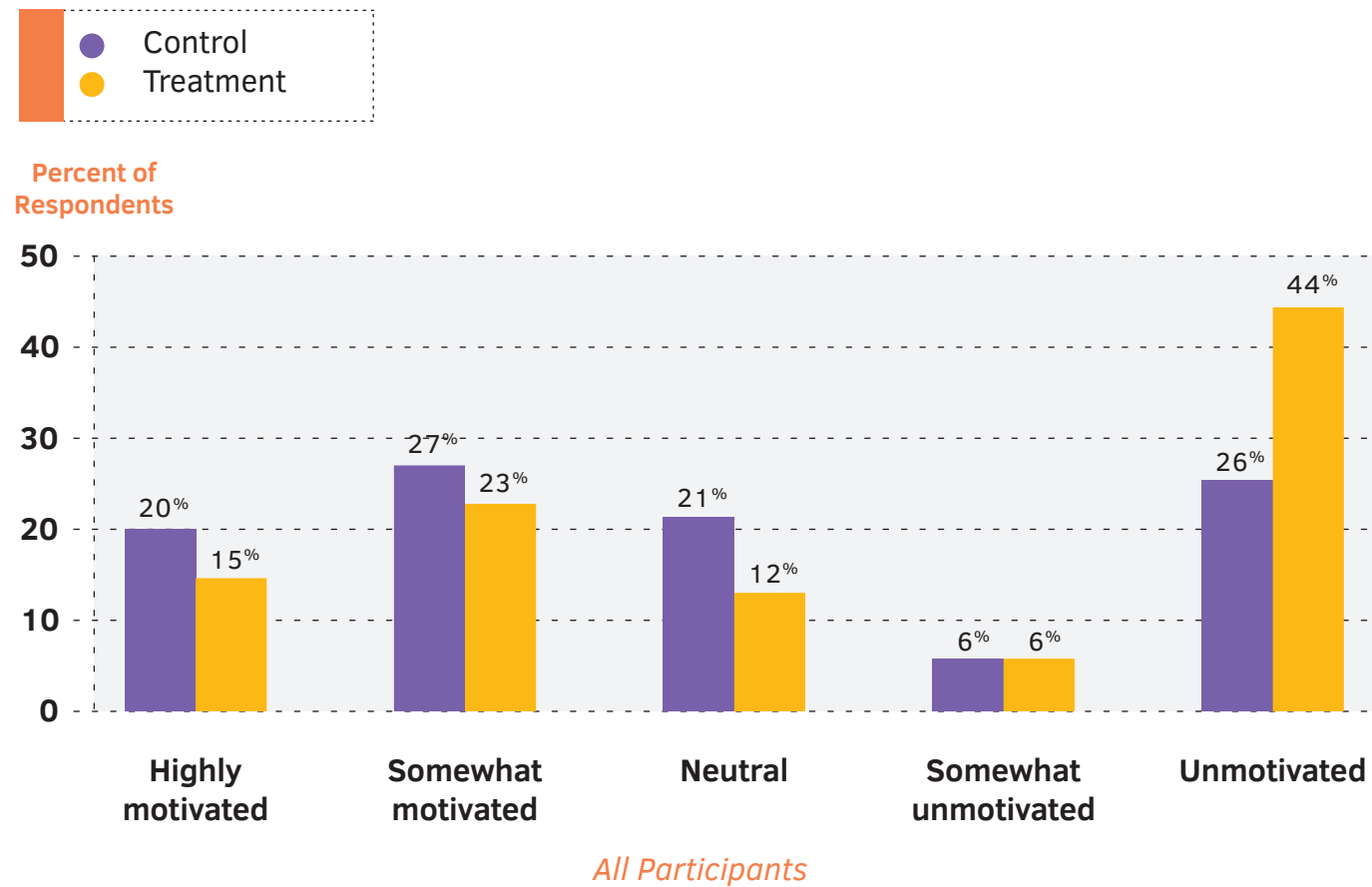
- The DiD estimate was -0.51, **statistically significant** (p-value =0.09) in opposite direction from success threshold.



- Results were very different for different sub-groups, e.g.:



### How motivated are you to pursue additional education/professional training?

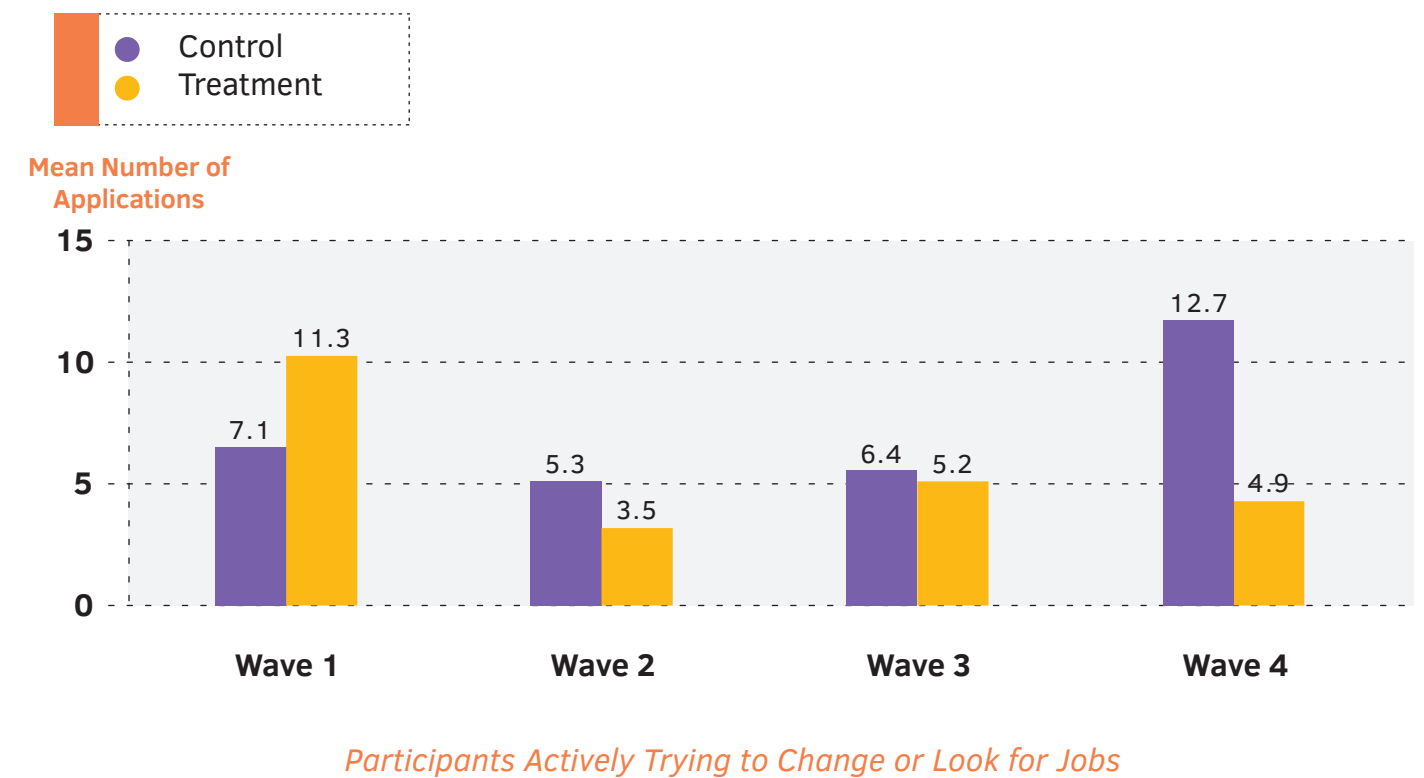


### Interim actions for ESE success

#### Increased number of job applications submitted

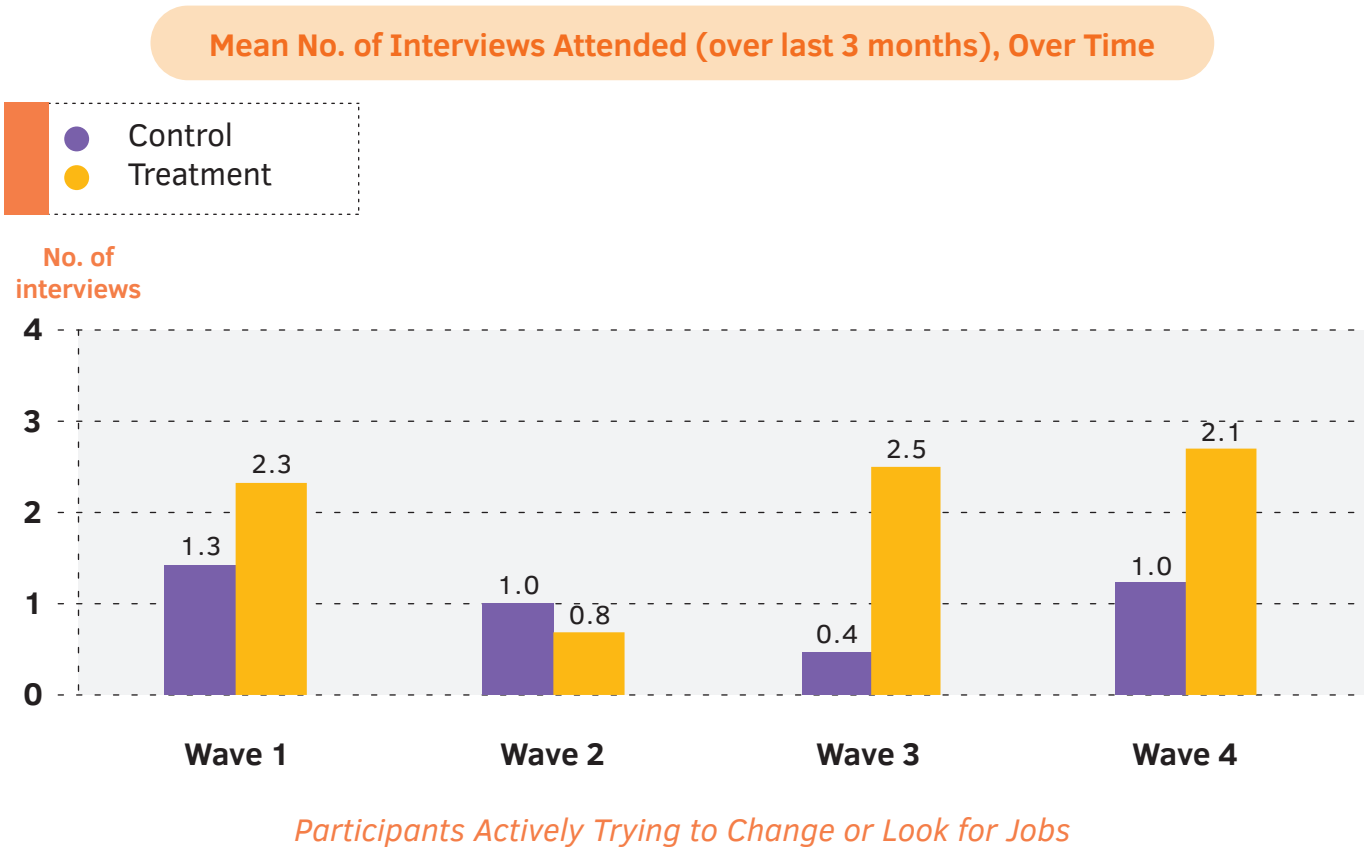
- This outcome measures the average number of job applications submitted in the previous 3 months. Data was obtained from survey question: “How many job applications have you submitted in the past 3 months?” This question was conditional upon whether the employed individuals are actively trying to change jobs, or the unemployed individuals are actively looking for jobs.
- The figure below shows the mean number of job applications submitted over time. The number of applications in C increased by 5.60 between Baseline and 18 months (p-value =0.97) and decreased by 6.44 in T (p-value =0.53).
- The DiD estimate was 12.04 applications and **statistically significant** (p-value =0.097) in the opposite direction from the success threshold.

### Mean No. Of Job Applications Submitted (over last 3 months), Over Time



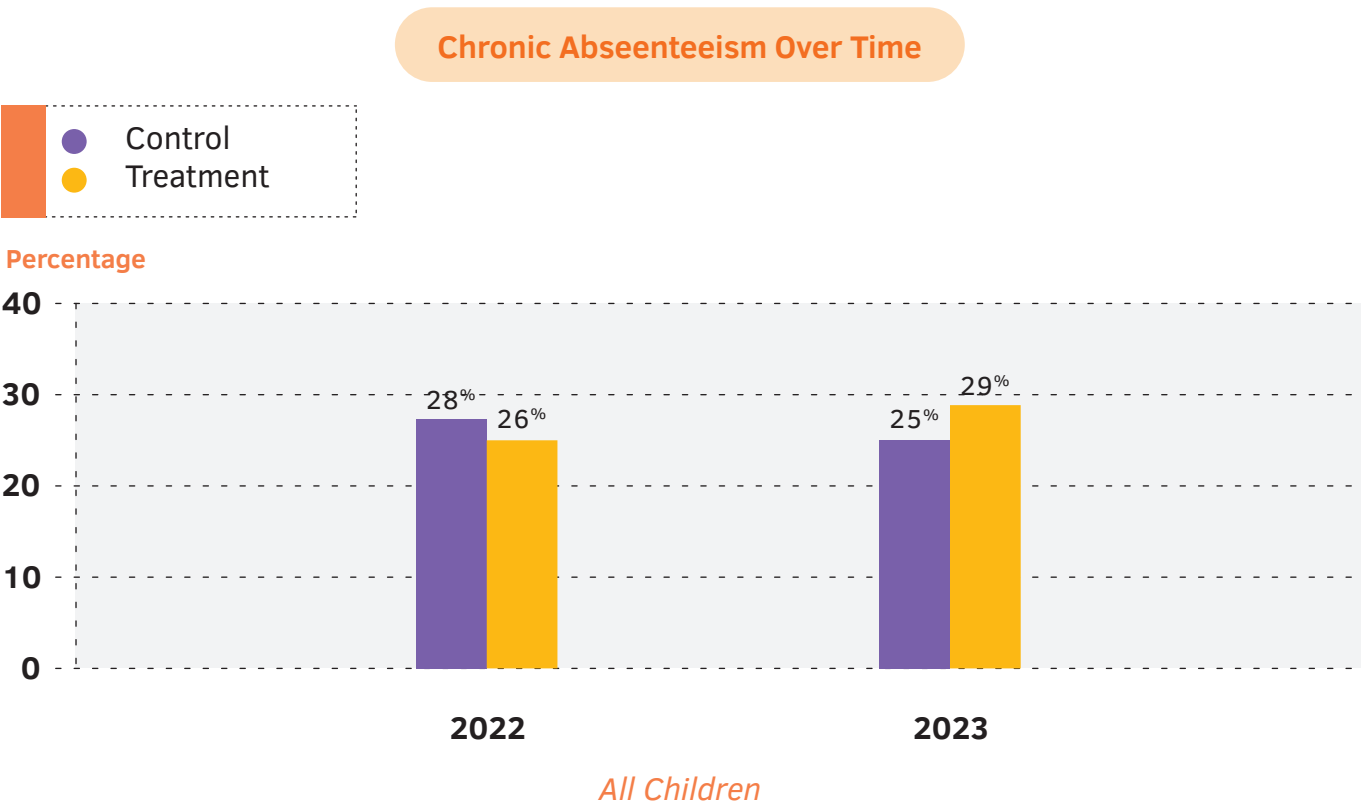
Increased number of interviews attended

- This outcome measures the average number of interviews attended in the previous 3 months at 18 months compared to baseline. This data was obtained from baseline survey question: “How many job interviews have you attended in the past 3 months?” This question was conditional upon whether the employed individuals are actively trying to change jobs, or the unemployed individuals are actively looking for jobs.
- The figure below shows the mean number of interviews over time. C declined by 0.39 interviews between Baseline and 18 months (p-value =0.54), while T declined by 0.14 interviews (p-value =0.50). The DiD estimate was 0.25 interviews, not statistically significant (p-value =0.89) and did not meet the success threshold of 2 more interviews in T than C at 18 months.
- For unemployed participants, the average number of job interviews attended was **significantly** higher for T (1.00) than C (0.09) at 18 months (n=62, p-value =0.042).



