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HUMANITARIAN ORGANIZATION BY MIGRATION ECONOMICS



Neither Family Nor Employee:

the caregiver burden of migrant
domestic workers in Singapore

November 2020

Table of Contents

Introduction	03
Caregiver burden	04
Research methodology	06
General profiles of MDWs interviewed, their care recipients and caregiving arrangements	08
Effects of caregiver burden	10
Inaccurate matching to eldercare jobs	12
Overwork	21
Lack of caregiving-specific informational and emotional support	31
Long-term recommendation: Professionalise live-in caregivers and home-care workers	36
Annexes	38
Acknowledgements	41

Introduction

Caregiver burden in migrant domestic workers (MDWs) providing eldercare in Singapore

Singapore's long-term care strategy is oriented towards ageing-in-place, which is enabled by family caregivers, formal care services and migrant domestic workers (MDWs, sometimes "foreign domestic workers" or FDWs).

MDWs are increasingly relied upon to provide care. In December 2019, an estimated 261,800 MDWs were employed in Singapore, up from 231,500 in December 2015.¹ One in five households seem to be hiring MDWs specifically for eldercare, based on Table 1.² As at December 2018, about 9,500 households caring for seniors aged 65 and above were receiving the Foreign Domestic Worker Grant. (This grant helps eligible families hire MDWs to care for an elderly person who requires permanent assistance with at least three activities of daily living.)³

Table 1: Number (proportion) of resident households with at least one member aged 65 and above employing FDW, by type of dwelling (as at June)

Type of dwelling (in thousands)	2015	2016	2017	2018
Public	34.1 (12%)	46.9 (15%)	49.7 (15%)	49.2 (14%)
Private	24.9 (40%)	30.7 (46%)	30.2 (44%)	33.0 (46%)

Data source: Department of Statistics (DOS).

Note: Data are based on the sample of households surveyed in the General Household Survey 2015 and the Comprehensive Labour Force Surveys 2016-18. Resident households refer to households headed by a Singapore citizen or permanent resident.

This report builds on AWARE's 2019 research report Make Care Count, which explored how caregiving impacted female family caregivers' retirement adequacy.⁴ In that report, we discussed how family caregivers were redistributing caregiving responsibilities to MDWs and, to a lesser extent, formal care services. We also identified three main reasons why family caregivers hire MDWs:

1. Affordability

Hiring an MDW is cheaper than engaging formal caregiving services. Additionally, MDWs can do housework and provide one-to-one dedicated care, compared to most daycare centres, which have a higher ratio of elderly persons to staff.

2. Elderly person's preference

Many elderly care recipients themselves hold reservations about attending a centre and expressed dissatisfaction about the quality provided by formal care services.⁵

3. Lack of care coordination and support in navigating the services landscape

MDWs are a well-known option to family caregivers, who are often unfamiliar with all the options available.⁶ Family caregivers are usually in a rush to find help with caregiving. They are dealing with emergencies, such as when the elderly person's health condition takes a turn for the worse, or when step-down care options are needed for care recipients to be discharged from the hospital. Caregivers typically do not have the luxury of time to figure out the services landscape or compare employment agencies (EAs). This also affects their attitudes towards hiring trained caregivers, which we will discuss later in the report.

¹ Ministry of Manpower, Foreign Workforce Numbers, last updated September 24, 2020, <https://www.mom.gov.sg/documents-and-publications/foreign-workforce-numbers> (accessed on November 9, 2020).

² Josephine Teo, "Statistics on Households with At Least One Member over Age 65 Employing Foreign Domestic Workers from 2015 to 2018," Parliament of Singapore, April 1, 2019, <https://sprs.parl.gov.sg/search/sprs3topic?reportid=written-answer-4692> (accessed on November 9, 2020).

³ Ibid.

⁴ Association of Women for Action and Research, Make Care Count Research Report, September 2019. https://d2t1lspzrjtif2.cloudfront.net/wp-content/uploads/Aware_Eldercare-Research-Report-8-10-19.pdf

⁵ LIEN Foundation, Long Term Care Manpower Study, July 2018. http://www.lienfoundation.org/sites/default/files/Long%20Term%20Care%20Manpower%20Study%20FINAL_0.pdf.

⁶ Ibid.

Caregiver burden

Hiring MDWs is an attempt by family caregivers of the elderly to redistribute their caregiver burden. Caregiver burden is defined as “the extent to which caregivers perceive the adverse effect that caregiving has on their emotional, social, financial and physical functioning”.⁷

One of the ways in which family caregivers facing caregiver burden cope is by redistributing some of their caregiving responsibilities. To MDWs, they pass on the physical caregiving tasks, such as attending to Activities of Daily Living (ADLs)⁸ and some Instrumental Activities of Daily Living (IADLs)⁹. They also pass on some of the emotional labour required in caregiving, such as being a social companion¹⁰ for the elderly persons and keeping them mentally stimulated. As MDWs increasingly become primary caregivers, they face the corresponding physical and emotional aspects of caregiver burden.

⁷ SH Zarit, KE Reever and J Back-Peterson, “Relatives of the impaired elderly: correlates of feelings of burden”, *Gerontologist* 20, no. 6 (December 1980): 649–655, doi: 10.1093/geront/20.6.649

⁸ Activities of daily living (ADLs) are routine activities people do every day without assistance. There are six basic ADLs: washing, feeding, dressing, toileting, mobility and transferring independently.

⁹ Instrumental activities of daily living (IADL) are activities that allow an individual to live independently in a community. Although not necessary for functional living, the ability to perform IADLs can significantly improve quality of life and is a sign of independence. The major domains of IADLs include cooking, cleaning, transportation, laundry and managing finances.

¹⁰ MDWs living alone with the elderly especially tend to take on these responsibilities as there are no family members around to regularly interact with them.

Caregiver burden in MDWs

AWARE's interest in studying MDWs' caregiver burden is two-fold. Firstly, as workers, they are entitled to sufficient rest, adequate training and coping mechanisms to prevent burn-out. Secondly, their ability to provide high-quality eldercare to Singapore's ageing population is dependent on effective management of their caregiver burden.¹¹

Existing studies in Singapore have looked at caregiver burden in MDWs, including those caring for elderly with dementia. Collectively, they identify certain contributing factors to the burden¹²:

1. Pressure exerted by family caregivers on MDWs to perform most of the caregiving and domestic duties
2. The need to provide round-the-clock care
3. Lack of respite and sufficient social mobility outside the home
4. Lack of support from employers when care recipients are physically or verbally abusive
5. Lack of social networks that allow for the sharing of coping strategies
6. Lack of information and preparation from healthcare professionals
7. Lack of knowledge about dementia
8. Lack of caregiving training and barriers such as employer disapproval and limited time available to attend trainings

In addition to these factors, our research identifies another factor specific to the MDW work experience that local studies have not explored extensively: the manner in which they are matched to eldercare jobs. Matching has a bearing on the work conditions MDWs end up experiencing. In order to get a holistic understanding of work conditions specific to MDWs that lead to their caregiver burden, we interviewed all the parties involved in the recruitment, placement, training and post-placement support of MDWs in eldercare jobs.

As far as we know, this is the first local study to bring together the perspectives of MDWs, their employers (i.e. the family caregivers of the elderly), EAs and private eldercare training providers.

Based on our interviews with these stakeholders, we identified three key factors contributing to caregiver burden in MDWs. These were:

1. Inaccurate matching to eldercare jobs
2. Overwork
3. Lack of caregiving-specific informational and emotional support

¹¹ Yeoh, Brenda S. A. and Shirlena Huang. "Foreign Domestic Workers and Home-Based Care for Elders in Singapore", *Journal of Aging & Social Policy* 22, no. 1 (2009): 69–88, <https://doi.org/10.1080/08959420903385635>; Juit Lin Heng, Emilia Fan and Ee-Yuee Chan, "Caregiving experiences, coping strategies and needs of foreign domestic workers caring for older people", *Journal of Clinical Nursing* 28, 3 (2018): 466, DOI: 10.1111/jocn.14619; Chew Wei Ting, "Caregiver Stress and Coping of Foreign Domestic Workers Caring for Older Adults with Dementia". Bachelor Thesis. National University of Singapore, 2018. <https://scholarbank.nus.edu.sg/handle/10635/158131>

¹² Wai Jia Tam, Gerald Choon-Huat Koh, Helena Legido-Quigley, Ngoc Huong Lien Ha and Philip Lin Kiat Yap. "I Can't Do This Alone: a Study on Foreign Domestic Workers Providing Long-Term Care for Frail Seniors at Home". *International Psychogeriatrics* 30, no. 9 (2018): 1269–77, doi:10.1017/S1041610217002459

Research methodology

We partnered with the Humanitarian Organisation for Migration Economics (HOME) and drew on their years of experience providing support services to MDWs.

Recruitment

Both AWARE and HOME made public call-outs to our networks of MDWs and employers of MDWs. We translated the call-out flyers into the four national languages of the MDWs in our target demographic. We recruited 30 MDWs from September to October 2019: five respondents for pilot interviews to test our interview guide, and 25 respondents whose responses we analysed for this report.

In addition to MDWs, we interviewed:

1. four EAs¹³ (from December 2019 to January 2020)
2. five private training providers who provide formal eldercare training¹⁴ (in May 2020¹⁵), and
3. seven employers of MDWs (from July to September 2020¹⁶).

Sampling

We used purposive sampling to recruit and select MDWs. Eligibility screening questions focused on the age and nationality of the care recipient (Singaporean and above the age of 67) and their care needs (help with at least one ADL and/or a mental condition such as dementia). We selected MDWs who had been employed to care for the elderly within the last two years, to ensure that their experiences were relevant to the latest employment and training policies applicable to MDWs.¹⁷

In our literature review and in HOME's experience giving support to MDWs, nationality stood out as a factor that correlated with the level of caregiving burden experienced.¹⁸ Specifically, one study looking at Filipino, Burmese and Indonesians MDWs in Singapore found that Filipino and Burmese MDWs were "more likely to express significant burden compared to their Indonesian counterparts".¹⁹ HOME also observed that employers generally preferred to hire Burmese and Filipino MDWs, as opposed to MDWs of other nationalities, for eldercare. This was because the Burmese were perceived to have cultural affinity to caregiving for the elderly, and the Filipinos were perceived to have better communication skills. For these reasons, we intentionally recruited a majority of Burmese and Filipino MDWs.

¹³ More information about the EAs can be found in Annex A.

¹⁴ We define formal eldercare training as being provided by a certified trainer or healthcare professional, with a structured curriculum. Local formal eldercare training courses referred to in this report are AIC-approved eldercare courses.

¹⁵ Interviews conducted after May 2020 were held online over Zoom, in order to comply with Singapore's circuit breaker and safe-distancing measures, which came into effect in April 2020.

¹⁶ All employers interviewed are adult children of the elderly persons requiring assistance, one of whom has aged into needing caregiving for herself. Six of them hired their MDWs for eldercare specifically, while one had hired her MDW for childcare and then extended her role to eldercare when her mother aged into needing assistance. The elderly persons fit the same criteria as the care recipients of the MDWs interviewed. All of the respondents were the primary family caregiver who facilitated the hiring process and handled the primary management of their MDWs, including providing for their salaries and working conditions.

¹⁷ Advance Placement Scheme (APS) began in August 2016 and ElderCarer Foreign Domestic Worker Scheme began in November 2016. Both schemes are elaborated on in later sections of this report. In 2019, the Home Caregiver Grant (HCG) came into effect and Centre for Domestic Employees (CDE) and Foreign Domestic Worker Association for Social Support and Training (FAST) also began providing free dispute resolution services. Also in 2019, MOM began the Trustmark Grading Scheme to assess EAs' matching services and started a customer rating system (available on MOM's website; voluntary survey done by employers 3-4 months after MDWs start working).

¹⁸ Ngoc Huong Lien Ha, Mei Sian Chong, Robin Wai Munn Choo, Wai Jia Tam and Philip Lin Kiat Yap. "Caregiving Burden in Foreign Domestic Workers Caring for Frail Older Adults in Singapore", *International Psychogeriatrics* 30, no. 8 (2018): 1139-47. doi:10.1017/S1041610218000200

¹⁹ Ibid.

Research methodology

Interviews

We expanded current research by interviewing MDWs in four native languages: Tagalog, Bahasa Indonesia, Burmese and Tamil. This was to ensure they could speak freely and expressively about their experiences. The semi-structured interview guide was piloted and refined before being translated into all four languages. Face-to-face interviews were conducted by AWARE volunteers who were native speakers of the four languages. The volunteers were trained by AWARE's research and advocacy team, and a member of the team was present at every interview.

We secured written informed consent from respondents, guaranteeing their anonymity and confidentiality. All interviews were audio-recorded. MDW interviews were translated from native languages into English and transcribed verbatim. The accuracy of translated transcripts was checked by interviewers before transcripts were coded. Identifying data from the interviews was destroyed three months after analysis.

Data analysis

The data was coded and analysed by the research team using deductive coding.²⁰ The interpretations of the findings are:

1. Grounded in respondents' interviews and semi-quantified, and
2. Presented in the context of relevant previous research and national-level data, where available and/or appropriate.

Validation

The research was validated via presentations of key findings and recommendations to:

1. MDWs who fit the same recruitment criteria as our interview respondents. We did this through an online Focus Group Discussion (FGD) on 6 September 2020. The six respondents were evenly split between those looking after care recipients with (i) high care needs and (ii) dementia.
2. 15 stakeholders, including: academics who have studied the distribution of caregiving responsibilities in Singapore, EAs, formal eldercare training providers and all major MDW support organisations. These meetings were held over Zoom from September to October 2020.

Limitations

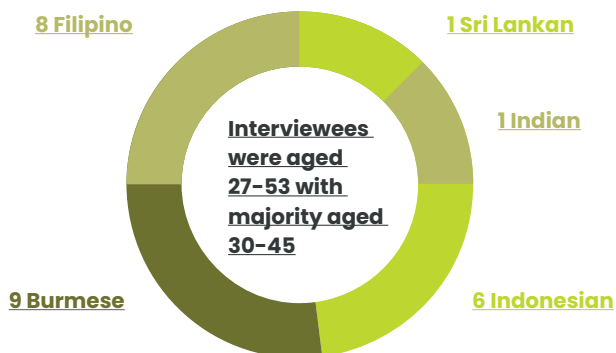
Three potential limitations of the study's findings bear emphasis. First, the findings rely on self-reported information provided by MDWs, employers and employment agencies. Despite this limitation, care has been taken to validate the findings based on primary data, as described in the section on validity.

Second, we ended up only interviewing self-recognised "progressive" EAs because we had limited outreach towards more mainstream EAs. Although the progressive EAs are not perfect, they are far more worker- and caregiving-oriented than many others. Wherever possible, we have tried to supplement their perspectives with information about mainstream EAs, to offer a more accurate picture of the eldercare and EA landscape.

Finally, we acknowledge the power imbalance between the interviewers and the respondents, especially in the context of the researcher's role in making meaning out of the lived experiences of those being researched. We tried to address this limitation by presenting our analysis of the findings of the primary data to a group of MDWs with the same profiles and caregiving responsibilities as those we initially interviewed.

²⁰ Deductive coding, or concept-driven coding, involves extensive secondary research and a literature review to develop a codebook with a pre-defined set of codes. Researchers then assign those codes to the new qualitative data to form emerging themes.

General profiles of MDWs interviewed, their care recipients and caregiving arrangements



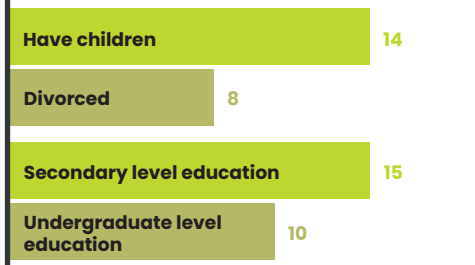
MDWs

All of them had been matched with employers by EAs based in Singapore. Thirteen of them were recruited from their home countries and the other twelve were transfer MDWs.²¹

Most of the MDWs we spoke to had prior experience looking after elderly persons in Singapore for five years and four months (n=17) on average. At the time of interview, the MDWs had been working in their current household for an average of three years and four months. They were working in households with at least three other people: an elderly person; a family member of the elderly person (usually an adult child), who was the main employer giving them instructions; and another family member who was usually the spouse of the family caregiver.

Their average monthly salary, without rest day compensation, was \$672²², with a minimum and maximum range of \$540 and \$800. As is the norm in Singapore, their monthly salaries tend to depend on their nationalities. Their average annual increment was \$14.50²³, with a minimum and maximum range of \$0 and \$90.

Out of 25 respondents,



²¹ Transfer MDWs are placed in jobs while already in Singapore after their previous jobs have ended.

²² Median monthly salary is \$650 (n=25).

²³ Median annual increment is \$16.70 (n=15), excluding one respondent who did not give her initial salary for comparison, and nine respondents who have worked less than a year.

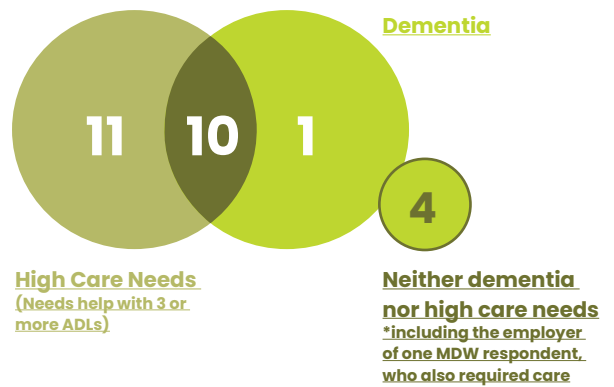
General profiles of MDWs interviewed, their care recipients and caregiving arrangements

Average age of a care recipient: 83 years



MDWs' care recipients

On average, MDWs were each caring for one elderly care recipient, with the exception of one MDW who found out after being employed that her employer also needed help with caregiving.²⁴ The average age of the care recipients was 83. Most of them had high care needs (n=21)²⁵ and/or dementia (n=11). Of the 11 care recipients with dementia, all except three had moderate to severe dementia, requiring help with five or more ADLs as well.



Caregiving arrangements

All 25 MDWs were primary physical caregivers to the elderly persons, spending about 70% of their working hours on caregiving²⁶. Sixty-eight per cent of the respondents' (n=17) care recipients used formal care services—such as senior daycare, senior care centres and rehabilitative therapy services—in a sustained manner.²⁷ Five MDWs had support from other MDWs hired to assist with caregiving and/or housework.



Time

On average, MDWs spend 70% of their work hours on caregiving



Services

68% of the respondents' care recipients used formal care services



Support

20% of the MDWs has support from other MDWs hired to assist with caregiving and/or housework



²⁴ For the purposes of this report, we refer to care recipients who need help with three or more ADLs as having high care needs.

²⁵ Of the 21 elderly persons with high care needs, 10 also had dementia.

²⁶ MDWs spent 10 out of 14.5 average working hours on caregiving tasks, and worked additional hours during the night as required.

²⁷ Use of formal care services ranges from twice a week to twice a month: twice a week (n=11), once a week (n=4), less than once a week (n=2)

Effects of caregiver burden

As a result of the contributing factors to caregiver burden that we identified above (i.e. overwork, inaccurate matching and lack of caregiving-specific informational and emotional support), our respondents experienced three distinct effects of the burden. We will detail these effects before elaborating on the contributing factors.

The effects of caregiver burden our respondents experienced are:

1. Limited ability to provide high-quality eldercare
2. Compromised self-efficacy
3. Fear of being blamed for incompetent caregiving

1. Limited ability to provide high-quality eldercare

Several studies suggest that the quality of care MDWs provide would be improved if they could better cope with caregiver burden.²⁸ A 2018 study by Lien Foundation found that MDWs are being increasingly tasked with nursing activities, such as managing medication, tube feeding, handling insulin injections, carrying out blood tests, etc.²⁹ If MDWs are overworked and suffering from insufficient rest, their ability to attend to such tasks carefully is compromised. Lack of sleep and rest also impacts MDWs' ability to stay alert while caregiving, which is crucial for care recipients who need to be closely monitored to prevent injuries and falls.

When MDWs are inaccurately matched to eldercare jobs, they cannot meet the actual care needs of the elderly and may unintentionally compromise their quality of care. Unless their employers make provisions (e.g. immediately sending them for training before they begin caregiving), MDWs may lack the skills to do what they were hired for.

The evolving care needs of ageing care recipients and elderly persons with worsening dementia necessitate that MDWs acquire new skills in a timely manner. Without access to caregiving-specific informational support, MDWs are ill-equipped to adjust their caregiving capabilities accordingly. Without access to caregiving-specific emotional support, MDWs lack formal outlets to process the frustration they feel when dealing with challenging caregiving situations. Carers' coping strategies are positively correlated with their willingness to continue caring.³⁰ The lack of informational and emotional support afforded to MDWs will affect the quality of care they are able to provide.

“

She's become like a child. Just on her I have to give a lot of time, and it's very annoying, I feel constrained. I always don't understand what she's saying, and what I say she also does not understand, and so I get quite bothered.

- Chandi, caring for a 85-year-old with dementia who needs help with all ADLs, for 7 months

²⁸ Brenda S. A. Yeoh and Shirlena Huang, "Foreign Domestic Workers and Home-Based Care for Elders in Singapore", *Journal of Aging & Social Policy* 22, no. 1 (2009): 69-88, <https://doi.org/10.1080/08959420903385635>; Wei Ting Chew, "Caregiver Stress and Coping of Foreign Domestic Workers Caring for Older Adults with Dementia". Bachelor Thesis. National University of Singapore, 2018. <https://scholarbank.nus.edu.sg/handle/10635/158131>

²⁹ LIEN Foundation, Long Term Care Manpower Study, July 2018. http://www.lienfoundation.org/sites/default/files/Long%20Term%20Care%20Manpower%20Study%20FINAL_0.pdf.

³⁰ Kevin J. McKee, Janice E. Whittick, Mary M. L. Gilhooly, Brian R. Ballinger, David S. Gordon, William J. Mutch and Ian Philip, "The willingness to continue caring in family supporters of older people", *Health and Social Care in the Community* 7, no. 2 (1999): 100-108, doi: 10.1046/j.1365-2524.1999.00169.x.

Effects of caregiver burden

2. Compromised self-efficacy

Self-efficacy refers to an individual's belief in her capacity to execute behaviours necessary to produce specific performance attainments. When MDWs lack support in the form of emotional and informational resources, their ability to anticipate negative caregiving scenarios and successfully resolve them, remain calm in the face of unreasonable behaviours from care recipients, and feel a sense of job satisfaction are severely affected.

As the elderly persons' health conditions deteriorate, MDWs have to adapt to these challenging caregiving situations by (a) learning new skills and increasing the time spent supervising care recipients to prevent falls/injuries; and (b) managing mood swings and decreased functional ability in elderly persons with dementia. Our respondents said that they had tried turning to their employers and agents during this period, but found that they were ill-equipped to provide the caregiving-specific informational support or emotional support required.