Reduction in chronic absenteeism

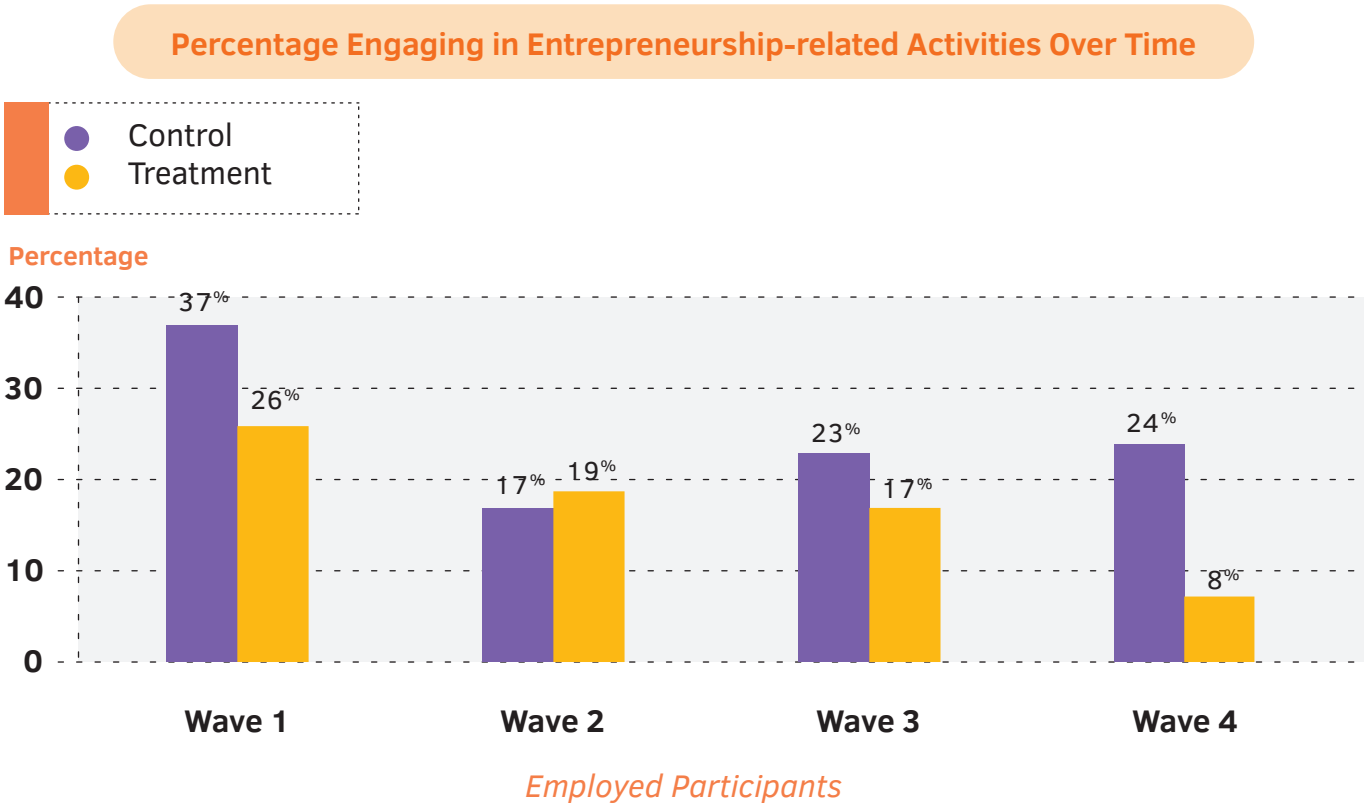
- This outcome measures chronic absenteeism in the children of FEP households from preschool through secondary school. Chronic absenteeism was defined as being absent 20% of school days or more per school year. Data was obtained from administrative school records to determine the number of days absent.
- The figure below shows the percentage of children with chronic absenteeism over time. Chronic absenteeism in C (n=137) declined by 2.6 percentage points between 2022 and 2023, while it increased in T (n=132) by 2.78 percentage points. The DiD estimate was 5.38 and not statistically significant (n=269; p-value =0.62).





**Increase in entrepreneurship activities**

- This outcome measures the percentage of participants who report engaging in entrepreneurship-related activities in the past 6 months at the 18-month survey compared to baseline. This data was obtained from the survey question: “Are there other ways you tried to earn money for yourself or your family? (e.g. home-based baking, packing work, gig jobs, babysitting, or anything you have sold for profit).”
- The figure below shows the distribution of those engaging in entrepreneurship-related activities over time. The DiD estimate was -6.1, was not statistically significant (p-value =0.46), and did not meet the success threshold of 7 pp.

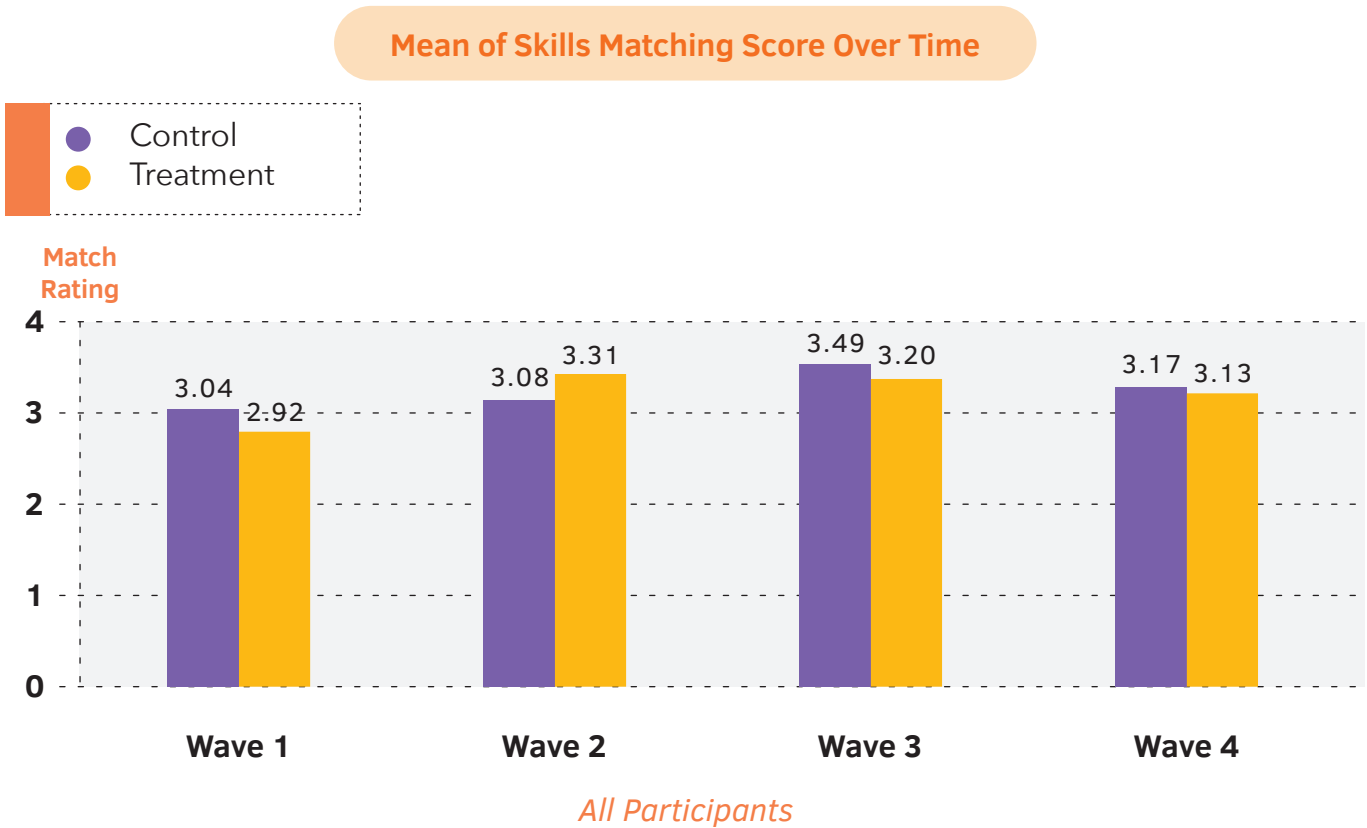


**Better quality jobs for long-term retention**

**Higher skills matching**

- This outcome measures the average skills match score on a scale of 1-5 among those currently employed at 18 months compared to Baseline. This data was obtained from the survey question: “How well does your job(s) match your skillset?” (1=Not well, 5=Very well).

- The figure below shows the mean skills matching score over time. Both groups experienced an increase over time - C increased by 0.13 (p-value=0.58) and T by 0.21 (p-value=0.49). The DiD estimate was 0.085, was not statistically significant (p-value=0.81) and did not meet the success threshold of DiD estimate of 0.54 points.

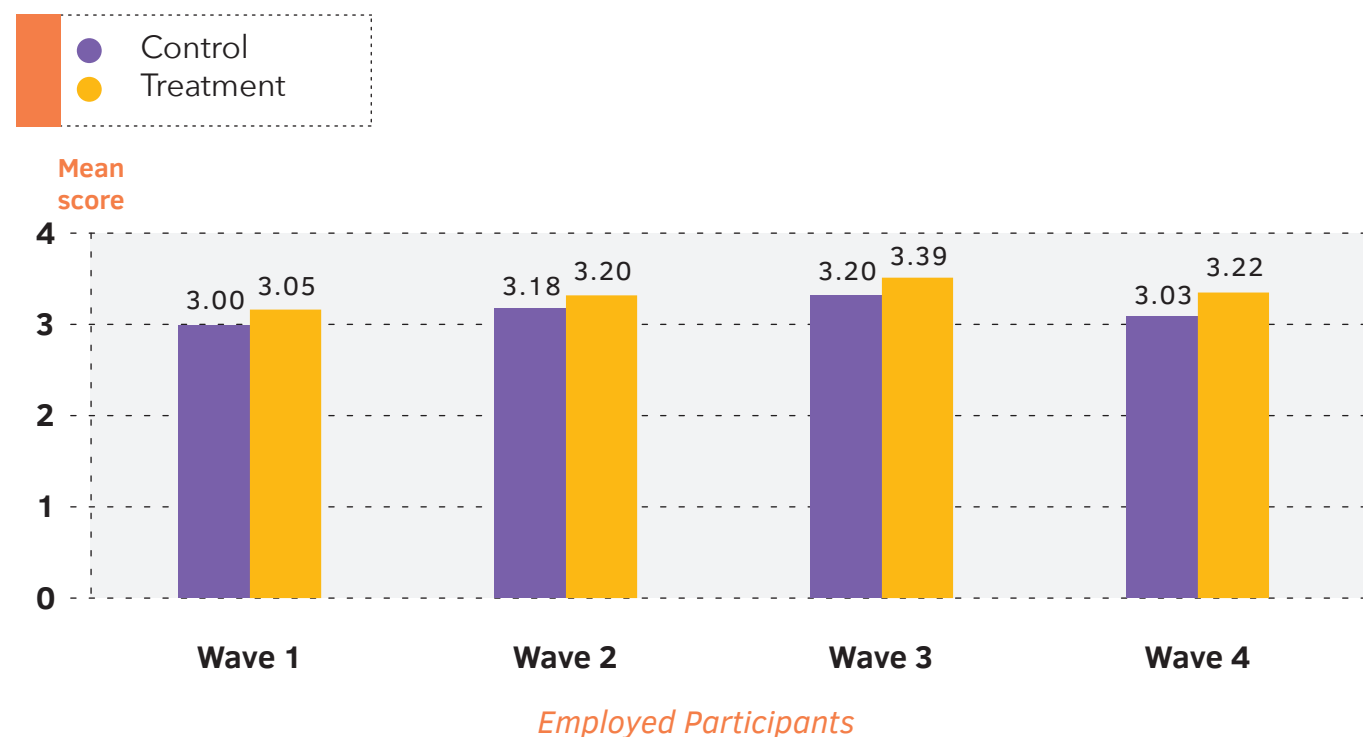


**More autonomy and task discretion**

- This outcome measures the level of autonomy and flexibility among those currently employed. The indicator was formed by calculating the average of the scores, on a scale of 1-5, from the following two survey questions: How flexible is your current work schedule? (1 = Not flexible, 5 = Highly Flexible); How much autonomy and control over tasks are you given at your job? (1 = No autonomy, 5 = A lot of autonomy).