Studies³¹ have found that self-efficacy/coping effectiveness not only has a significant effect on the carer's mental health, but also functions as a stress buffer by reducing negative affect.

3. Fear of being blamed for incompetent caregiving

Twenty-eight per cent of our respondents (n=7) expressed a fear of being blamed for incompetence in caregiving. Without adequate informational support for evolving care needs, MDWs feared using caregiving techniques that were obsolete, inadvertently harming the elderly.

Compared to family caregivers, MDWs face the additional stress of fearing for their job prospects if they are blamed for incompetent caregiving. Worrying about disappointing their employers and being punished weighed heavily on MDWs' minds. One study found that worrying about their job performance, in terms of ability to give more and better care, resulted in high caregiver burden among MDWs.³² One respondent revealed a misguided fear of being jailed for incorrect caregiving, speaking to the level of stress under which she was operating, and her inability to seek help for it.

“ Since I reach here, I have a lot of emotional stress. I got hurt often. I am tired from work, I still don't get enough sleep. But I don't tell anyone, I keep it to myself. Because I want to work here for a long time... So, this job is, I've to care for the patient, do the housework, if something happens to the patient, we'll be jailed. So we always have stress.

- Thao, caring for an 80-year-old with dementia, cancer and diabetes, for 9 months

In the following sections, we elaborate on the contributing factors of caregiver burden that result in these effects. We explain these factors chronologically, beginning with the process by which MDWs are inaccurately matched, and placed in eldercare jobs for which they are not adequately prepared. Next, we discuss overwork, which occurs on the job. Finally, we discuss the lack of caregiving-specific informational and emotional support afforded to MDWs as they face increasingly challenging caregiving situations (as their care recipients' mental and physical faculties deteriorate).

We discuss the ways in which current means to address these factors are inadequate. At the end of each section, we will make recommendations to better address the factors contributing to MDWs' caregiver burden in the short-term. We end by discussing a long-term policy recommendation to improve Singapore's long-term care plan.

³¹ B. H. Gottlieb and J. A. Rooney, "Coping Effectiveness: Determinants and Relevance to the Mental Health and Affect of Family Caregivers of Persons with Dementia", *Aging & Mental Health* 8, no. 4 (2004): 364-73. doi:10.1080/13607860410001709719.

³² Ngoc Huong Lien Ha, Mei Sian Chong, Robin Wai Munn Choo, Wai Jia Tam and Phillip Lin Kiat Yap. "Caregiving Burden in Foreign Domestic Workers Caring for Frail Older Adults in Singapore", *International Psychogeriatrics* 30, no. 8 (2018): 1139-47. doi:10.1017/S1041610218000200

Inaccurate matching to eldercare jobs

“

Athena: They (the employer) only say they need someone to accompany their mother. Only like that, but I never expect that it's a dementia. I never know it's a dementia.

I: Did the Singapore agent tell you anything about the elderly person?

Athena: No, it's only just to accompany her.

- Athena, caring for an 85-year-old stroke patient with dementia, for 7 years

Findings on inaccurate matching

The first factor contributing to MDWs' caregiving burden is inaccurate matching to eldercare jobs, resulting in MDWs providing a level of care for which they are not adequately prepared.

Twenty per cent of our respondents (n=5) reported that the care needs of their care recipients were different from what had been described by the agents and/or employers during the hiring stage. Four respondents were not told that care recipients had dementia, and one respondent was not told that the care recipient was bedridden and needed help with most ADLs. Additionally, one other respondent found out on her first day on the job that her employer, who was living with the care recipient, also required help with ADLs, and was unable to assist her with caregiving.

Of the 21 respondents who had interviews with their employers prior to hiring, 67% (n=14) were not asked about previous training and 62% (n=13) were not asked about their previous work experience in caregiving. Although prior working experience and training in caregiving are known to alleviate caregiver burden³³, such factors were not considered in the matching process, according to our respondents.

Inaccurate matching to eldercare jobs

Reasons for inaccurate matching

A. No standardised system of matching

Matching processes are currently left to the discretion of individual employers and EAs. Without a standardised system of matching, there is a great deal of variation in the quality of caregiving provided by MDWs. Yeoh and Huang's 2009 study found that the ad-hoc approach taken by EAs to matching differs depending on employers' and EAs' attitudes on: (a) how they assessed MDWs' caregiving abilities, and (b) the importance of training prior to job placement³⁴.

Lack of information provided by employers

Employers are currently not required to provide any of the following information, which might improve the success of a match: (i) an accurate description of the number of ADLs care recipients require assistance with, and the extent to which they need to be closely supervised; (ii) proof of care needs, e.g. medical/care assessment results; and (iii) language requirements. Without such information, EAs pass on an inaccurate job description to MDWs.

“ I just found out when I started working. Because back home in the Philippines, what was written about the job was an elderly alone at home, then you have to clean the car, to cook, and I accepted that. But when I got here, I found out they were actually in Mount Elizabeth Hospital. Bedridden—I mean, oh my God, the disparity was a lot.

– Diana, caring for a bedridden 91-year-old with dementia, for 10 years

Lack of verification done by EAs

Additionally, EAs are currently not required to verify a care recipient's care needs with a medical/care assessment, or to show proof of caregiving training attended by MDWs to prospective employers.

Our interviews with the four EAs revealed that they had different approaches to matching in terms of the level of information they required from employers and the extent to which they verified this by doing their own care needs assessments.

One EA did their own care needs assessments with a formal questionnaire (filled out by the agency's own medical

professionals) upon speaking with prospective employers and assessing their care recipients. Another EA required employers to fill in a formal questionnaire regarding their care recipients' needs but did not include an assessment by medical professionals. The other two EAs had informal calls with employers to assess their caregiving needs. However, they did ask employers about the medical history of care recipients, and if employers were engaging or intending to engage other formal care services or another MDW.

The EAs also differed in the extent to which they prioritised the preferences of the MDW; the language barrier between the MDW and the care recipient; and the chemistry between the MDW and the care recipient.

“ Every day, the very first time, is very difficult because of the language. My Ah Ma is talking Hokkien. The first time I don't know, I cannot understand Hokkien language. Because when the phone call (initial interview), they (the employer) say, 'My mother can talk English.' But actually cannot. So I think two months is very difficult for me, I always cry because Ah Ma always shouting.

– Athena, caring for an 85-year-old stroke patient with dementia, for 7 years

Employers we spoke to expressed their frustration with the lack of a standardised system of matching, and wanted agencies to be held accountable for bad matches. One respondent in particular emphasised that as brokers of a caregiving service, EAs should be held accountable for verifying information on both ends to ensure a successful match.

“ If it's (the match) not up to your standard, I think this, more or less, the agent have to bear [responsibility] for all this. Because when you engage the helper, what you request is what you tell the agent, what is your need? So the agent should be responsible for all this.”

“The agent will ask you, 'What you need? What you need them to do?'...They are the one who interview the first time, with the helper... Yeah, they do the matching. So actually they should know, 'OK, this fella good in this, good in that.' Sometimes, the profile, how do you [employers] reject? They say they work in Indonesia, is very experienced in old folks' home, all this. But we [employers] can't check that. So more or less, I think it's important. It's the agent lah.

– Andrew, employing an MDW to care for his 93-year-old mother who needs help with all ADLs except feeding, for 10 months

³⁴ Brenda S. A. Yeoh and Shirlena Huang. "Foreign Domestic Workers and Home-Based Care for Elders in Singapore", *Journal of Aging & Social Policy* 22, no. 1 (2009): 69–88, <https://doi.org/10.1080/08959420903385635>

Inaccurate matching to eldercare jobs

Reasons for inaccurate matching

B. Employers' misconceptions about skills needed for caregiving

We understand from employers and EAs that employers have some preconceived notions of what an "ideal" MDW is, based on nationality stereotypes and the supposed personality traits of an ideal caregiver. In describing their preferences to EAs, employers often prioritised personality traits such as patience and tolerance, which they prescribe to certain nationalities over others. One employer detailed why she chose an inexperienced Burmese MDW over a transfer Filipino or Indonesian MDW who had caregiving experience.

“ I prefer to always get a brand-new one (MDW recruited directly from home country without prior working experience) ... Because transfer will have developed bad habits, which are sometimes difficult to undo. Especially with Filipinos—they have bad habits, a lot of bad habits... Even Indonesian one, I tell you, experienced one, got boyfriend lah, got handphone lah and all this stuff.

- Helen, employing an MDW to care for her 85-year-old mother who is bedridden and requires help with all ADLs, for 1 and a half years

When hiring, employers seldom look for trained or experienced MDWs, instead prioritising personality traits. The disregard for the importance of training and skills reflects a gendered assumption about caregiving: that it comes naturally to women. Yet this overlooks the fact that not all MDWs have the dispositions or skills to perform eldercare. Coupled with the lack of appropriate training, it can cause a great deal of stress to MDWs who are caught in a situation where they are expected to perform tasks that they are not prepared or confident enough to carry out.

“ There isn't a need to train, really... I think it's more patience. They need to be patient. They must be patient, gentle also lah...I don't think it's necessary because these skills can be picked up by you. If you're new, also, these skills can easily be picked up. It's not rocket science lah, I would say.

- Sharon, employing an MDW to care for her 93-year-old mother who needs help with five ADLs, for 4 years

C. No standard mechanism to determine MDWs' caregiving skill levels

Although 88% of our respondents (n=22) had attended some form of caregiving training, there is no standardised test to determine their caregiving skill level. Standards are uneven across different types of training. The training providers, curriculum and languages used vary greatly.

For example, pre-discharge hospital training (provided by healthcare professionals) is tailored to an elderly person's specific care needs, be it help with specific ADLs, tube-feeding, etc. But such skills are less transferable for MDWs across eldercare jobs than training by formal eldercare providers. Pre-discharge hospital training is also limited to English and Mandarin, which excludes MDWs who do not understand these languages.

In contrast, the training curriculum by formal eldercare providers incorporates both classroom-based theory lessons and hands-on experience, either in a home-based setting or in nursing homes. The applicability of skills to individual care recipients' needs varies depending on MDWs' individual consultation with trainers, but skills learnt are more transferable across eldercare jobs. Such training is conducted in more languages, including Malay and Burmese.

Without a standard mechanism to determine the MDWs' caregiving skills across different types of training, EAs cannot accurately match trained MDWs to the levels of caregiving required by their clients.

Inaccurate matching to eldercare jobs

Inadequacy of current means of addressing inaccurate matching

MOM recently introduced new measures to facilitate better matches between employers and MDWs. Two of these measures go some ways to address the information asymmetry between employers and MDWs at the pre-deployment stage, but a few limitations remain:

Providing more information to help employers and EAs select suitable MDWs

From October 2020, employers and EAs will be able to access more information on the previous work experience—e.g. key job scope, household size, residence type—of a prospective MDW, in addition to the MDW's length of employment in Singapore. However, the information asymmetry from the MDWs' perspective remains, i.e. there is no guarantee that an MDW will be given a clear picture of the care needs of her care recipient.

Ensuring that EAs take greater ownership of their matching outcomes

From October 2021, all EAs will be required to provide an option for a refund of at least 50% of the service fee charged to employers when an MDW employment ends prematurely (i.e. within the first six months). While this encourages EAs to put more measures in place to ensure matching outcomes—e.g. by making information about employers more accessible to MDWs and thus addressing the limitation identified in the previous point—financial penalty may also inadvertently result in EAs discouraging MDWs from transferring or leaving unsuitable jobs, to the detriment of their well-being.

Recommendations to deal with inaccurate matching

Recommendation 1: Improve matching process

1A: Introduce a standard care needs matrix

1B: Introduce an accreditation system to certify MDWs' skills

Recommendation 2: Ensure MDWs are adequately trained

2A: Incentivise or provide more support to encourage employers to hire trained MDWs

2B: Ensure all MDWs deployed under the Advance Placement Scheme (APS) for eldercare jobs receive basic training

2C: Expand the scope of basic eldercare training

Inaccurate matching to eldercare jobs

RECOMMENDATION 1: Improve matching process

We make two suggestions on improving matching processes, which respond directly to the factors we found contribute to inaccurate matches.

1A: Introduce a standard care needs matrix

We recommend introducing a standard matrix for categorising care needs and for categorising skill levels of MDWs. An example of a standard matrix could be the three categories of care used by Agency for Integrated Care (AIC) for categorising caregiving courses:

— Topics Covered —

	Set A: For caring for seniors who are <u>A</u> mbulant	Set B: For caring for seniors who are <u>B</u> edbound	Set C: For caring for seniors using <u>w</u> heel <u>C</u> hair
The Fundamentals	<ul style="list-style-type: none"> • Understanding ageing and communicating with seniors • Monitoring vital signs (temperature, blood pressure, pulse rate) and managing emergencies • Infection control (including hand hygiene and simple wound care) and basic skincare • Serving oral medication (including reading of medication labels) • Simple exercises for seniors • Nutrition and Hydration (including different types of diet, and what makes up a balanced diet for seniors) 		
Assistance in Daily Tasks Modules	<ul style="list-style-type: none"> • Feeding (oral or Tube) <p><i>*Note: If the senior is on tube-feeding, the module "Nutrition and Hydration" would not be covered.</i></p>		
Modules to Suit Seniors' Mobility Conditions:			
Toileting	<ul style="list-style-type: none"> • Identifying abnormalities 	+ Use of bedpan, urinal, and diaper changing	+ Use of commode and diaper changing
Personal Hygiene	<ul style="list-style-type: none"> • Assisted Showering 	• Assisted showering or Bed bath	• Assisted showering
Mobility	<ul style="list-style-type: none"> • Use of Walking sticks, Walking frame • Fall prevention 	<ul style="list-style-type: none"> • Positioning and turning in bed • Managing pressure injuries 	• Use of wheelchair

Source: Agency for Integrated Care, Essential Training to Care for Your Loved Ones, <https://www.aic.sg/caregiving/abcs-of-caregiving> (accessed November 9, 2020).

Inaccurate matching to eldercare jobs

RECOMMENDATION 1: **Improve matching process**

Employers looking to hire an MDW should be encouraged to attend a care assessment to ascertain care needs. The results of this assessment can then be mapped onto the standard matrix. At the same time, this matrix should be utilised by training providers to certify what category of care an MDW is able to provide. (Providers using the “ABCs of Caregiving” framework above can already do this.) Carers who go through training in a certain category (ambulant, bedbound or wheelchair) should be able to care for seniors whose care needs fall in the same category.

EAs will then use this information to guide matching when employers show what category of care their care recipients require. The use of the standard matrix could be included in the MOM guidelines for EAs to ensure adherence. Overall, this results in a better match between skills and care needs.

We considered the option of asking employers to self-declare the care needs of their family members, as an alternative to requiring them to produce care assessment reports conducted by healthcare professionals. Presently, there is already a degree of self-declaration, depending on how EAs go about with their matching process. However, as we have shown, relying on self-declaration is not ideal as employers themselves may not have a complete understanding of their family members’ care needs. They may also unintentionally misrepresent this information.

Requiring the use of a care assessment report will incur cost, but in our view, care assessments should be a basic healthcare right afforded to all persons as they are essential to informing one’s options. A case can thus be made for the cost of care assessments to be absorbed by the government, as an investment into better outcomes when matching care needs to care options.

1B: Introduce an accreditation system to certify MDWs’ skills

Certification of MDWs’ caregiving skills could be operationalised in two ways. The first option would be to introduce a standardised curriculum for all training providers. This is already implemented to an extent with the ABC framework that some training providers follow. The fees for training offered by these providers can be offset with the Caregivers Training Grant. AIC can consider expanding the adoption of this framework, or a common one. The downside is that MDWs who already possess caregiving skills but who do not undergo training in Singapore will still have to go through training in order to be certified. The alternative option, which would address this issue, would be for a national accreditation body to be set up.

This accreditation or certifying body could be housed under AIC. It could administer assessments of all MDWs who intend to take on caregiving jobs and categorise their skill levels according to the standard matrix. This saves the training costs that would have otherwise been incurred by MDWs who already have the skills to perform certain levels of care.

Standardisation would facilitate better matching as there would be a common understanding (between MDWs, EAs and employers) as to what it means when one says that an MDW is trained to perform caregiving (i.e. to what level and what skills they possess).

Inaccurate matching to eldercare jobs

RECOMMENDATION 2: Ensure MDWs are adequately trained

The next set of recommendations are geared towards ensuring that MDWs taking on caregiving jobs have the technical skills to do so, and to change perceptions around caregiving as unskilled work.

2A: Incentivise or provide more support to encourage employers to hire trained MDWs

In the long run, it should be mandatory for employers looking to hire MDWs for caregiving to only hire those certified as having the required skills. In the meantime, more effort can be made to encourage employers to hire trained MDWs. Public education is needed to change perceptions around caregiving, particularly the idea that it is something that comes naturally to women or that it is easy and does not require specific skills to perform.

Monetary support could encourage employers to hire trained MDWs. Cost was cited by one employer we interviewed as the reason for their reluctance to send their MDW to training.

The government could consider absorbing the cost of providing basic eldercare training, to address employers' concerns about affordability. Alternatively, the quantum of the Home Caregiving Grant or Caregiver Training Grant could

be raised. Separate training grants should be provided for family caregivers and MDWs respectively. Training providers tell us they often see family caregivers and their MDWs attend training together. However, the Caregiver Training Grant, which provides \$200 per year, may not be enough to cover the cost of both the family caregiver and the MDW attending the training together in the same year.

Finally, more awareness could be raised around the ElderCarer Foreign Domestic Worker scheme, under which MDWs have to undergo an eldercare training course prior to starting work. Care planners working with families intending to hire MDWs for eldercare should encourage them to hire one through the scheme.

“

[The hospital training] was free. But if we're going to send her for a full healthcare course, then we have to pay for it, which is about 1-2 days... Agencies, they don't normally train, but I think government should at least make it in such a way that these caregivers should have training first when they come in, before they are sent to the employer. Basic training. It's not just like housekeeping... Because if you get a caregiver from a caregiving agency, they are trained. But the cost will be more expensive than the normal rate.

- Helen, employing an MDW to care for her 85-year-old mother who is bedridden and requires help with all ADLs, for 1 and a half years

Inaccurate matching to eldercare jobs

RECOMMENDATION 2: Ensure MDWs are adequately trained

2B: Ensure all MDWs deployed under the Advance Placement Scheme (APS) for eldercare jobs receive basic training

The Advance Placement Scheme was introduced as a pilot in 2016 to “enable faster placement and better matching of FDWs for employers with caregiving needs”.³⁵ According to the scheme’s description on the MOM website, “participating EAs are allowed to source for and bring in a specific number of FDWs before they have found an employer. This enables employers to conduct face-to-face interviews with prospective FDWs to facilitate better matching. As these FDWs are already in Singapore, they can also be quickly deployed to the households.” Under APS, some participating agencies (10 out of 19) are also part of the ElderCarer FDW Scheme, which “enables (employers) to hire a pre-trained FDW who has undergone comprehensive training in eldercare”.³⁶

Unless employers specifically approach one of the 10 agencies under the ElderCarer FDW scheme, they can still hire MDWs under APS who have not undergone any form of eldercare training prior to placement. Since APS is meant to cater to those with caregiving needs, we suggest that all MDWs hired under the APS scheme specifically for eldercare undergo caregiving training.

After a domestic worker has been successfully matched, there should be a few days buffer for her to attend training before she starts working.

2C: Expand the scope of basic eldercare training

Third, mandatory eldercare training should include modules on dementia and on caregiving for those with mental health conditions. As the number of dementia patients in Singapore is expected to increase tremendously over the next two decades³⁷, it is likely that MDWs will increasingly end up caring for someone with dementia, so they should be equipped with the skills to care for them.

³⁵ Ministry of Manpower, *Advance Placement Scheme (APS) for Foreign Domestic Workers*, last updated February 25, 2020, <https://www.mom.gov.sg/passages-and-permits/work-permit-for-foreign-domestic-worker/advance-placement-scheme> (accessed on November 9, 2020).

³⁶ Agency for Integrated Care, *ElderCarer Foreign Domestic Worker Scheme*, <https://www.aic.sg/caregiving/elder-carer-foreign-domestic-worker-scheme> (accessed November 9, 2020).

³⁷ Tai, Janice. “One in 10 people over 60 have dementia, new Singapore study claims,” *The Straits Times*, March 25, 2015, <https://www.straitstimes.com/singapore/health/one-in-10-people-over-60-have-dementia-new-singapore-study-claims> (accessed November 9, 2020).

Overwork

Findings on overwork

The second factor contributing to MDWs' caregiver burden is overwork, which occurs once they have been matched and placed in eldercare jobs. Overwork manifests as a result of long working hours without adequate compensatory rest periods.

Our respondents reported working for 14.5 hours a day on average, without fixed periods of rest in between. They also reported sleep hours averaging 8.8 hours a day, but this sleep was interrupted up to 10 times a night to perform caregiving activities, depending on the severity of their care recipients' nightly care needs. Sixty-two per cent of our respondents who reported disrupted sleep (n=13)³⁸ said they had to wake up more than twice during the night.

“ I think they should give us more time to rest. We work long hours and we don't get enough sleep. We should be able to take turns, not like everyday we should do everything on the schedule. We should be taking turns so the other person can take rest. That's what I want.

- **Raevene, caring for a stroke patient who needs help with all ADLs, for a month**

These findings on working and sleep hours are consistent with data from surveys conducted by HOME and Transient Workers Count Too (TWC2), which found that the average reported working hours of MDWs they supported and interviewed were 14–16 hours.³⁹ Another 2016 survey by TWC2 revealed that 90% of 429 MDW respondents worked more than 10 hours a day, with the average being 13.9 hours per day. The MDWs surveyed indicated that they spent most of their waking hours working, with 75% noting that they had less than two hours a day to themselves. About 30% of respondents stated that they got less than eight hours of sleep per night.

Overwork affected our respondents' physical and mental well-being. Due to the lack of rest and disrupted sleep, our respondents reported experiencing weight loss, headaches and body aches. The line between working and resting hours is especially blurred for MDWs, as compared to other care workers, because MDWs live at their workplaces. They suffer the physical and mental exhaustion of constantly being on-call, without adequate time for themselves to decompress.⁴⁰ Other studies showed that MDWs who have to repeatedly wake up during the night to care for elderly persons with dementia faced high stress levels due to their lack of rest.⁴¹

“ *Maximum my sleep in a day is 4 hours, I think. I do get leg aches and headaches; I can feel my head hurting. At that time, I will take some medicine and lie down... I am the guarantee (for the care recipient), because if something were to happen, sleep is not important.*

- **Kala, caring for two elderly care recipients, one who has dementia and needs help with all ADLs, for 2 months**

Is working an average of 14 hours a day too much? A study found that working for more than 16 hours results in high caregiver stress⁴², which is close to the average hours worked by our respondents. Another local study⁴³ found that MDWs are caregiving for more than 20 hours a day on average. Under the Employment Act, manual workers⁴⁴ are not supposed to work for more than six hours without a period of leisure, and no more than eight hours in one day or 44 hours in one week, unless they work overtime. Going by these standards, many of our respondents are overworked.