- The figure below shows the mean of the autonomy and flexibility scores over time. Both groups experienced an increase over time, though the increase in T was higher (0.17; p-value =0.44) than C (0.03; p-value =0.88). The DiD estimate was 0.14, was not statistically significant (p-value =0.66) and did not meet the success threshold of DiD estimate of 0.47 points.

Mean of Autonomy and Flexibility Scores Over Time

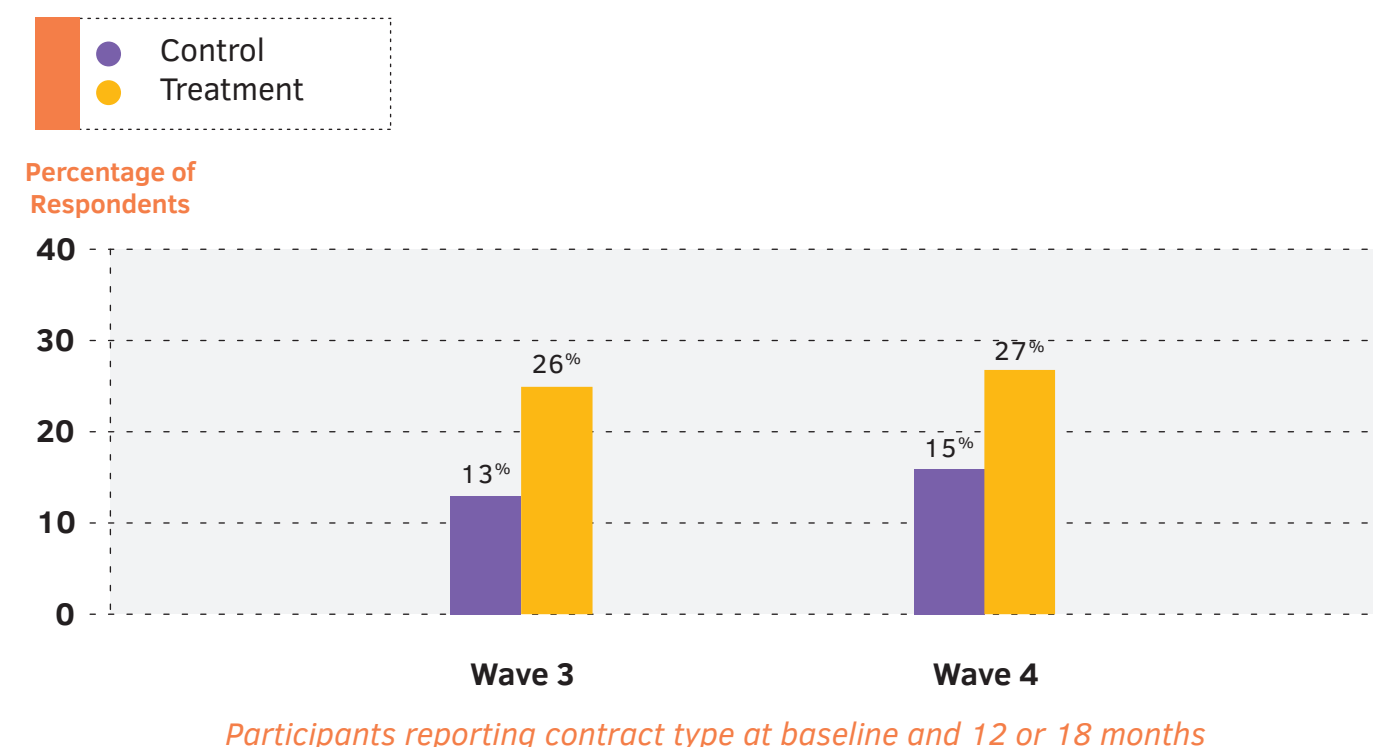


#### Better job security

- This outcome measures the percentage of employed adults who moved to more secure contract types from Baseline to 18 months. The different contract types were ranked on a 5-point scale from least secure to most secure (full-time employment). If the participant had more than one job, the contract type of the job where they worked the most hours was used.

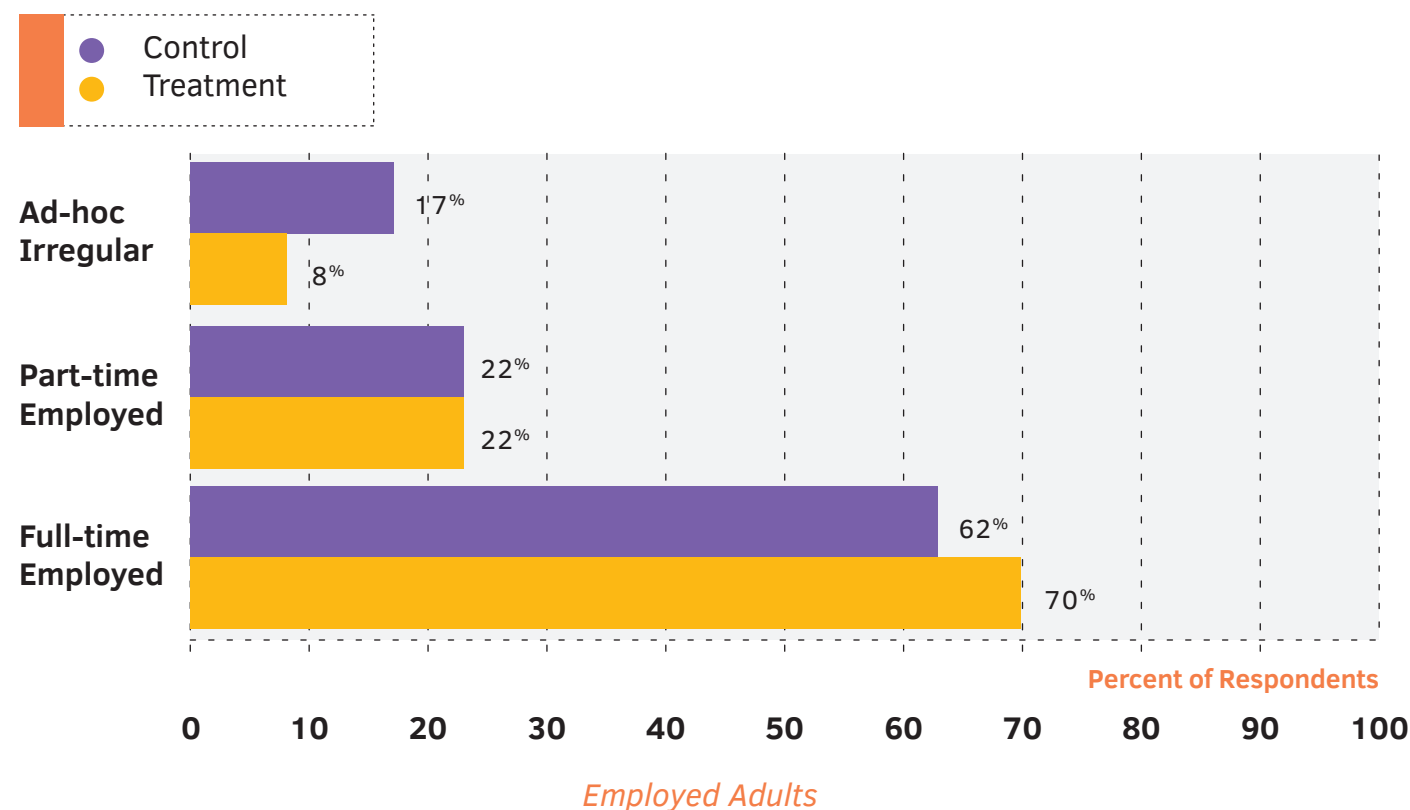
- The figure below shows that:
  - At 12 months, 25.8% of T (n=62) and 13% of those in C (n=77) enjoyed better job security than at baseline. The difference was **statistically significant** (p-value =0.054).
  - At 18 months, 15.09% of C (n=53) and 27.45% of T (n=51) enjoyed better job-security than at baseline. The difference of 12.36 pp exceeded the success threshold of 7 pp, but was not statistically significant (n=104, p-value =0.12;  $\chi^2$  test).

Percentage Reporting Better Job Security



- The figure below shows that at 18 months, 70% of employed adults in T were in full-time jobs vs. 62% of C. The proportion of employed adults who held ad-hoc/irregular jobs was lower in T (8%, n=60) as compared to C (17%, n=60). The difference was not statistically significant (n=120; p-value =0.37;  $\chi^2$  test).

**Distribution of Contract Type at 18 months**

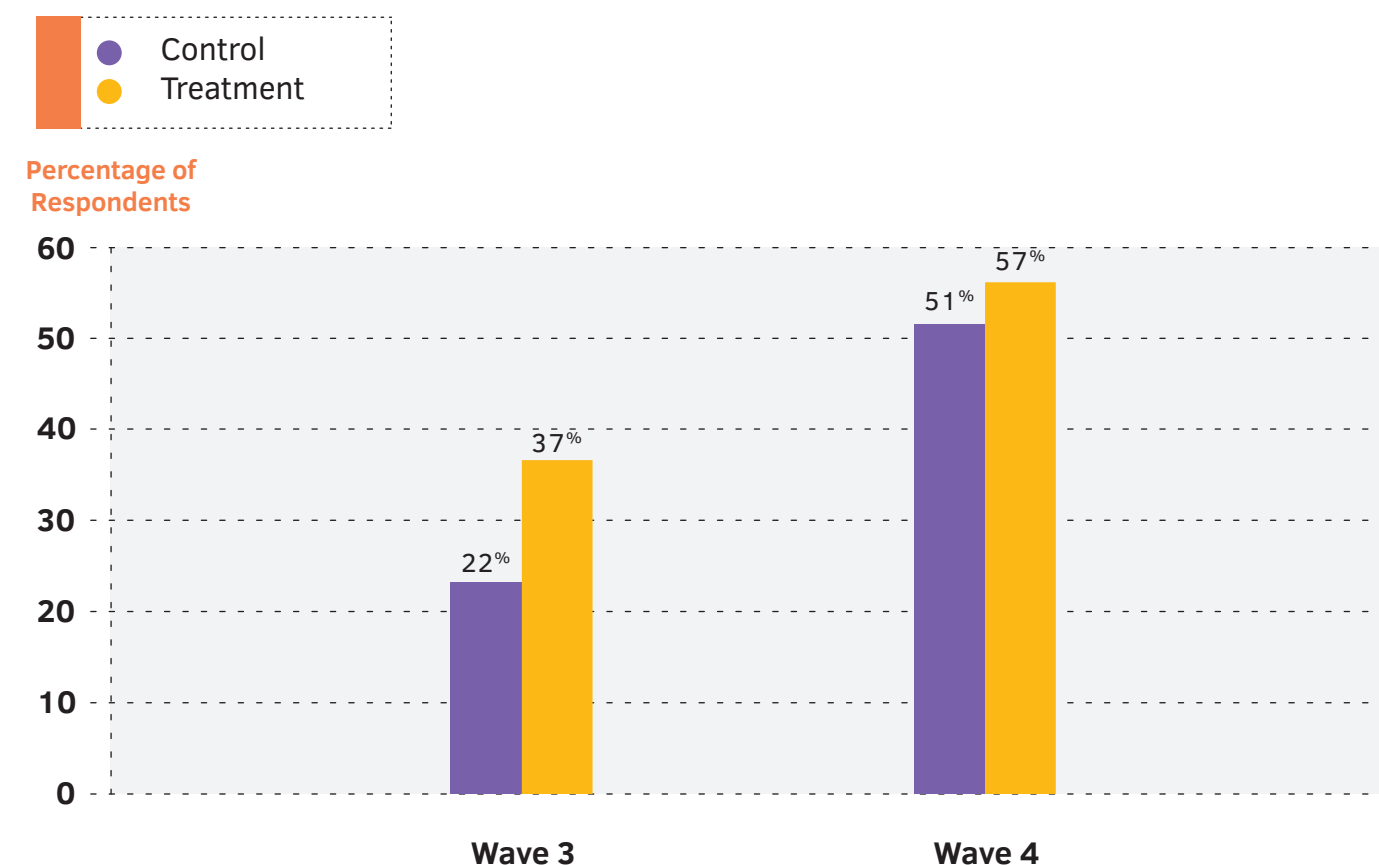


#### Better training/ learning/ structured advancement opportunities

- This outcome measures the percentage of participants who experience better training and advancement opportunities in their current jobs at 18 months compared to baseline. Data was obtained from the following two questions: “How would you rate the professional training and learning opportunities at your job(s)? (1 = No opportunities, 5 = A lot of opportunities)”; and “Is there a chance of promotion or pay increase in your job(s)? (1 = No opportunities, 5 = A lot of opportunities)”. If the participant has a higher score on the 5-point scale on either question, they are considered to have experienced better training and advancement opportunities.

- The figure below shows that:
  - At 12 months, 37% of those in T (n=62) and 22% of those in C (n=77) indicated better training and learning opportunities than at baseline. The difference of 15 pp was **statistically significant** (p-value =0.052) and met the success threshold of 7 pp.
  - At 18 months, 50.94% of C (n=53) and 56.86% of T (n=51) indicated better training and learning opportunities than at baseline. The difference of 5.92 pp was not statistically significant (n=104; p-value =0.54;  $\chi^2$  test) and did not meet the success threshold.

**Percentage Reporting Better Training/ Learning/ Structured Advancement Opportunities**

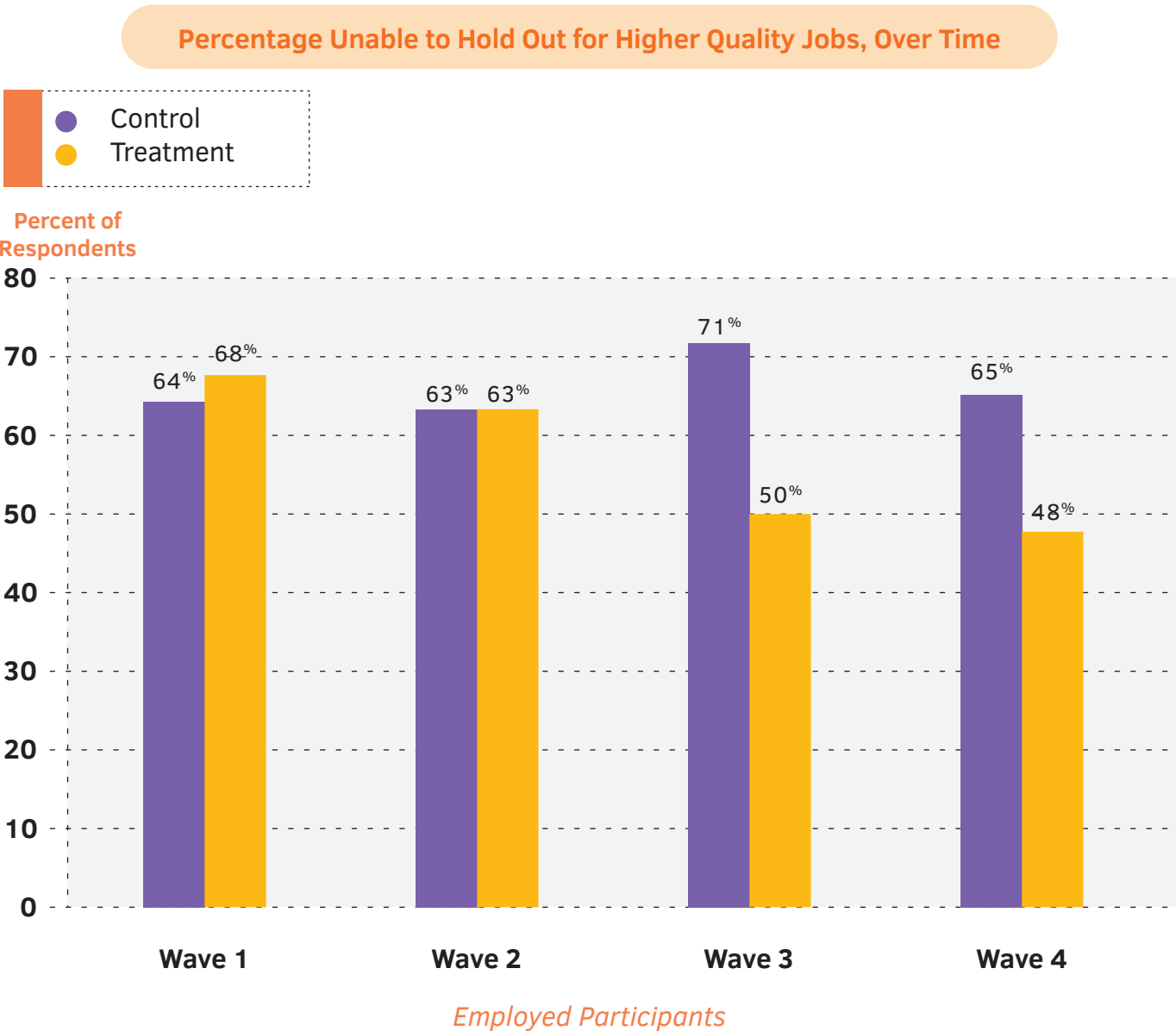


*Participants reporting training/ advancement opportunities at baseline and 12 or 18 months*



Ability to hold out for higher quality jobs due to lack of immediate financial stress

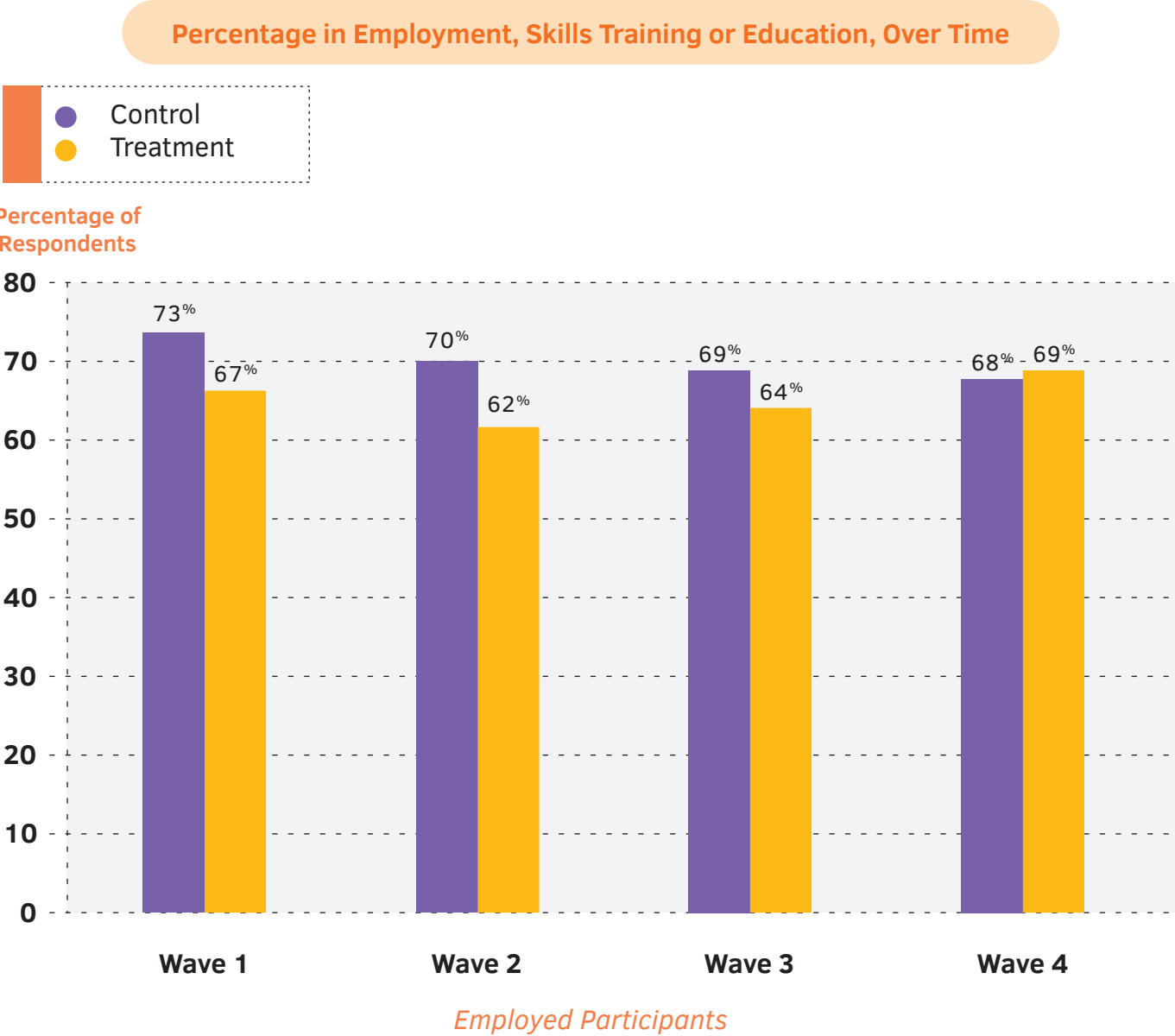
- This outcome measures the percentage of participants who report that financial stress prevents them from refusing jobs that are not the right fit for them, at 18 months compared to baseline. Data was obtained from the survey question “For the last job that you accepted, did you take it for money reasons even though it was not the best job you could get (in terms of pay, work hours, flexibility, chances of promotion, or match to your education/ skills)?”
- The figure below shows the percentage who are unable to hold out for higher quality jobs over time:
  - At 12 months, the percentage in C increased by 6 pp (p-value =0.44) compared to baseline, while in T it declined **significantly** by 18 pp (p-value=0.05). The DiD estimate at 12 months was 23.9 pp, **statistically significant** (p-value =0.049), and exceeded the success threshold of 7 pp.
  - At 18 months, the percentage in C increased by 0.5 percentage points (p-value =0.95) compared to baseline, while in T it declined **significantly** by 20 pp (p-value =0.03). The DiD estimate at 18 months was 20.44 pp, **statistically significant** (n=259; p-value =0.092), and exceeded the success threshold of 7 pp.



Final Outcomes Indicators

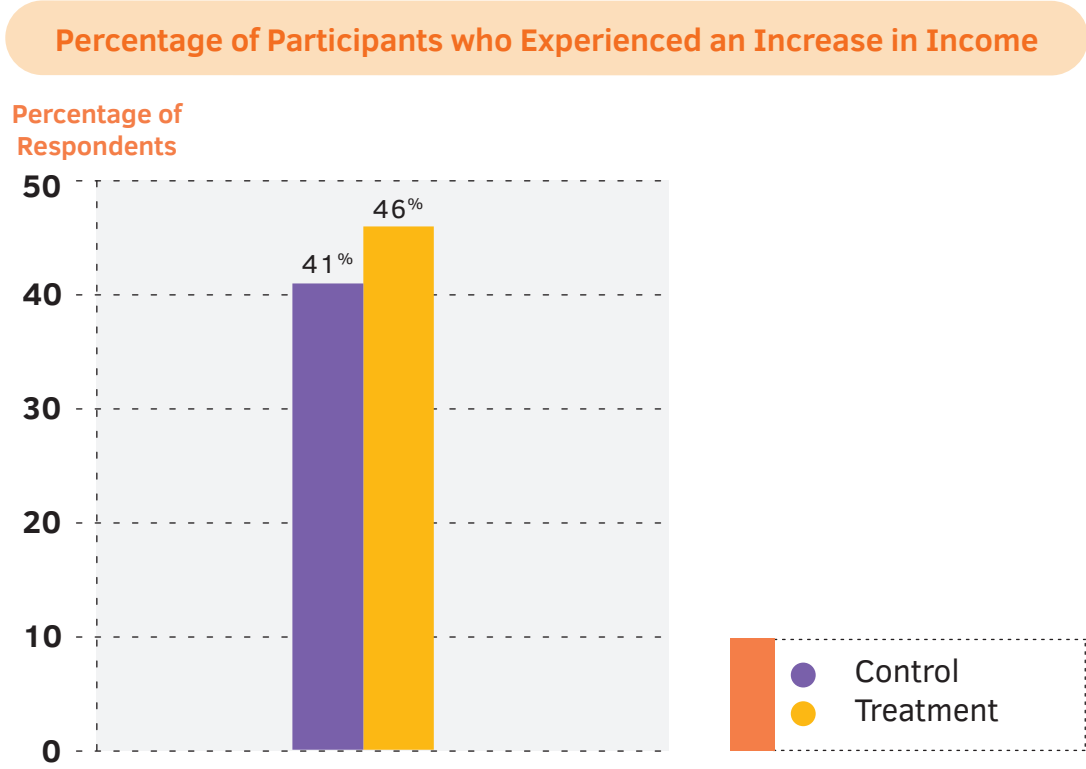
Increased % of individuals in ESE

- This outcome measures the proportion of participants in ESE. It was constructed by adding the unique number of adults that are either:
  - “In employment”: the number of participants who chose either “Formally employed” or “Self-employed” for the survey question: “What is your current employment status?”
  - “In skills training or education”: the number of participants who answered “Yes” to the survey question “Have you enrolled in/ graduated from/ attended/ completed any education or professional training in the last 6 months?”
- The figure below shows the proportion of participants in employment, skills training or education over time. The proportion in C declined by 5.3 pp between Baseline and 18 months (p-value =0.41), while T increased by 1.95 pp (p-value =0.78). The DiD estimate was 7.25 pp, was not statistically significant (n=386; p-value =0.44), and exceeded the success threshold of 7 pp.