³⁸ Out of 21 respondents who reported disrupted sleep. The remaining eight respondents woke up one or two times during the night to provide caregiving. Four respondents did not have to provide caregiving during the night.

³⁹ Humanitarian Organisation For Migrant Economics and Transient Workers Count Too, Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) Shadow Report for Singapore, October 2017, http://twc2.org.sg/wp-content/uploads/2017/10/Cedaw_Singapore_2017_TWC2HOME.pdf

⁴⁰ Juit Lin Heng, Emilia Fan and Ee-Yuee Chan, "Caregiving experiences, coping strategies and needs of foreign domestic workers caring for older people", *Journal of Clinical Nursing* 28, 3 (2018): 466, DOI: 10.1111/jocn.14619

⁴¹ Wei Ting Chew, "Caregiver Stress and Coping of Foreign Domestic Workers Caring for Older Adults with Dementia". Bachelor Thesis. National University of Singapore, 2018. <https://scholarbank.nus.edu.sg/handle/10635/158131>

⁴² Albert Gallart, Felix Cruz and Adelaida Zabalegui, "Factors influencing burden among non-professional immigrant caregivers: a case-control study", *Journal of Advanced Nursing* 69, no. 3 (June 2012): 647, doi: 10.1111/j.1365-2648.2012.06049.x

⁴³ Juit Lin Heng, Emilia Fan and Ee-Yuee Chan, "Caregiving experiences, coping strategies and needs of foreign domestic workers caring for older people", *Journal of Clinical Nursing* 28, 3 (2018): 466, DOI: 10.1111/jocn.14619

⁴⁴ Excluding local and foreign domestic workers, and shift workers

Overwork

Reasons for overwork

A. Round-the-clock care and disrupted sleep

First, MDWs are expected to provide round-the-clock caregiving to elderly persons, which results in disrupted sleep. MDWs are crucial in supporting households with elderly persons who require caregiving at night, by providing round-the-clock home-based care. They also assist the elderly with toileting and some medical care during the night. Those caring for persons with dementia have to stay awake until the care recipients can fall asleep, which can be challenging if they experience sundowning.⁴⁵

“ Sometimes 12 midnight, 1 a.m., 2 a.m., 3 a.m., it's alternating. Every night, every midnight, we go down. We bring her to NTUC because you cannot sleep also, she will shout, she will ask, 'Wake up, wake up, we go down.' ”

– Athena, caring for an 85-year-old stroke patient with dementia, for 7 years

MDWs expressed that such demanding behaviour from their care recipients, coupled with lack of sleep, contributed to their caregiving stress.⁴⁶ They were not guaranteed compensatory hours to rest during the day to make up for disrupted sleep. More than half of the respondents (n=13) had not been explicitly told by their employers that they could rest during the day to recuperate, and did not feel comfortable doing so, as they had housework to complete and needed to keep a close eye on their care recipients.

“ Because the whole day you are awake and you also have to wake up the whole night. It is hard... In the morning I have time to rest, but I cannot sleep. I really cannot. Because of the time... Also, I do not want to sleep and sleep, because if she wakes up... ”

– Nalin, caring for a 92-year-old with dementia who needs help with all ADLs, for 1 year and 9 months

B. Job scope not limited to caregiving

Second, MDWs' job scopes are not limited to caregiving even when they are primarily hired to be the physical caregiver for elderly persons. In our respondents' experience, they are still expected to do a substantial amount of housework.

Our respondents (n=22)⁴⁷ said they spent an average of 4.5 hours daily on housework. In caregiving for the elderly,

MDWs can reasonably be expected to assist with IADLs, which includes some housework activities directly pertaining to the elderly persons' well-being. However, our respondents reported being tasked with housework for other members of the household, and general upkeep of the house. As described in a typical day of an MDW's life (Annex B), MDWs were expected to do housework such as cooking for all members in the household, cleaning the house, doing the laundry, looking after pets, etc.

“ t. Have your working hours changed since you first started working? ”

Joyce: A little bit. Ever since the baby was born... When the son got married, they added to the people I have to work for. More laundry, clothes to iron. Those things.

– Joyce, caring for a wheelchair-bound 66-year-old who had a stroke, for 7 years

While employers ask MDWs to prioritise caring for the elderly persons as their main task, they still expect the housework to be completed within the assigned day. This puts a strain on MDWs: The amount of housework they can complete depends on how frequently they need to perform caregiving tasks in between, and how much personal attention their care recipients require from them.

Some elderly persons will want MDWs to spend more time with them and will engage them in conversations or request that they do not leave their side. For elderly persons who require close supervision to prevent falls or injuries, MDWs have to split their attention between completing their assigned housework and keeping an eye on the care recipients' movements around the house.

“ They say “sleep, sleep”, right, but I had to do everything as per usual time accordingly. I cannot not do, right. If today the laundry finish, today must iron finish, cannot transfer to another day. Right now sometimes, if not dry, I cannot complain, because they have dryer, must make sure to make it dry. One day's worth of work, must finish in one day, the moment they come back... In reality, I don't get to rest. Only know your own work. If go and try to do that, they will criticise. And I cannot accept that! ”

– Nita, caring for an elderly person with diabetes who needs help with all ADLs, for 9 years

⁴⁵ Sundowning is a condition whereby those with dementia become increasingly agitated in the late afternoon and evening, resulting in an inability to fall asleep and an increased need for attention from their caregivers.

⁴⁶ Kalyani, K Mehta and Leng Leng Thang, “Experiences of Formal and Informal Caregivers of Older Persons in Singapore”, *Journal of cross-cultural gerontology* 32 (2017): 373–385. <https://doi.org/10.1007/s10823-017-9329-1>

⁴⁷ Out of 25 respondents, two were not expected to do any housework because another MDW was responsible, and one could not estimate hours spent on housework.

Overwork

Inadequacy of current means of addressing overwork

A. Limits on working hours and job scopes not included or well-defined in legislation, contracts and employer guidelines

No legal limit on working hours

The Employment Act regulates key aspects of work conditions, e.g. entitlements to forms of paid leave and cap on the number of working hours and timely payment of salary. However, MDWs are not covered under the Employment Act. Instead, they are offered limited protection under the Employment of Foreign Manpower Act (EFMA)/Regulations (EFMR), which require employers to provide MDWs with upkeep and maintenance. That includes provision of adequate food and medical treatment, safe working conditions, acceptable accommodation, timely and full payment of salary, adequate daily rest, weekly rest days or compensation-in-lieu, personal accident insurance with pay-out of up to \$60,000 and repatriation. Disallowed are unilateral reduction of salary, safekeeping of salary/work permit/visit pass and no-pay leave while the MDW is in Singapore (regardless of whether there is actual work done). Notably, neither EFMA nor EFMR provide limits on working hours.

The Ministry of Manpower (MOM) has said that all domestic workers, including MDWs, are excluded from the Employment Act because it is “not practical to regulate specific aspects of domestic work, such as hours of work and work on public holidays”. We are unconvinced by this argument as it stems from—and further perpetuates—the perception that domestic and care work is not “real” work, quantifiable and subjectable to regulation. Reference should be made to similar work that has conditions under regulation, e.g. cleaning, care assistance in nursing homes and hospitals, care assistance in day-care centers. As we will go on to show, there are indeed concrete steps that can be taken to establish clear work boundaries and rest hours for MDWs.

Guidelines for employers not legally enforceable; do not specify adequate rest

MOM has published guidelines for employers of MDWs.⁴⁸ However, beyond stating the legal provisions on weekly rest days, the guidelines do not offer more specific advice on ensuring daily adequate rest for MDWs, or limits on working hours. Without concrete benchmarks, MDWs may not know whether they are being made to overwork, while MOM might find it difficult to investigate complaints of overwork. Furthermore, the lack of a legal cap coupled with a lack of practical guidelines on maximum working hours means that employers can continue to assign additional work to MDWs and maintain unrealistic expectations about having tasks completed on the same day they were assigned. MDWs are, therefore, at a real risk of being overworked and getting inadequate rest.

Written contracts not mandatory; job scope not well-defined in contracts

Written contracts are important to workers as they assert labour rights and entitlements. Contracts for MDWs, however, are not legally mandated. The existing forms of contracts or agreements MDWs do have are not comprehensive enough: Thirty-six per cent of our respondents (n=9) did not own a copy of their own contracts, while 76% (n=19) said their contract did not cover all of the terms that MOM encourages MDW employment contracts to cover. These terms include salary, placement loan, number of rest days per month, compensation in lieu of rest day, notice period and compensation in lieu of termination notice.⁴⁹ Notably, recommended terms do not include working hours nor job scope; only one in three of our respondents (n=8) had job duties covered in their contracts.

In explaining why written contracts are not mandated for migrant workers, the Minister of State for Manpower said in Parliament that “the requirements to provide written Key Employment Terms (KETs) and In-Principle Approval letters (IPA) already mean that foreign workers will have sufficient clarity of the details of their employment, in written form”. However, KET and IPAs only cover four areas of employment terms: monthly salary, number of rest days, compensation amount for rest days and fees payable to Singapore EAs. Again, it does not cover other equally important aspects of working hours, and scope of work to be performed.

⁴⁸ In addition to the Employer Orientation Programme and Setting In Programme, which provide more specific details to employers and MDWs.

⁴⁹ Ministry of Manpower, *Employer's Guide: Contract and safety agreement for foreign domestic worker*, <https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-domestic-worker/employers-guide/contracts-and-safety-agreement> (accessed November 9, 2020).

Overwork

Inadequacy of current means of addressing overwork

B. Non-continuous and/or insufficient rest

The current provision on rest days under the EFMA states: “The employer shall grant the foreign employee a rest day without pay for every 7-day period (including Sunday and public holidays). The rest day must be any day within the 7-day period and must be mutually agreed between the employer and the foreign employee.” A written agreement between the employer and MDW must be in place for the MDW to work in lieu of the rest day, with compensation in the form of an unpaid replacement rest day or monetary compensation. Aside from the provision on weekly rest day, the only other provision under EFMA regarding working hours and rest is on “adequate” rest, which is undefined.

In reality, many MDWs still do not have a weekly rest day. Majority (84%) of our respondents (n=21) did not have a weekly rest day. On average, our respondents took 1.7 rest days in a month, working for two weeks without a rest day. Even for respondents who could take a rest day, they did not get a full 24 hours of continuous rest, as they were still expected by their employers to bathe, dress and feed their care recipients on this day.

A local study that surveyed 32 MDWs’ stress levels found that MDWs were better able to rest on their rest days when they knew their employers had made alternate arrangements to provide care for the care recipients, or that the employer could effectively manage the care themselves.⁵⁰

“Diana: I have to prepare Ma’am H. Following the daily routine we have in the morning... Then around 5 p.m., I have to return because I know Ma’am H would need to change her diaper then. I give her a thick diaper since I could be out for a few hours.

I: So when you’re on off day and the daughter is here, does she know how to change the diaper?

Diana: No, and that’s why I have to use the thick diaper on Ma’am H.”

- Diana, caring for a bedridden 91-year-old with dementia, for 10 years

Nationally, in the last four years, around 20% of MDWs—more than 50,000—agreed to be compensated for work done in lieu of a rest day at the point of their work permit applications.⁵¹ According to MOM’s 2015 MDW survey, 98% of respondents had at least one rest day a month.⁵² However, according to another study conducted by HOME in the same year, only slightly more than half of the 800 MDWs surveyed said that they had a weekly day off.⁵³ The proportion of our respondents who did not take (i) a weekly rest day or (ii) a monthly rest day was 84% and 20% respectively—higher than these national averages. This could be explained by the fact that those with eldercare responsibilities find it more difficult to take a full day off in the absence of alternative caregiving arrangements.

“

Joyce: But sometimes my employer will ask me if I can work on some Sundays, I just agree.

I: But how many times has this happened? That your Ma’am asked you not to take your off day?

Joyce: A lot of times.

- Joyce, caring for a wheelchair-bound 66-year-old who had a stroke, for 7 years

⁵⁰ Wei Ting Chew, “Caregiver Stress and Coping of Foreign Domestic Workers Caring for Older Adults with Dementia”. Bachelor Thesis. National University of Singapore, 2018. <https://scholarbank.nus.edu.sg/handle/10635/158131>

⁵¹ “Over 10,000 foreign domestic workers in S’pore do not have off days in work contract”, *The Online Citizen*, March 27, 2020, <https://www.onlinecitizenasia.com/2020/02/27/over-10000-foreign-domestic-workers-in-spore-do-not-have-off-days-in-their-work-contract/> (accessed November 9 2020).

⁵² *Ibid.*

⁵³ “Guarantee weekly days off for domestic workers”. *Humanitarian Organisation for Migrant Economics*, February 21, 2020, <https://www.home.org.sg/statements/2020/2/21/guarantee-weekly-days-off-for-domestic-workers-5pew5> (accessed November 9, 2020).

Overwork

Inadequacy of current means of addressing overwork

C. Under-utilisation of respite care services

None of our respondents' employers engaged respite care services for their rest days. Only one employer arranged for one-off respite care at a nursing home when the respondent was going on annual leave.

Another respondent said her employer looked into respite care during her annual leave period but found it too expensive. Her employer also worried about the elderly person's safety at the nursing home. When he suggested paying the respondent to forgo her annual leave, she insisted that she needed to spend time with her young daughter. He ended up flying her daughter and mother over to stay with them for 12 days instead.

“*Actually we bought already the ticket round trip. But suddenly Ah Ma cannot walk—this year, February. So my employer ask me, I no need to go back. They must pay me.. But I never accept the payment. Because I tell to my boss, 'I still young, I still can earn money, but the time I spent to my daughter you cannot pay any amount.' Because since birth, I left my daughter 6 months old... So we ask for the (nursing) homes, for temporary, Ah Ma to stay. So the payment is \$3,000 for 10 days, not include the diaper, medicine, anything. So it will come up to around \$5,000 in 10 days. So after that one, Sir say he worried if the mother bring the homes, the bed is small. They have a tendency Ah Ma will fell down, then Ah Ma will shout. Because Ah Ma always wants somebody with her. So the last option, the last offer they ask me is bring my daughter here. Last May, this year, my mother and daughter come here.*

– **Athena, caring for an 85-year-old stroke patient with dementia, for 7 years**

The idea of engaging regular, weekly respite care services appears to be prohibitively expensive to most households. A brief survey of 24-hour respite care services in the market puts the average price of home-based care at \$458-578 for one full-day, depending on whether nursing care is required. That works out to be about \$1,800-2,300 a month—a significant expense before subsidies (and not all services and households are eligible for subsidies). Households employing

MDWs are unlikely to qualify for high levels of government subsidies for long-term care services, including respite services, due to means-testing. According to research by Lien Foundation, respite services provided at voluntary welfare organisation-run centres come to \$53 a day, which could be unaffordable for those whose household incomes are just above the cut-off for subsidies.⁵⁴ These centres are often not open on Sundays, i.e. when MDWs typically take their days off.⁵⁵ It does not make economic sense for employers to engage respite care regularly, when they could pay a much lower amount to their MDWs in compensation for their rest days.

Employers we interviewed expressed that services are generally costly. One employer had wanted to enrol her mother at daycare three times a week, but reduced it to once a week as her mother did not enjoy going and it was too expensive (they did not qualify for subsidies).

“

So far, we did [therapy service] about two to three times only. But quite expensive. The one come to the house to do exercise. But the cost is too high. Two hours is about \$100 plus. After subsidy, we apply for subsidy, we get 20 to 30%. So we still pay like—they came here for two hour—we pay about \$90.

– **Andrew, employing an MDW to care for his 93-year-old mother who needs help with all ADLs except feeding, for 10 months**

⁵⁴ Elaine L.E. Ho, and Shirlena Huang, *Care where you are: enabling Singaporeans to age well in the community*, (Straits Times Press Pte Ltd, Singapore, 2018), 147.
⁵⁵ *ibid.*

Overwork

Inadequacy of current means of addressing overwork

C. Under-utilisation of respite care services

Current usage of formal services not providing adequate respite

Forty per cent of our respondents' care recipients (n=10)⁵⁶ were enrolled in community-based formal care services, such as senior daycare, and attended them in a sustained manner. Twenty-eight per cent of their care recipients (n=7) used home-based eldercare services, such as home therapy and nursing services, in a sustained manner.

Regular utilisation of formal care services by the elderly helps redistribute some of MDWs' workloads in two ways. First, respondents said they felt less stressed when they were not solely responsible for caregiving. Second, when the elderly persons enjoyed the service, MDWs had to perform less of the emotional labour of keeping their spirits up. One respondent said that when her care recipient was at daycare, she could "see his happiness and liveliness, so I also feel very happy and satisfied".

“ *I. So when you are at the center, do you have more tasks or less tasks to do?*

Nalin: It gets less.

I. It gets less? Why?

Nalin: Because it is also the nurses as well.”

- Nalin, caring for a 92-year-old who has dementia and needs help with all ADLs, for 1 year and 9 months

However, the effectiveness of care services in providing respite is limited by the fact that MDWs often still have to assist with caregiving in the meantime. Seventy-six per cent of our respondents whose care recipients used formal care services (n=13)⁵⁷ were asked by their employers to be physically present during service hours to assist with ADLs and therapy exercises. Respondents said there were not enough care staff to attend to every elderly person, and that those persons accompanied by MDWs were presumed to need less staff attention. For one respondent, her presence at the formal care centre seemed so critical to the elderly person's family caregiver that she was not allowed to miss a day to rest at home when she was ill.

“

So to the employer, I said, 'Sir, he (her doctor) gave me MC (medical certificate),' and I showed him my MC. 'But if you take leave now and Ah Gong is going to daycare, then how?' he said. So I said, 'It's OK, I will go.' I just said that because, 'No, cannot, they gave me MC I'm going to rest'—I can't say that, I won't be able to suggest that.

- Kevaly, caring for an 89-year-old who has early-stage dementia, had a stroke and is wheelchair-bound, for 4 months

⁵⁶ Eight out of the 10 care recipients had high care needs, and six out of the 10 had dementia.
⁵⁷ Out of 17 respondents whose care recipients used formal care services in a sustained manner.

Recommendations to deal with overwork

Recommendation 3: Strengthen legislative protection of MDWs

3A: Regulate working hours and define rest hours for MDWs

3B: Mandate written contracts covering all terms and conditions of employment

Recommendation 4: Guarantee access to respite care services

4: Guarantee access to respite care services

Overwork

RECOMMENDATION 3: **Strengthen legislative protection of MDWs**

Robust legislative protection is important and necessary for MDWs to ensure that their rights and well-being are protected while they are working in Singapore. It also entitles and empowers them to seek recourse in the event that their rights are violated.

3A: Regulate working hours and define rest hours for MDWs

There is an urgent need for the working hours of MDWs to be reduced and regulated, and for them to get sufficient rest time. Minimum standards for adequate rest must be clearly defined, and limits on working hours should be defined in a way that takes into consideration the nature of caregiving work. The ILO Convention 189 recommends ways in which working and rest hours can be set for MDWs:

- (i)** Mandate at minimum 24 consecutive hours of weekly rest. A number of countries, including Taiwan, Canada and the United Kingdom, have implemented a mandatory rest day to allow domestic workers at least a day of uninterrupted rest, which often falls on either Saturday or Sunday.
- (ii)** Where national laws, regulations or collective agreements provide for weekly rest to be accumulated over a period longer than seven days for workers generally, such a period should not exceed 14 days for domestic workers.
- (iii)** Regulate (a) the maximum number of hours per week, month or year that a domestic worker may be required to be on stand-by, and the ways these hours might be measured; (b) the compensatory rest period to which a domestic worker is entitled if the normal period of rest is interrupted by stand-by; and (c) the rate at which stand-by hours should be remunerated.

This is especially relevant for MDWs performing eldercare, given that they often have to attend to their care recipients at night (including on rest days). In healthcare, it is routine for medical doctors in hospitals to be put on call and have those hours counted as working hours, to be offset with rest days afterwards. It is also common for workers in other industries who work overtime to claim a corresponding amount of off hours on another working day. These arrangements and provisions should similarly be applied to MDWs providing eldercare. Some countries have specifically legislated limits on and compensation for stand-by hours.⁵⁸

France: Convention Collective Article 3

In the case of workers who are responsible for children, elderly persons or persons with a disability, the worker concerned can utilise the time for herself/himself but must stay vigilant and ready to intervene. The number of on-call hours must be stated in the contract and must be remunerated at a rate equivalent to two-thirds of a normal working hour.

South Africa: Sectoral Determination 7 (Domestic Worker sector)

Stand-by is defined only as work during the night, between 8 p.m. and 6 a.m. the next day, when a worker is required to be at the workplace, may be permitted to rest or sleep but must be available to work if necessary.

However, an employer may not require a domestic worker to be on stand-by for more than five times per month or 50 times per year, and may do so only for work that needs to be done without delay.

⁵⁸ International Labour Office, "Domestic Work Policy Brief 2: Working Hours in Domestic Work," http://apmigration.ilo.org/resources/resource-content/working-hours-in-domestic-work/at_download/file (accessed November 9, 2020).

Overwork

RECOMMENDATION 3: Strengthen legislative protection of MDWs

(iv) Hours of work, including overtime and periods of stand-by, should be accurately recorded, and this information should be freely accessible to the domestic worker. British Columbia, for example, requires employers and live-in domestic workers to sign an employer contract that includes hours of work. The employer must keep a record of daily hours worked, even if the domestic worker is paid a salary instead of an hourly wage. The employer can have the worker record his or her hours on a timesheet. Employees should also keep their own record of all the hours they work.⁵⁹

Participants of the FGD were widely supportive of the need to have legal limits on their working hours. One emphasised the need for “an 8-hours period of (daily) rest. So that we have time for ourselves and talking with our families back in our country”. While concerned about the feasibility of keeping records of hours worked, EAs we spoke to similarly endorsed the need for compensatory rest periods for MDWs who have to be on stand-by at night.

To start, the provisions above should be included in the MOM guidelines for employers. In the long-run, we recommend that the EFMA be amended to include provisions on 24 hours of continuous rest, compensatory rest periods for stand-by hours, maximum working hours, entitlements to paid sick leave, annual leave and overtime pay. The government should also consider ratifying the International Labour Organisation’s Domestic Workers Convention (ILO 189), and ensuring that EFMA provisions achieve at least minimum standards under the Convention.