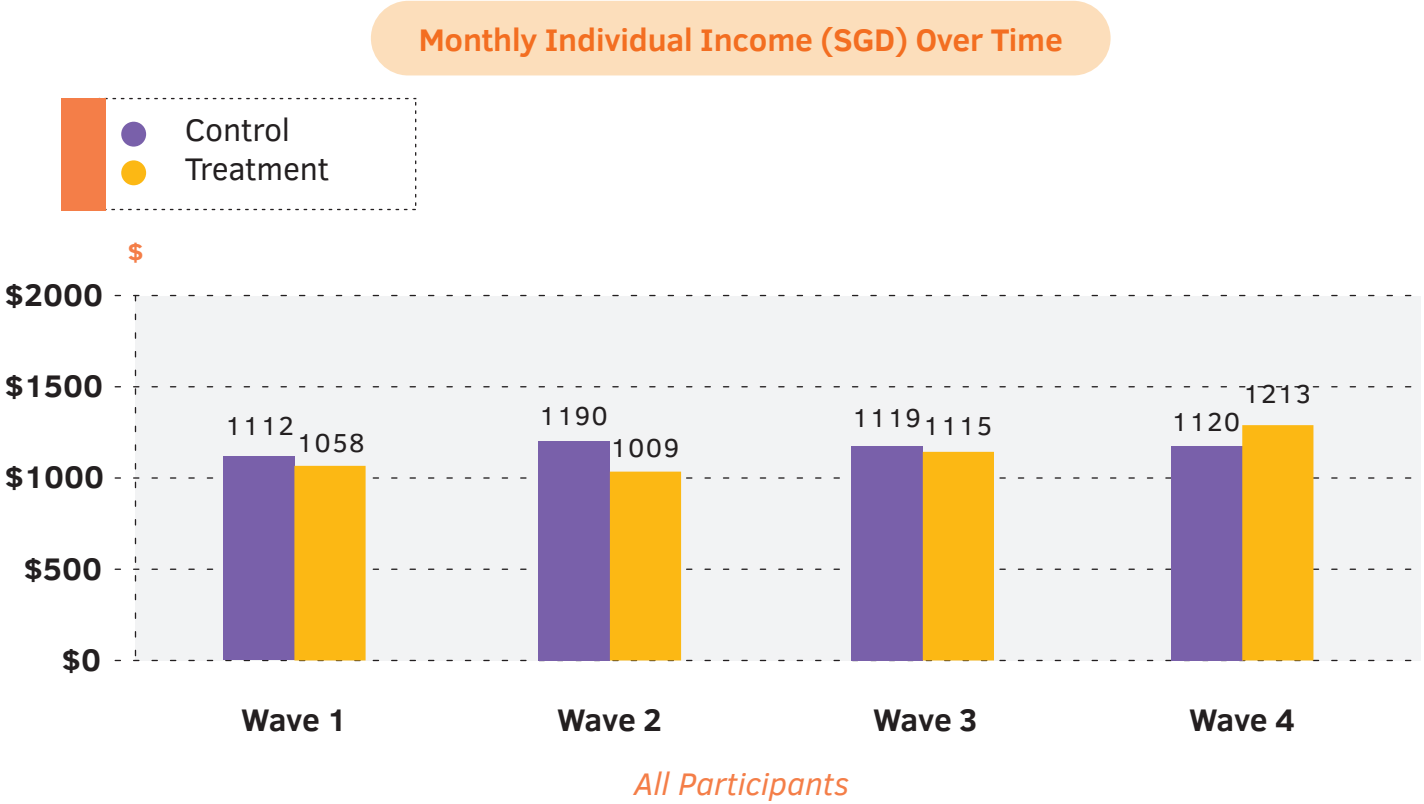


Higher income

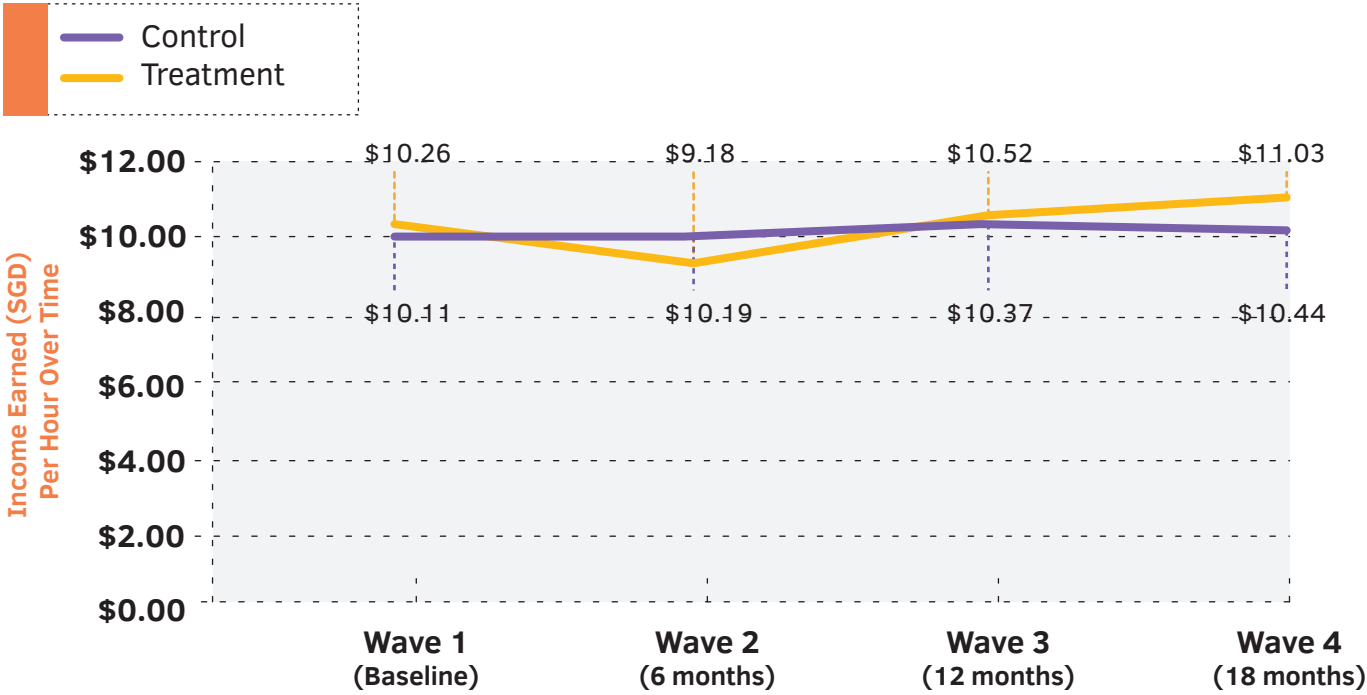
- The success indicator was the percentage of participants who experienced an increase in net monthly-income at 18 months compared to their net income at baseline, and the success threshold was that the increase in T must be 7 pp higher than in C.
- The figure below shows that 41.05% of C (n=95) and 45.98% of T (n=87) experienced an increase in their monthly income at 18 months compared to Baseline. The difference of 4.93 pp was not significant (p-value =0.45;  $\chi^2$  test) and did not meet the success threshold.



- The figure below shows the change in mean monthly income over time. It increased in C by \$7.38 between Baseline and 18 months (p-value=0.66), and increased in T by \$155.46, about 20% (p-value=0.46). The DiD estimate was \$148.08 and was not statistically significant (n=387; p-value=0.48).



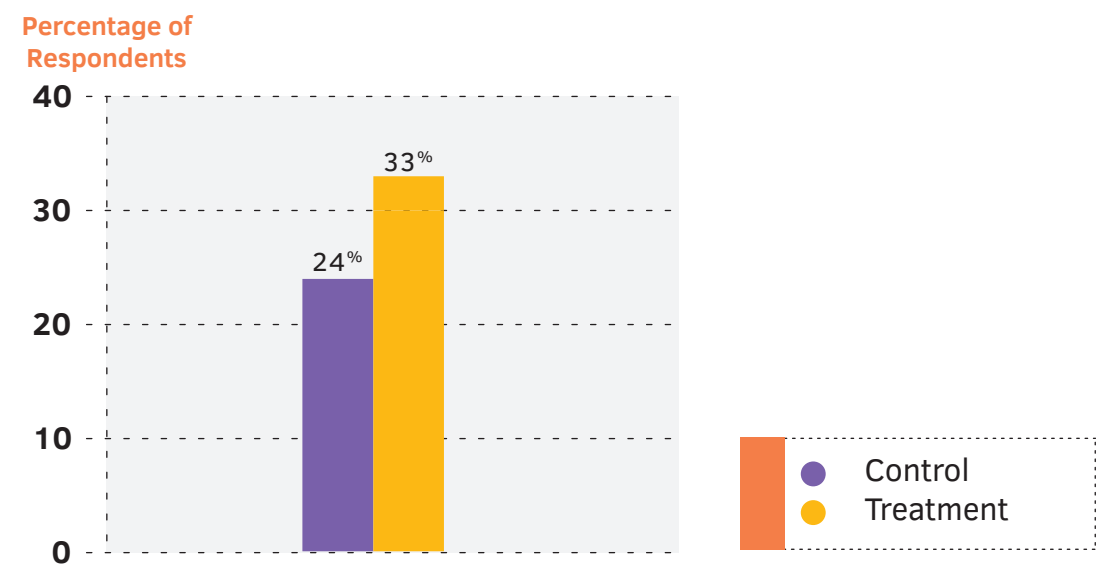
- **Income earned per hour.** Using data for individual income and hours worked, we also calculated average income earned per hour (not a payment-linked indicator). Average income per hour increased by \$0.77 or 7.5% for T between Baseline and 4, and \$0.33 or 3.3% for C.



**More hours worked**

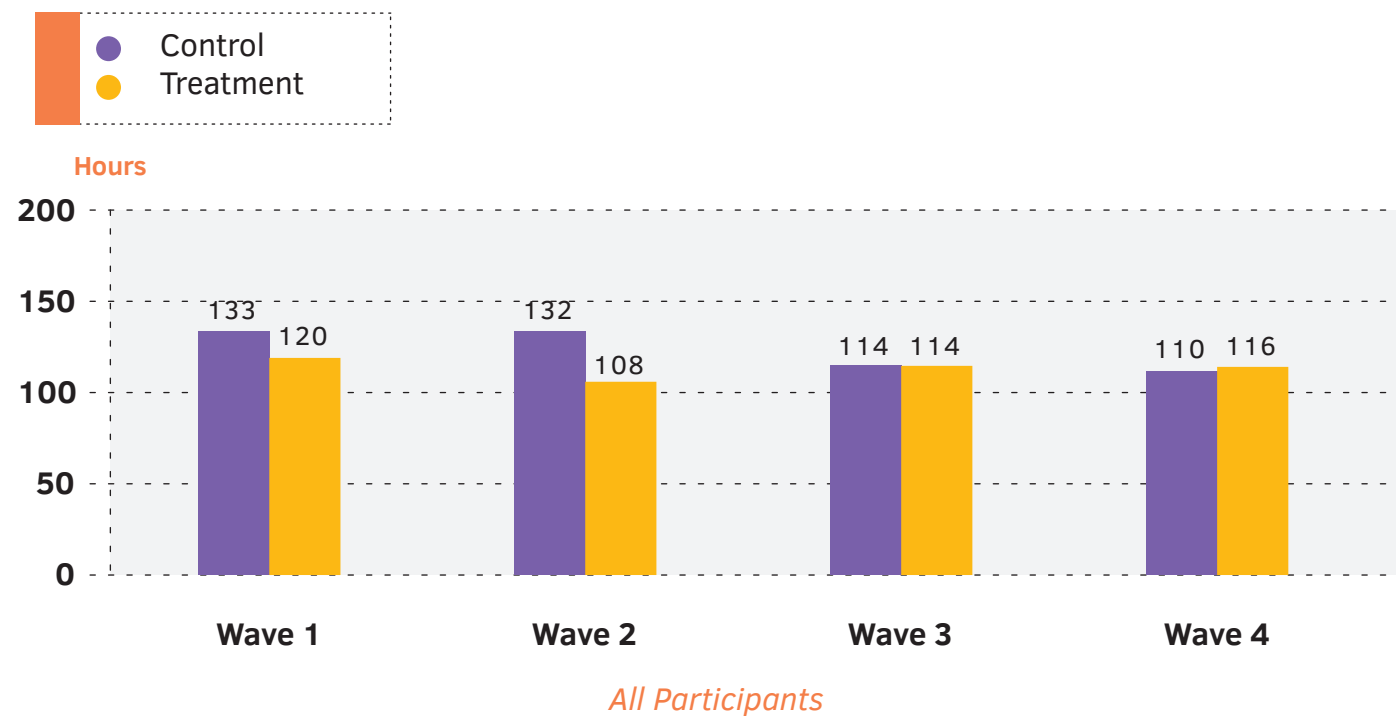
- The success indicator was the percentage of participants who experienced an increase in hours worked at 18 months compared to baseline, and the success threshold was that the increase in T must be 7 pp higher than in C.
- The figure below shows that 24.21% of C (n=95) and 33.33% of T (n=87) group experienced an increase in their hours worked per month, comparing 18 months to Baseline. The difference of 9.12 pp was not statistically significant (p-value = 0.17;  $\chi^2$  test) and exceeded the success threshold.

Percentage of Participants who Experienced an Increase in Hours Worked



- The figure below shows the mean hours worked per month over time. The average number of hours worked in C decreased by 23 hours between Baseline and 18 months (p-value =0.11), and decreased by 3.12 hours (p-value=0.87) in T. The DiD estimate was 20.17 hours and not statistically significant (n=387; p-value=0.31).