3B: Mandate written contracts covering all terms and conditions of employment

Written contracts between an MDW and her employer should be mandated. They should cover all terms and conditions of employment, in particular (as stated under Article 7 of the ILO Convention C189):

- (a) the name and address of the employer and of the worker;**
- (b) the address of the usual workplace or workplaces;**
- (c) the starting date and, where the contract is for a specified period of time, its duration;**
- (d) the type of work to be performed;**
- (e) the remuneration, method of calculation and periodicity of payments;**
- (f) the normal hours of work;**
- (g) paid annual leave, and daily and weekly rest periods;**
- (h) the provision of food and accommodation, if applicable;**
- (i) the period of probation or trial period, if applicable**
- (j) the terms of repatriation, if applicable; and**
- (k) terms and conditions relating to the termination of employment, including any period of notice by either the domestic worker or the employer.**

Participants of the FGD agreed with the importance of written contracts in asserting their rights. EAs agreed that more aspects of MDWs’ employment terms, e.g. living arrangements, should be covered under their employment contracts. One representative suggested that the government provide a “better and more improved” version of a standard employment contract, covering more employment terms, for all EAs to use. Employers, while agreeing that contracts are important for both employees and employers, thought it would be impractical to define working hours due to the nature of caregiving, and stressed the need for “flexibility” from MDWs to attend to emergency situations. However, as we have said previously, it is not only possible but important to define working hours for domestic workers so that they are not overworked.

⁵⁹ British Columbia, *Hiring domestic workers*, <https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards/hiring/domestic-workers> (accessed November 9, 2020).

Overwork

RECOMMENDATION 4: **Guarantee access to respite care services**

Legislation on work and rest for MDWs must be accompanied by a greater shift in the redistribution of caregiving responsibilities.

The need to redistribute caregiving responsibilities between family units (including MDWs) and the community and government (through formal care services) is discussed extensively in our previous research report *Make Care Count*. The findings from our current research similarly highlight the same need for caregiving to be more equally distributed: The over-reliance on a sole caregiver is unsustainable in the long run and has negative implications on caregivers' emotional, mental and financial well-being, causing burn-out.

To better redistribute caregiving responsibilities so that MDWs are not over-burdened, we propose guaranteeing access to respite care services.

Guarantee access to respite care services

MDWs who are to be the primary or sole caregiver will need sufficient rest and respite, the lack of which will quickly cause burn-out. We thus argue that MDWs performing eldercare must be able to at least get one full day of rest a week. This is the bare minimum that should be entitled to workers.

Care plans should therefore explicitly include respite care options for those who hire MDWs and/or for the primary caregiver. We support a suggestion, made by a representative of an MDW support organisation, that a national respite care programme be set up to guarantee access for all who need it. We recommend that care services be publicly provided, in order to keep costs affordable to the general population. Special attention should be paid to households just above the cut-off point for subsidies. Priority for support should be given to MDWs who live alone with their care recipients, and are absolutely unable to take a full day-off without alternative caregiving arrangements in place.

In Taiwan, new regulations were introduced in 2019 to provide subsidised respite care when MDWs take time-off. Taiwanese who have hired foreign caregivers⁶⁰ to take care of family members with a severe disability, or who require limited

assistance (such as individuals living alone or those whose primary caregivers are over 70 years old), would be eligible for such services for up to 21 days annually.⁶¹ Once implemented, low-income households would be fully subsidised, while lower-middle income and "average" income households would be required to pay 5% and 16% of costs respectively. Respite care services can either be home-based or provided at designated care centers offering 24-hour care.

Singapore can adapt aspects of this policy, such that alongside long-term care (LTC) subsidies already available to the general population, more targeted subsidies can be aimed at those whose care needs are more severe and those who live alone with their MDWs. Instead of 21 days, we propose 52 days (for the number of weeks in a year) of heavily subsidised respite care services. We note too that the level of subsidy offered under the Taiwanese scheme is more generous, covering up to 84% of costs for the "average" income household.⁶² In contrast, LTC subsidies for lower-middle and upper-middle income households in Singapore range from 60% to 30%.⁶³

⁶⁰ These are foreign, live-in caregivers.

⁶¹ "New rule to help short-term substitute caregivers in Taiwan," *Asia Times*, November 27, 2018, <https://asiatimes.com/2018/11/new-rule-to-help-short-term-substitute-caregivers-in-taiwan/> (accessed October 20, 2020).

⁶² We were unable to find the exact definition or income level of the average household for Taiwanese policies.

⁶³ Elaine L.E. Ho, and Shirlena Huang, *Care where you are: enabling Singaporeans to age well in the community* (Straits Times Press Pte Ltd, Singapore, 2018), 94.

Lack of caregiving-specific informational and emotional support

Findings on the lack of caregiving-specific support

The third factor contributing to MDWs' caregiver burden is the lack of informational and emotional support for challenging caregiving situations.

Our respondents described two types of challenging caregiving situations: (i) coping with evolving care needs of care recipients and (ii) coping with verbal and physical abuse from care recipients with dementia.

Fifty-six per cent of our respondents (n=14) shared that their care recipients' conditions had worsened during the time they had been looking after them. This was a result of stroke, falls, infections and general deteriorating health. The MDWs had to adapt to these evolving care needs by learning tube-feeding, changing diapers more frequently, assisting more with mobility, managing new medication and so on. Overall, they also had to supervise the elderly persons more closely as their health deteriorated, to prevent falls and accidental injuries.

“ If she needs to go to the bathroom, I take her. She can't walk very well since she is quite old and doesn't use a cane either. There are a lot of people at daycare so I have to be near her...she doesn't say anything and will get up suddenly to go to the bathroom, and she falls frequently.

- Rosalia, caring for a 82-year-old who has dementia and needs help with almost all ADLs, for 1 year and 3 months

MDWs caring for persons with worsening dementia face additional challenges in their care recipients' mood swings and decreased functional ability. These MDWs have to cope with verbally and physically abusive behaviour. Fifty-five per cent of MDWs (n=6) looking after an elderly with dementia (n=11) faced verbal abuse and 36% (n=4) faced physical abuse. This manifested in care recipients scolding and shouting at them, scratching and pinching them.

Existing research has identified the task of managing difficult dementia-related behaviours as a factor contributing to caregiver burden. These behaviours include, but are not

limited to, aggression, agitation, confusion, suspicion and unpredictable behaviours.⁶⁴ Chew's study showed that the higher the frequency of disruptive behaviour by persons with dementia, the higher their MDWs' stress levels.⁶⁵

MDWs understood that these challenges were common in caregiving for the elderly. However, they faced an increased caregiver burden when not provided with sufficient informational and emotional support to deal with them.⁶⁶

“

Fadhilah: She scold me also, hit me. But I didn't blame her. I blame her disease. She is very good person. But because of her condition lah. She like that. Kick us, punch us, then speak so bad like that. Scolding.

I: Then if that happens, how do you manage it?

Fadhilah: I step back. Just make sure she will not fall down.

I: Do you do anything to calm her down?

Fadhilah: Cannot calm her down. Cannot distract also... Her mind is there. So she keep on do what she is doing at the time.

- Fadhilah, caring for a wheelchair-bound 84-year-old with dementia, for 1 year

⁶⁴ Alzheimer's Association, *Caregivers for Alzheimer's and dementia face special challenges*, <http://www.alz.org/care/overview.asp> (accessed November 9, 2020).

⁶⁵ Wei Ting Chew, "Caregiver Stress and Coping of Foreign Domestic Workers Caring for Older Adults with Dementia". Bachelor Thesis. National University of Singapore, 2018. <https://scholarbank.nus.edu.sg/handle/10635/158131>

⁶⁶ Juit Lin Heng, Emilia Fan and Ee-Yuee Chan, "Caregiving experiences, coping strategies and needs of foreign domestic workers caring for older people", *Journal of Clinical Nursing* 28, 3 (2018): 465-466, DOI: 10.1111/jocn.14619

Lack of caregiving-specific informational and emotional support

Reasons for the lack of caregiving-specific support

A. Employers are not equipped and EAs not incentivised to provide support

As the health condition of the care recipient deteriorates, and/or the care recipient becomes abusive, it is reasonable for an MDW to turn to her employer to ask for support. However, the employer may not be equipped to provide this support because they have not themselves received training on how to deal with these challenges. They may also be suffering from caregiver burden and lack the emotional bandwidth to address the stresses the MDW is experiencing.

Indeed, employers tend to downplay MDWs' concerns about adapting to challenging caregiving situations, and typically ask them to be more understanding of the care recipients' abusive behaviours. Employers have also suggested that MDWs develop resilience in dealing with caregiving challenges, without providing support on their own or pointing to support available within the system. This unsatisfactory response from the employers has the effect of reducing MDWs' concerns to personal shortcomings, rather than acknowledging their need for more tangible, caregiving-specific support.

“ Sometimes I really tell the son, 'I really cannot tahan (handle), I want to go home.' Then the son answer, 'You survived the previous year. Now we see Ah Ma is very weak, like going... why you want to back out?' Like that. So I keep praying only.

- Athena, caring for an 85-year-old stroke patient with dementia, for 7 years

None of the employers we interviewed knew of relevant support channels or resources, i.e. caregiving support groups or helplines, to which they could redirect their MDWs. They expressed interest in finding out more as they thought it would be better for MDWs to discuss their struggles with professionals rather than with them.

“ How come my maid agency never tell me this, ah (about services offered by support organisations)? They should start with the government, because the government has all the resources to help publicise and link them up, correct? You can't leave everything to the agencies, they're there for profit and commercial and transactional reasons, let's be straight about that!

- Henry, employing an MDW to care for his 82-year-old mother who needs help with IADLs due to depression and anxiety, for 2 months. His mother is often verbally abusive to their MDW and Henry is not always able to mediate.

Another potential source of support are the EAs. However, EAs may not see the provision of post-placement support to MDWs as part of their job scopes. Stakeholders we spoke to said that the majority of EAs were not equipped nor set up to provide MDWs with the caregiving support they required.

“ Wani: They (agent) said... because I asked them to transfer me, 'We cannot help you,' they said. 'You have to help out Ah Ma. Just be patient.' That's all.

[t. Were you satisfied with the help they gave you.](#)

Wani: No.

- Wani, caring for an elderly person who needs help with showering, and has high blood pressure and a leg amputation, for 1 month

Stakeholders also highlighted the business conflict EAs faced in dealing with MDWs' reports of abusive behaviour by care recipients. Unless the EAs were training providers themselves, or social enterprises run by healthcare professionals, it was not in their interest to expose MDWs' lack of training to deal with certain caregiving situations or to escalate experiences of abuse.

Our interviews with the four progressive EAs revealed that they too differed in the frequency and type of post-placement support they offered MDWs. Two of the EAs have regular "check-ins" with the employers and MDWs, and all the EAs offer mediation in cases of dispute. Yet none of this is caregiving-specific support. All of the EAs have general helplines that MDWs can contact for informational support, but only one EA provides caregiving-specific informational support. Their MDWs have a direct line to medical professionals to keep track of elderly persons' vital signs; they can ask for help in emergency situations. That agency's staff, who are mostly medical professionals, also conduct home visits post-placement and speak to employers, care recipients and MDWs to ensure that the match is working out well. As far as we know, such post-placement support is rare in the industry.

Lack of caregiving-specific informational and emotional support

Reasons for the lack of caregiving-specific support

B. MDW-specific caregiver support systems do not exist

As live-in caregivers, MDWs occupy a unique position. The emotional challenges MDWs face are different from family caregivers', as they do not share the familial relationship between caregiver and care recipient, and may understandably worry that family caregivers would side with care recipients over them. Additionally, they are still employees who need to maintain a good working relationship with their employers, and might not feel comfortable leaning on them for emotional support, especially if it entails being honest about their feelings.