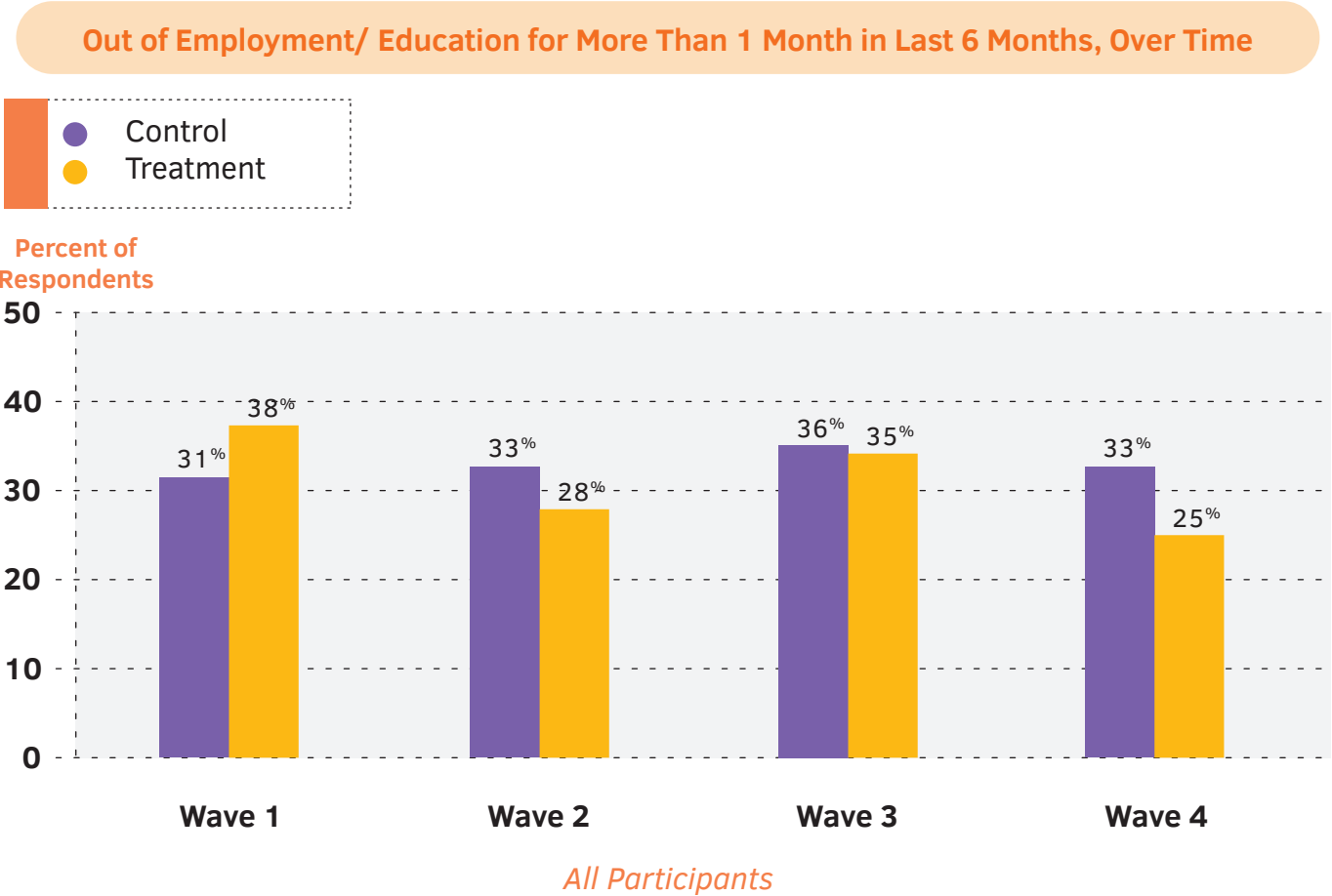
Monthly Work Hours Over Time





**Fewer spells of being out of ESE**

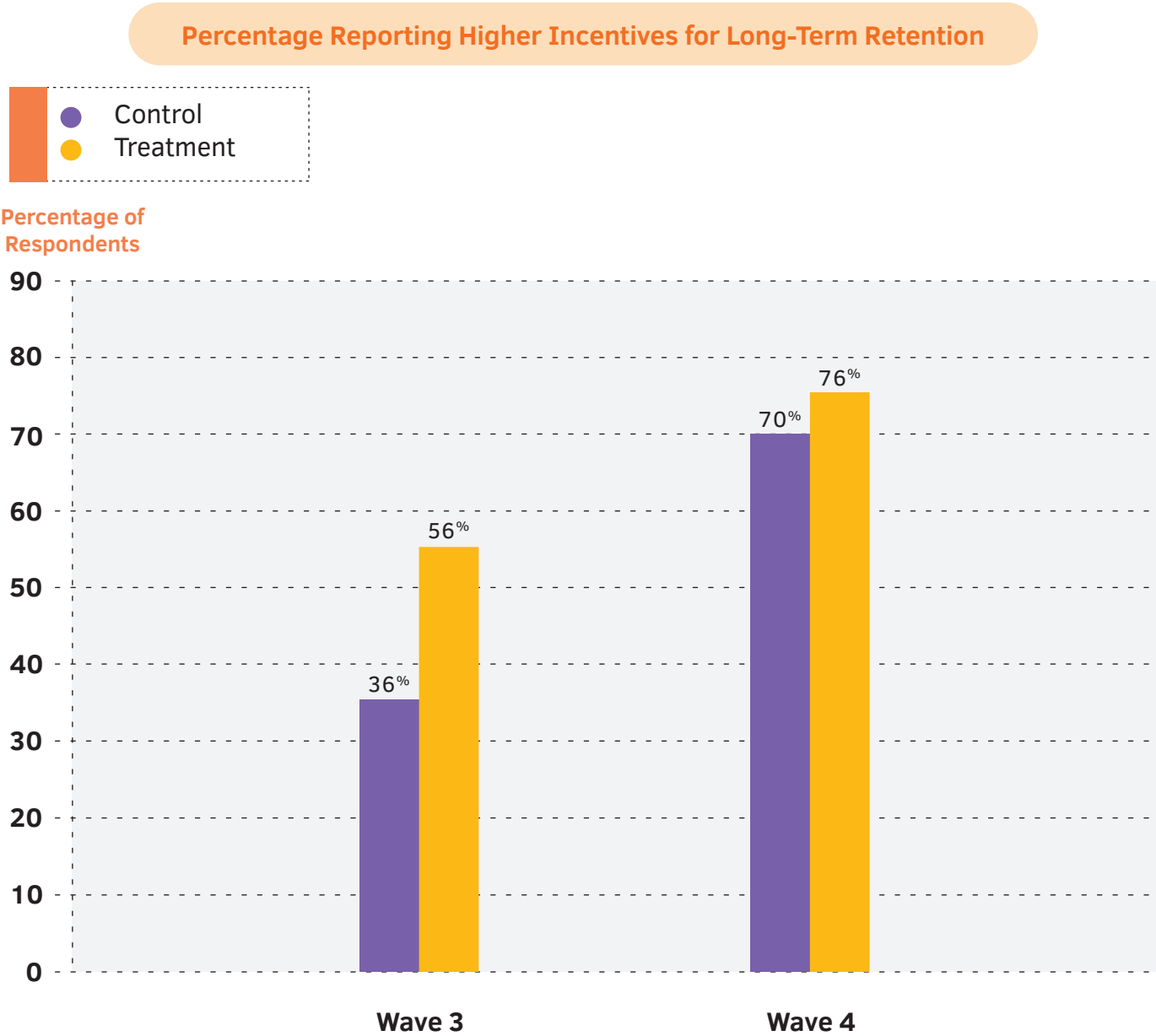
- This indicator measured the proportion of individuals reporting “Yes” to the question “In the past 6 months, have you been unemployed/ out of work/ not studying for more than 1 month?”
- The figure below shows the percentage of participants out of employment or education for more than a month over the last 6 months, over time. C increased by 1.8 pp between Baseline and 18 months (p-value=0.79), while T decreased **significantly** by 12.9 pp (p-value=0.06). The DiD estimate of 14.7 pp was not statistically significant (n=386; p-value =0.12), and exceeded the success threshold of any difference between T and C.



**Higher incentives for long-term retention**

- This outcome measures the percentage of participants who experienced better workplace benefits or working conditions. It was measured based on employed adults self-reported ratings on two questions: (a) how much flexibility, creativity and control there is in their job, and (b) how flexible their work schedule is; as well as a count of the number of benefits they received in their job.

- The figure below shows that:
  - At 12 months, 36.36% of C and 56.45% of T experienced an increase in benefits/ conditions compared to baseline. The difference was 20 pp, **statistically significant**, and met the success threshold set by the programme.
  - At 18 months, 69.81% of C (n=53) and 76.47% of T (n=51) experienced an increase in benefits/ conditions compared to baseline. The difference was 6.66 pp, not statistically significant (n=104, p-value =0.44), and exceeded the success threshold of any difference in favour of T.

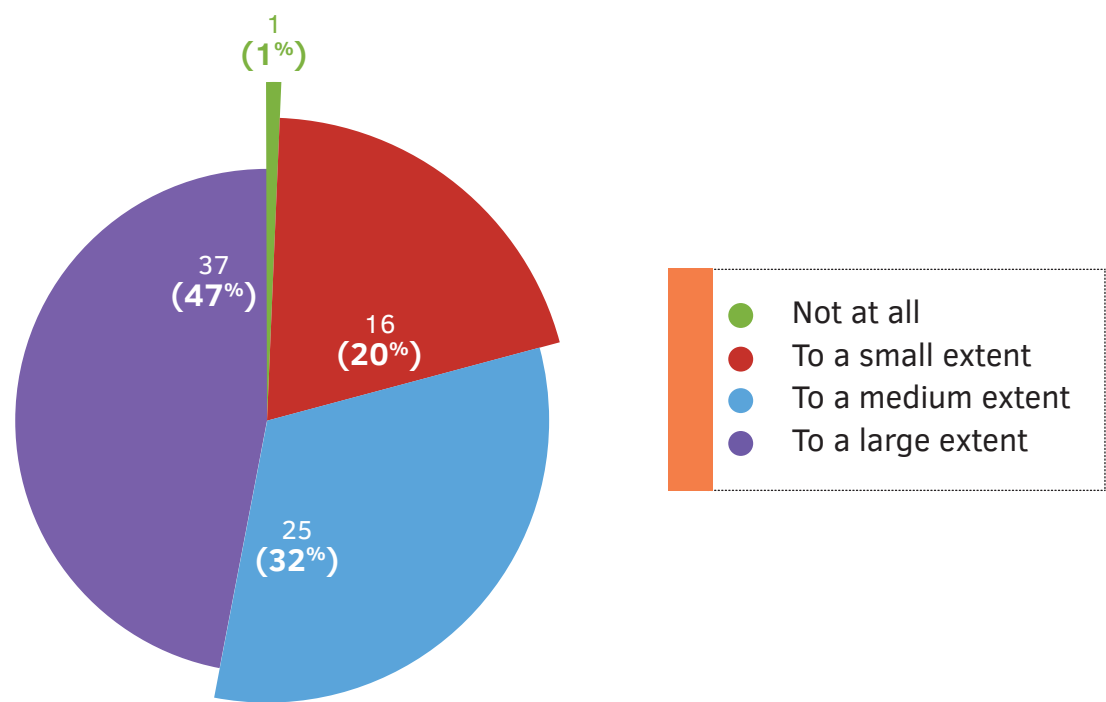


- Also at 12 months, 57% of employed participants from T enjoyed paid or annual leave from their employer, compared to 41% of C. This difference was **statistically significant** (n=116, p-value=0.077).

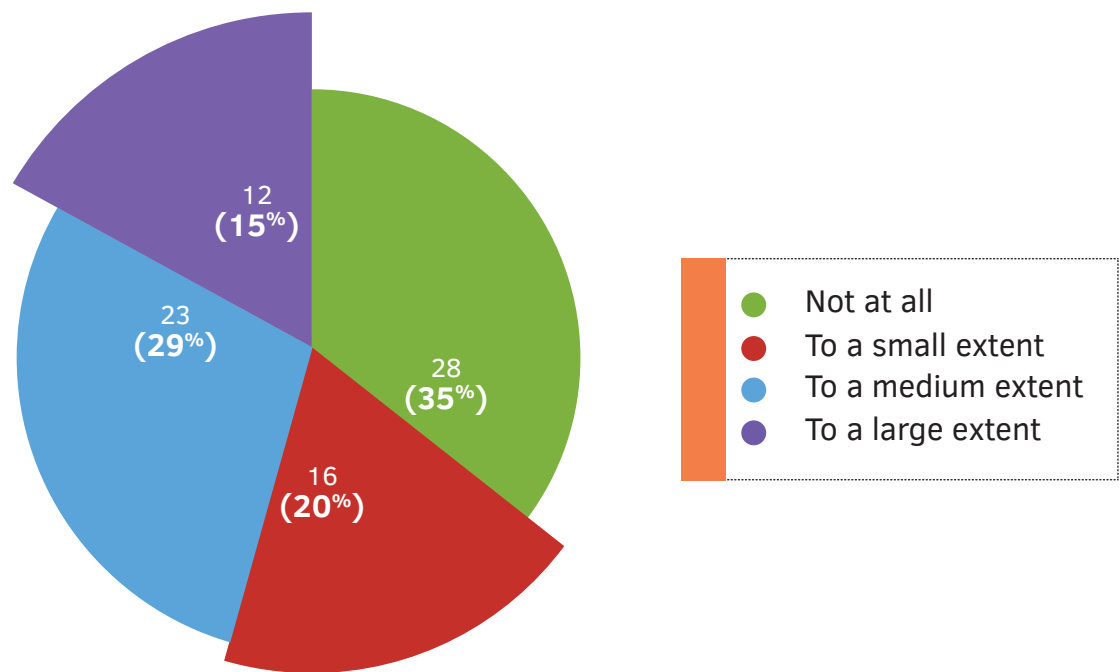
# Non-payment Linked Indicators

## Stress, mental bandwidth, and ability to plan

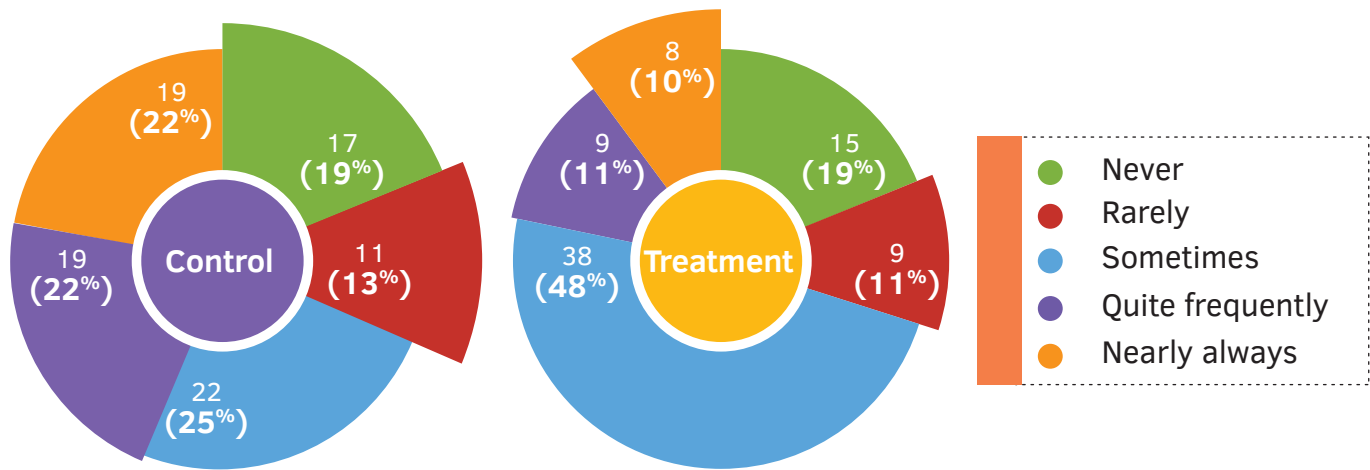
- Data from survey question “Extent FEP has reduced the amount of time I spend worrying about my **financial situation**”, asked of T at 12 months (n=79):



- Data from survey question “Extent **FEP** has helped me plan ahead for my career/ skills upgrading/ my children’s education”, asked of T at 12 months (n=79):

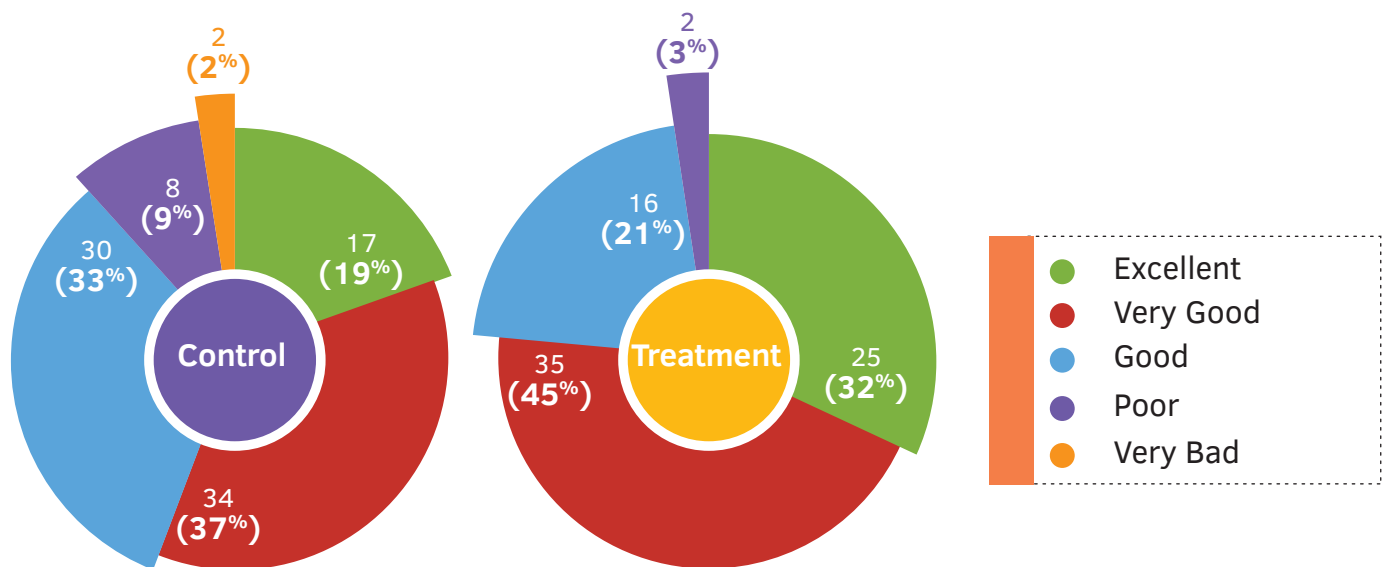


- Caregiver stress.** Defined as “feeling stressed caring for dependents and meeting other responsibilities”. Was **significantly** better for T than C at 12 months (n=181, p-value=0.016):



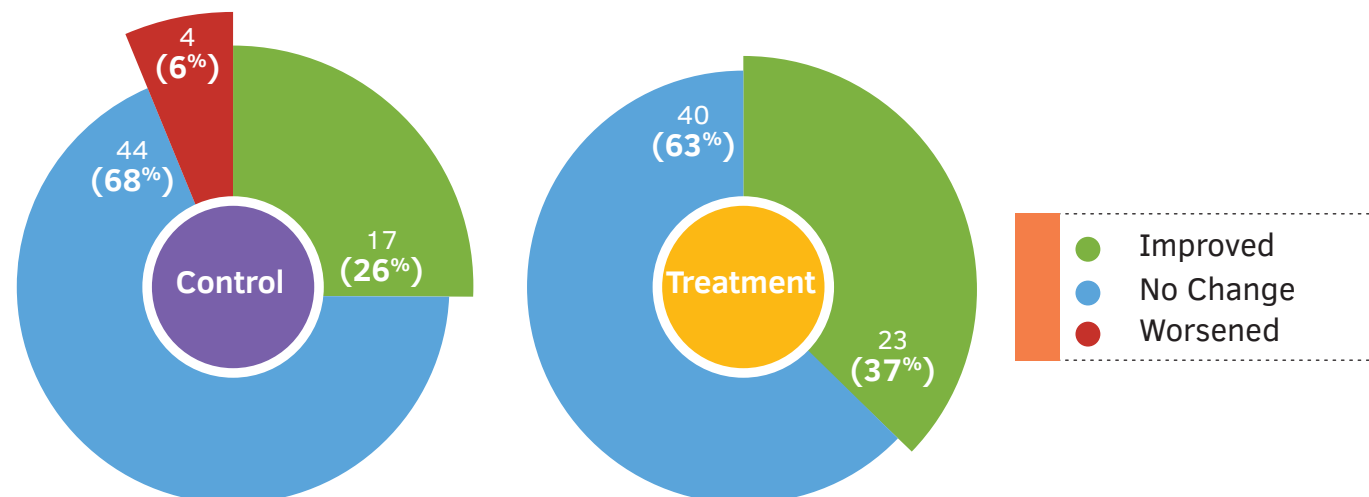
## Family relationships and child outcomes

- Overall family relationships were **significantly** better for T than C at 18 months (n=183, p-value =0.033). Data from survey question “How Good are Overall Family Relationships?”

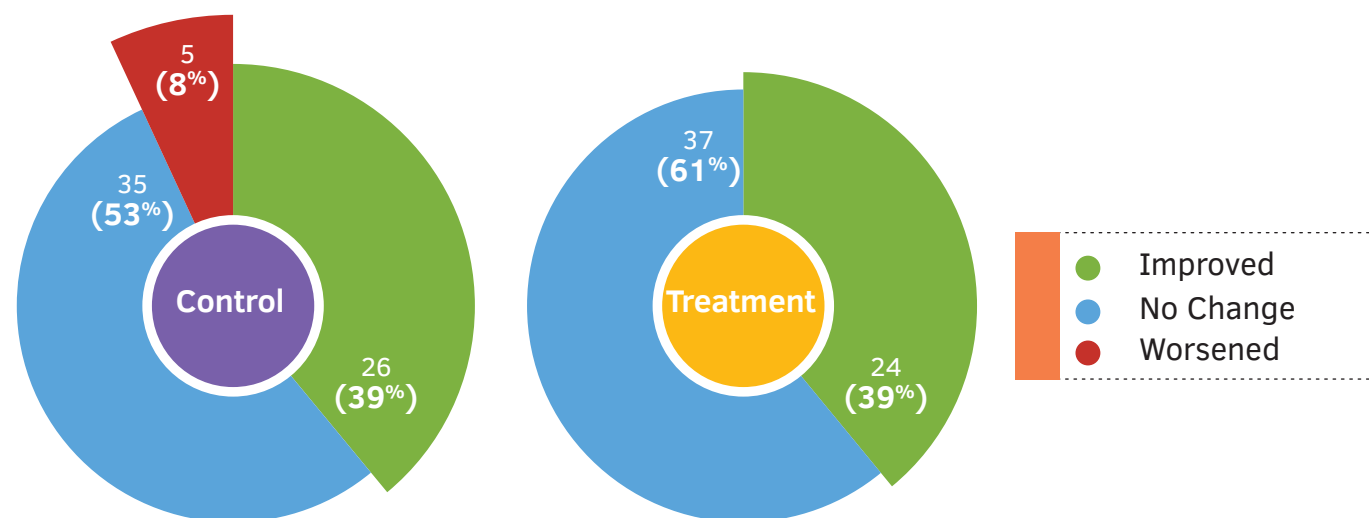


- Relationship with eldest child over last 6 months was **significantly** better for T than C at 12 months (n=129, p-value =0.080) and 18 months (n=128, p-value =0.084). Data from survey question “How has your relationship with Child 1 changed in the last 6 months?”

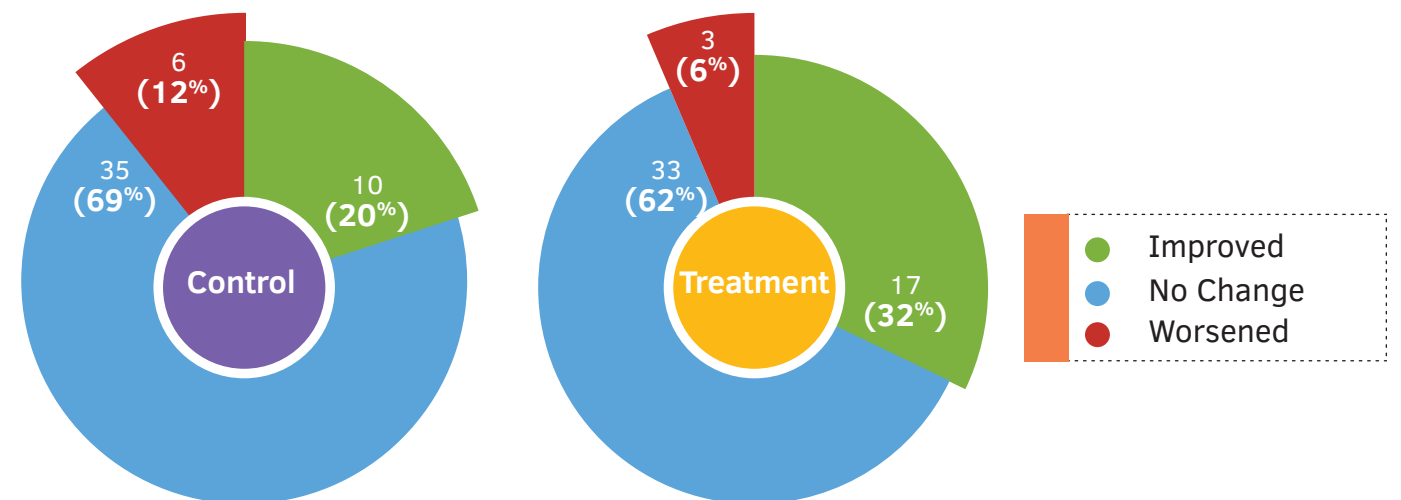
#### At 12 months



#### At 18 months



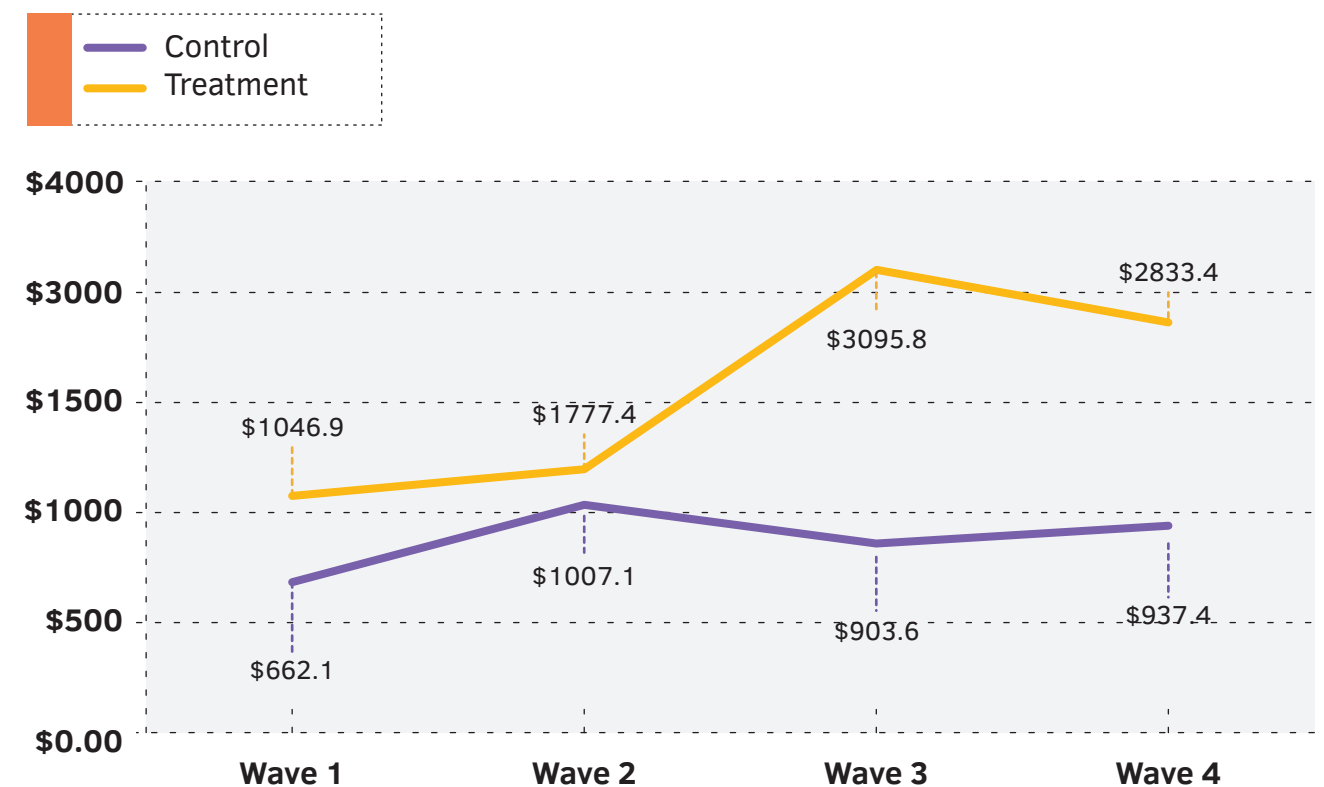
- Relationship with spouse** over last 18 months was much better for T than C at 18 months (n=104; p-value =0.27). Data from survey question “How has your relationship with Spouse changed in last 18 months since FEP started?” for those who had a spouse.



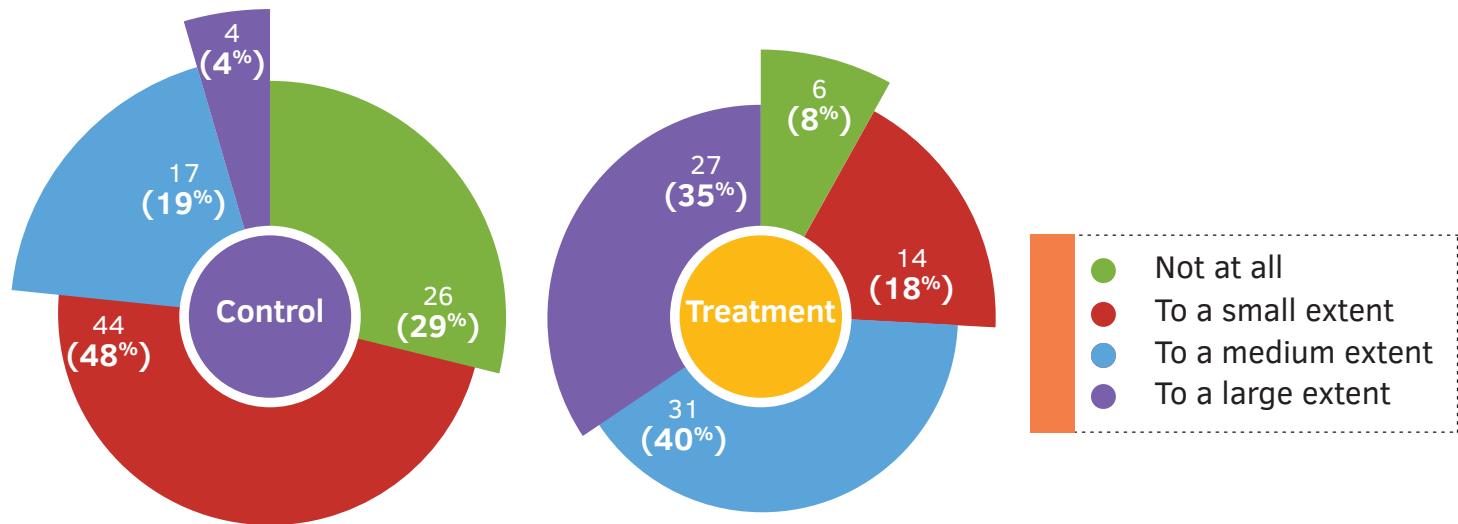
- Whether eldest child has dropped out of school.** Result for T (3%) was **significantly** better than C (11%) at 12 months (n=129, p-value =0.093)

#### Finances

- Average amount of money saved was **significantly** higher for T than C at 12 months (n=168, p-value =0.014) and 18 months (n=170, p-value =0.017).



- o “I feel I have been **able to manage money better** in last 18 months since start of FEP” was **significantly** better for T than C at 18 months (n=170, p-value <0.001):



### Common Barriers to Skills Upgrading, Job Search, Job Outcomes

Key:

Statistically significant difference between T and C  
Not statistically significant

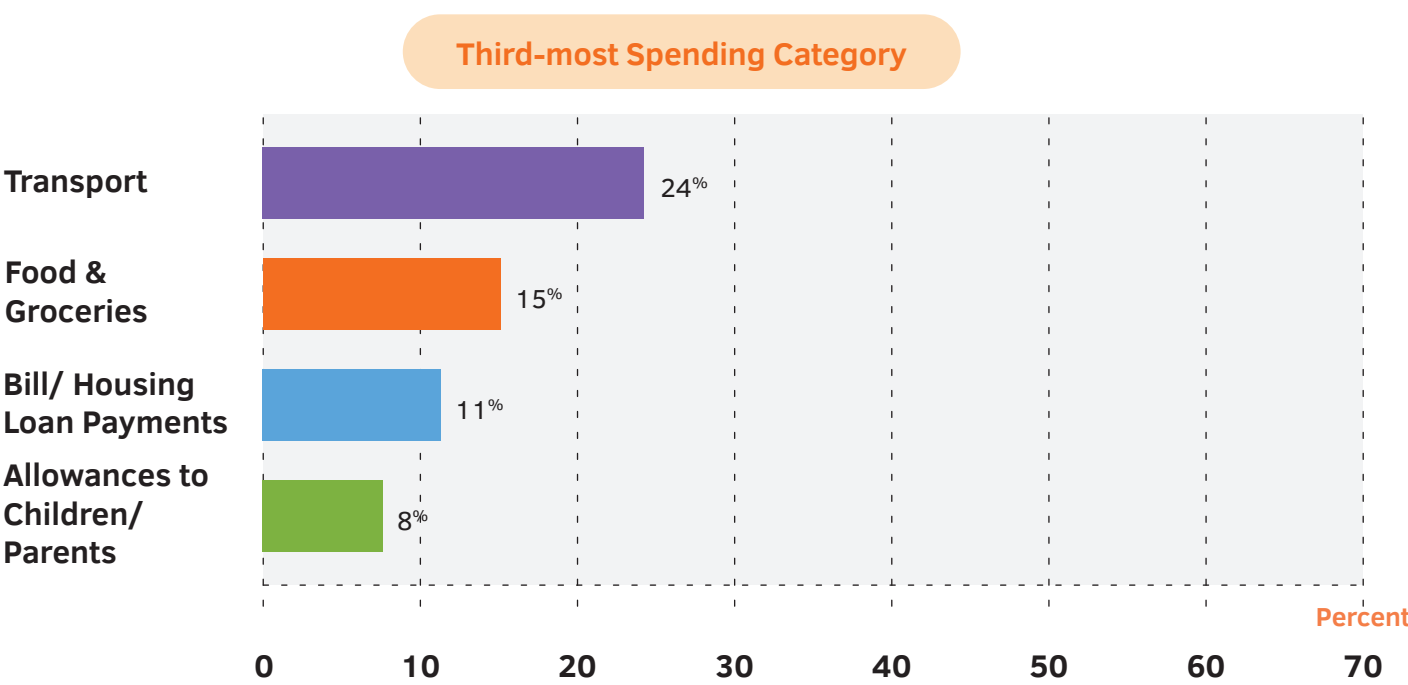
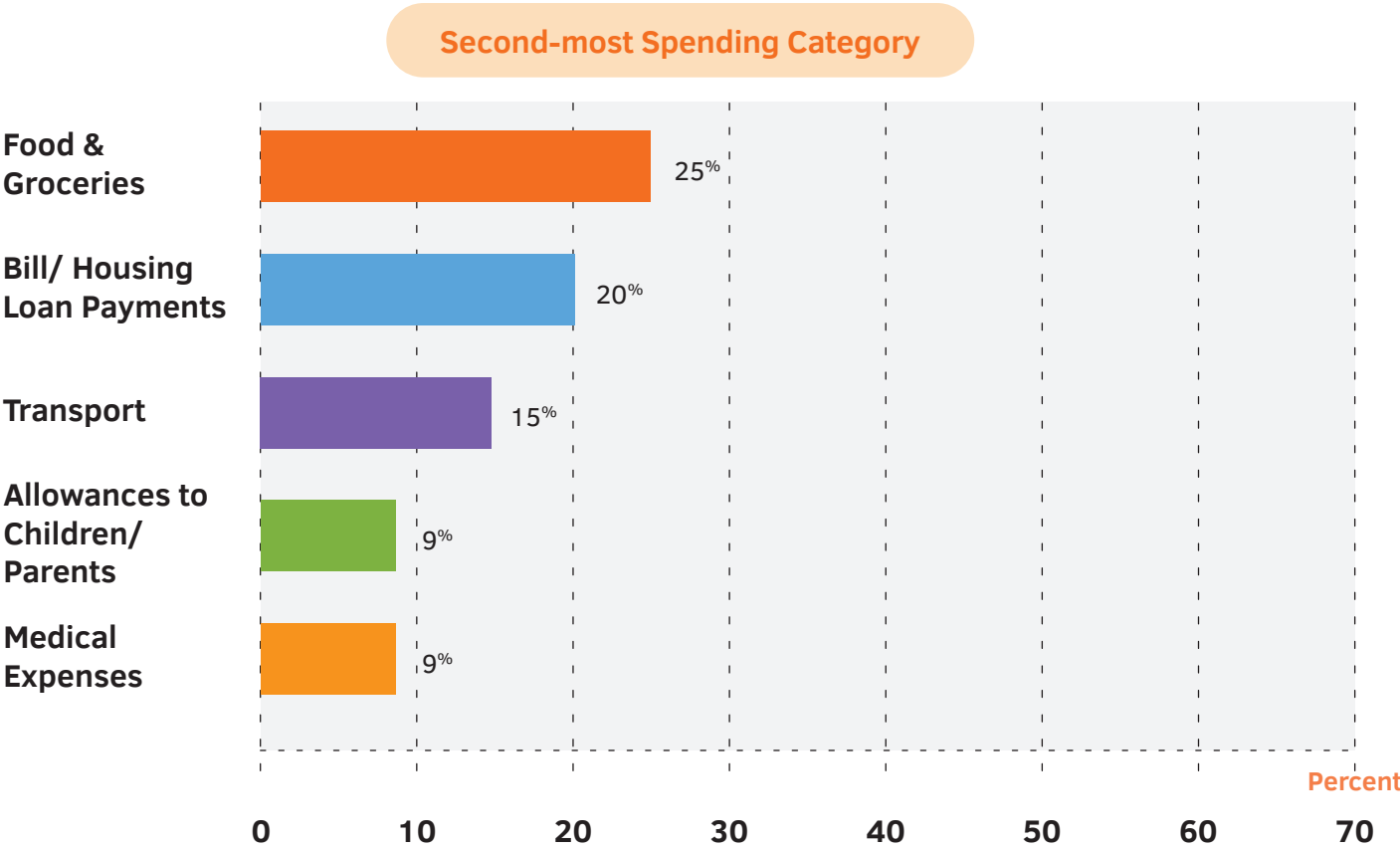
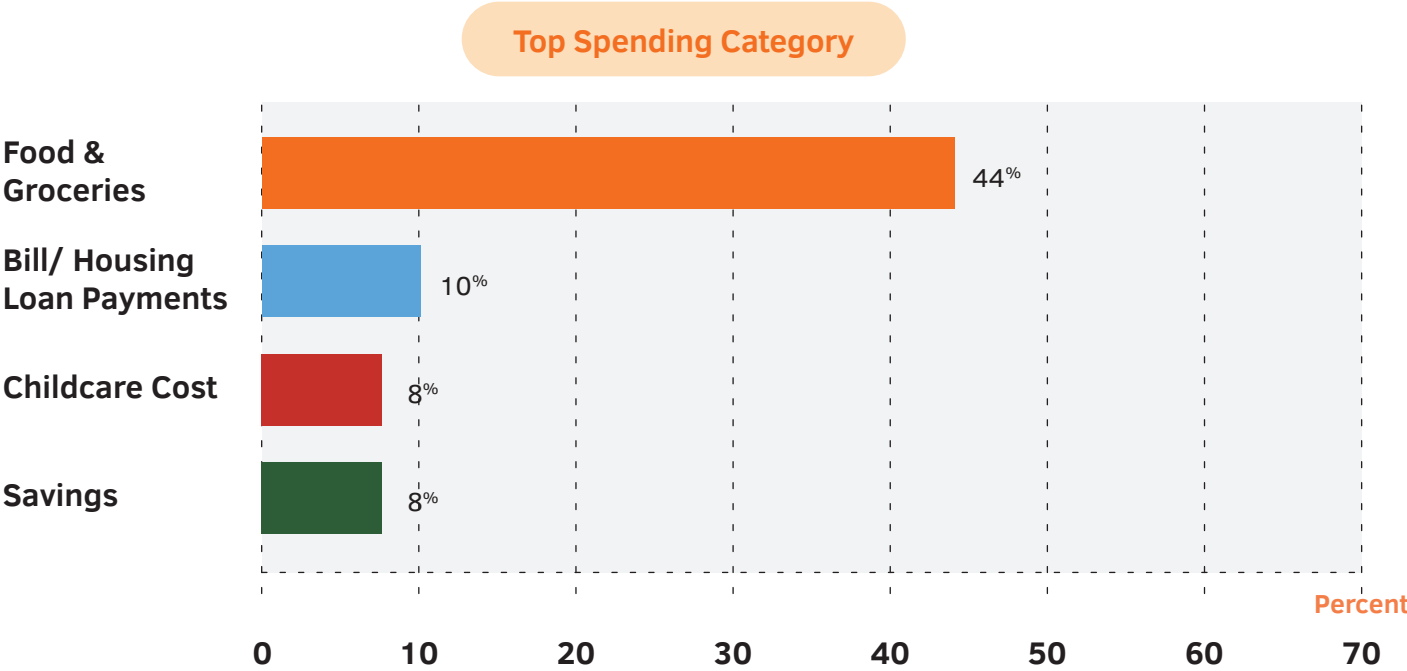
What would be helpful for you to actively search for a job/ better job? Tick all that apply	T	C	P- Value
N	70	75	
My caregiving responsibilities don't allow me enough time and bandwidth to look for a job/ better job	37 (53%)	39 (52%)	0.92
I need coaching in how to look for a job/ write a resume/ respond in interviews/ work in an office environment	19 (27%)	18 (24%)	0.67
I need guidance on what kind of job would best match my skills and interests	17 (24%)	21 (28%)	0.61
I have problems with my physical and mental health that prevent me from looking for a job/ better job	16 (23%)	22 (29%)	0.37
I have other personal issues I need to resolve	13 (19%)	11 (15%)	0.53
Other - Specify	29 (41%)	25 (33%)	0.31



Do you feel like any of the following factors affected your job outcomes (e.g. getting a job, daily work life, chances for promotion and pay increase, switching jobs, access to training etc.)? Tick all that apply	T	C	P- Value
<b>N</b>	70	75	
Citizenship status	13 (19%)	5 (7%)	<b>0.03</b>
Ability to read/write/speak in English	14 (20%)	20 (27%)	0.34
Race/Religion	2 (3%)	5 (7%)	0.28
<b>Caregiving responsibilities</b>	<b>33 (47%)</b>	<b>43 (57%)</b>	0.22
Gender	0 (0%)	3 (4%)	<b>0.09</b>
Age	21 (30%)	19 (25%)	0.53
<b>Educational qualifications</b>	<b>31 (44%)</b>	<b>36 (48%)</b>	0.65
<b>Mental/physical health issues and/or disabilities</b>	26 (37%)	29 (39%)	0.85

I have often faced problems accessing skills upgrading/ additional education/ professional training due to the following: Tick all that apply	T	C	P- Value
<b>N</b>	70	75	
No/rarely	39 (56%)	19 (25%)	<b>&lt;0.001</b>
Lack of sponsorship from employer for cost of training	16 (23%)	20 (27%)	0.60
Not eligible for govt. subsidies for skills upgrading e.g. SkillsFuture credits, WSG/e2i, etc	9 (13%)	10 (13%)	0.94
Cannot afford to take time off work to attend training as it will affect my income	18 (26%)	24 (32%)	0.41
Training requires a lot of memorizing/ reading/ writing which is difficult for me	8 (11%)	19 (25%)	<b>0.03</b>
<b>Caregiving responsibilities</b> prevent me from accessing skills upgrading	<b>24 (34%)</b>	<b>37 (49%)</b>	<b>0.07</b>
Other - Specify	14 (20%)	16 (21%)	0.84

**Top Spending Categories for FEP cash transfer**  
(self-declared at 12 months by T, N=79, all responses 8% and above are listed)



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