We understand from speaking to MDW support organisations that MDW-specific caregiver support systems do not exist. Centre for Domestic Employees (CDE), Foreign Domestic Worker Association for Social Support and Training (FAST) and Humanitarian Organisation for Migration Economics (HOME) offer support services such as helplines and counselling sessions. However their helplines and counselling sessions focus on employment-related matters and they do not have the capacity to provide caregiving-specific support.

Existing caregiver support groups and helplines focus on family caregivers. At the time of this report, only TOUCH Community Services and Alzheimer's Disease Association have caregiver helplines⁶⁷ that are open to MDWs, but they are not specifically tailored to them.

66 *In front of them I must sugarcoat as best I can, because whatever it is, whether her mother is crazy or not, for your own parent, if you see the domestic help you hired scold her, you wouldn't like it. So I feel upset.*

- Chandi, caring for a 85-year-old with dementia who needs help with all ADLs, for 7 months

Inadequacy of current means of addressing lack of caregiving-specific support

Trainings for MDWs are typically one-off, do not meet evolving care needs

Basic eldercare training for MDWs are typically one-off and vary in terms of how tailored they are to the care recipients' exact care needs. Most of our respondents had attended some level of basic eldercare training, which does not cover more complicated procedures such as tube-feeding and nursing care.

Sixty-four per cent of our respondents (n=16) reported that they were trained to perform all of the topics covered in the training for the ElderCarer FDW scheme by the AIC.⁶⁸ This scheme is recommended by the government to family caregivers who wish to hire pre-trained MDWs for eldercare. Training topics include:

- (1) Ageing;**
- (2) Monitoring vital signs;**
- (3) Assisting elderly persons with their day-to-day care (i.e. ADLs);**
- (4) Assisting elderly persons with simple activities and exercises, and preventing falls;**
- (5) Assisting elderly persons with medication and tending to minor wounds;**
- (6) Communicating with elderly persons when delivering care.**

However, the care conditions MDWs are trained for at the start of their jobs may differ significantly as the years progress and their care recipients' conditions deteriorate. As a result, MDWs face changes in the ADLs and IADLs with which they are expected to help. Techniques that MDWs have learnt during pre-discharge training in hospitals, step-down care institutions or basic eldercare training courses may therefore not be applicable to the new caregiving challenges they face. Although the Caregiving Training Grant is available yearly for family caregivers or MDWs to upgrade their caregiving skills accordingly, most employers were reluctant to send MDWs for continuous training.

⁶⁷ National Council of Social Service, *List of Helplines*, <https://www.ncss.gov.sg/NCSS/media/NCSS-Documents-and-Forms/NCSS%20Internal%20Documents/LIST-OF-HELPLINES.pdf> (accessed November 11, 2020).

⁶⁸ Agency for Integrated Care, *ElderCarer Foreign Domestic Worker Scheme*, <https://www.aic.sg/caregiving/elderCarer-foreign-domestic-worker-scheme> (accessed November 9, 2020).

Lack of caregiving-specific informational and emotional support

Recommendations to address lack of caregiving-specific support

Recommendation 5: Improve informational and emotional support

5A: Create MDW-centred caregiver support resources

5B. Require employment agencies deploying MDWs who are also caregivers to provide caregiving-related informational support

Lack of caregiving-specific informational and emotional support

RECOMMENDATION 5: Improve informational and emotional support

5A: Create MDW-centred caregiver support resources

One mitigating factor of the caregiver burden that we found is the availability of informational support. MDWs found it extremely useful to have a point of contact for informational support for caregiving. For example, MDWs whose care recipients used formal care services were also in contact with the healthcare professionals. When they were unsure about changes in condition, they could quickly reach out to doctors or nurses over WhatsApp and be advised on next steps.

Given the growing number of MDWs who are caring for the elderly in Singapore, there is an urgent need to ensure that support resources are available and accessible to them. We recommend that the government provide funding support for relevant community organisations to create these resources—e.g. MDW caregiver support groups, translated versions of caregiver guides and specialised helplines.

5B. Require employment agencies deploying MDWs who are also caregivers to provide caregiving-related informational support

EAs are supposed to follow the “Guidelines for Employment Agencies placing Foreign Domestic Workers” to “render help and support unreservedly and promptly when sought by the worker”.⁶⁹ A breach of any provision of the guidelines may result in the imposition of demerit points and the suspension or revocation of the EA’s licence.

We suggest that the Guidelines include more specific provisions to require EAs who wish to deploy MDWs for caregiving to have in place operational structures ensuring access to caregiving-related informational support for their workers. This could be in the form of, for example, partnerships with caregiving training providers who can provide such support, or actively linking MDWs to appropriate channels.

One EA we would like to spotlight for the caregiver-support they provide to their MDWs is 1 Care. This agency uses a monitoring device called Maizal Care, which MDWs can use to record the elderly person’s food, water, medication intake, blood pressure readings, symptoms etc. These readings are sent directly to nurses at 1 Care who can monitor in real-time, and step in to advise the MDWs on what to do if something is amiss. MDWs can also show these readings to doctors so that less communication is expected on their part for the elderly’s care needs. 1 Care currently does not charge employers of MDWs to use this system and over 800 families have opted to use this.

“

I: So everyday instructions were given by the...?

Sofea: The doctors and nurses, then I just relay it to my Ma’am.

I: Who do you talk to when you have questions?

Sofea: My Ma’am. But about the patient (the care recipient), it’s the nurses—I WhatsApp the nurses

– Sofea, caring for a bedridden 99-year-old who has dementia and high-intensity care needs involving suctioning and tube-feeding, for 6 years

⁶⁹ Ministry of Manpower, “Annex: Guidelines for Employment Agencies placing Foreign Domestic Workers,” <https://www.mom.gov.sg/-/media/mom/documents/employment-agencies/guidelines-for-eas-placing-fdws.pdf?la=en&hash=0BCB683BAF6A5079C53EC9BB5693D867> (accessed November 9, 2020).

Long-term recommendation:

Professionalise live-in caregivers and home-care workers

Several stakeholders expressed the need for the home-care industry to be professionalised, including for live-in caregivers like MDWs. There is a general consensus that should MDWs be relied on to perform care in the long-run, they should primarily be treated as caregivers, rather than domestic workers who perform household chores, with the recognition that caregiving is a form of skilled work. There is, thus, a case to be made for professionalising these workers, and making the industry attractive to both migrants and locals.

To facilitate this, a Skills Framework (SkillsFuture) should be introduced for home-care workers, and live-in caregivers alike. Salary guidelines should be pegged to the Skills Framework to establish corresponding salary increments. These processes help strengthen the valuation and compensation for care work. Despite the growing need for care, those providing it continue to be underpaid: According to a Lien Foundation study on long-term care manpower (2018), the average monthly salary of a LTC support care worker (e.g. nursing aides, healthcare assistants) is around \$1,350 for locals and \$850 for foreigners.⁷⁰ For Singaporeans, a typical worker earns more than three times the earnings of a support care worker.⁷¹ On the lowest end of the spectrum, the median salary for MDWs over the last three years is \$560.⁷²

Stakeholders also stressed the importance of de-feminising the industry, and to actively encourage the recruitment of men to perform care. Not only is there a practical argument to be made—some care recipients may require persons with greater physical strength to lift, or prefer same-gender caregivers—active inclusion of men as caregivers would also shift societal and gender norms around caregiving.

Certainly, professionalising the industry and raising standards and wages would ultimately result in a higher cost to consumers—a concern similarly identified by other stakeholders. We agree that long-term care must be affordable to all, given that it is a basic need. However, it should not come at the expense of those who are performing it, with a market that continues to devalue their work. The government should allocate a higher budget to meet the population's long-term care needs, including subsidising the wages of those providing care. By making the industry more attractive with certification and higher wages, the government would also create more job opportunities for locals.

⁷⁰ LIEN Foundation, *Long Term Care Manpower Study*, July 2018. http://www.lienfoundation.org/sites/default/files/Long%20Term%20Care%20Manpower%20Study%20FINAL_0.pdf.

⁷¹ In 2018, the median salary from full-time work inclusive of employer CPF contribution was \$4,437. Ministry of Manpower, Manpower Research and Statistics Department, *Labour Force in Singapore 2018*, 2018, Singapore.

⁷² Written answer by Mrs Josephine Teo, Minister for Manpower, to PQ on median salaries of foreign domestic workers, Ministry of Manpower, 3 February 2020.

<https://www.mom.gov.sg/newsroom/parliament-questions-and-replies/2020/0203-written-answer-by-mrs-josephine-teo-minister-for-manpower-to-pq-on-median-salaries-of-fdws>

Conclusion

With more households depending on MDWs as a solution to meet their care needs, more attention must be paid to the state of MDWs' work conditions, and the quality of care they are able to provide. We should respect the labour rights of MDWs, and moreover, their work conditions affect the quality of care they can provide to our elderly population.

At the same time, Singapore's growing dependence on MDWs to meet care needs should not mask the pressing issue of developing more sustainable long-term care systems, to allow for a more equal redistribution of care between families, communities and the government. We hope to see a national long-term care plan that explicitly discusses how MDWs fit into Singapore's strategy in dealing with the ageing population, and what proportion of the nation's care load is expected to be shouldered by MDWs, family caregivers and formal services, respectively.

While it may be tempting to keep relying on MDWs as a source of relatively cheap labour for middle-class households in Singapore, we are cognisant of the role that Singapore is playing in the global care chain. The current system we have substitutes the reproductive labour expected to be performed by Singaporean women with labour performed by domestic workers, without consideration for the care crisis created as a result of these workers' migration to Singapore. There is thus an imperative to rethink our reliance on women's reproductive and caregiving labour, and shift towards redistributing care labour in a more equal fashion among all members of society. This cannot be achieved without ramping up government support in developing Singapore's care infrastructure, and a radical shift in societal and gender norms around caregiving.

EA interviews

From December 2019 to January 2020, we conducted 12 interviews with founders and staff from four EAs. All four EAs described themselves as using ethical recruitment practices to minimise debt for MDWs. We chose them to learn about these “best practices”. Below, we summarised some of the features of these EAs.

	Recruitment method	MDW job scopes under EA	Training	Matching	Post-placement support
EA 1 (under APS)	Mixed recruitment ⁷³	Eldercare caregivers	Participates in Eldercare FDW Scheme ⁷⁴	Conducts care needs assessment with a formal questionnaire, filled out by the agency’s own medical professionals, upon speaking with prospective employers and assessing their care recipients	<ul style="list-style-type: none"> • General informational support helpline and caregiving-specific informational support (i.e. direct line to a medical professional in case of care emergency) • Regular “check-ins” with employers and MDWs • Mediation services in case of dispute
EA 2 (under APS)	Mixed recruitment	Eldercare caregivers	Participates in Eldercare FDW Scheme	Employers fill in a formal questionnaire regarding their care recipients’ care needs (without assessment by medical professionals)	<ul style="list-style-type: none"> • General informational support helpline • Regular “check-ins” with employers and MDWs • Mediation services in case of dispute
EA 3	Transfer only ⁷⁵	Eldercare caregivers	Refers MDWs who need training to AIC-approved training courses	Informal calls with employers to assess care recipients’ needs. Asks about medical history and usage of formal services	<ul style="list-style-type: none"> • General informational support helpline • Mediation services in case of dispute
EA 4	Transfer only	Eldercare, childcare and housework	N/A	Informal calls with employers to assess care recipients’ needs. Asks about medical history and usage of formal services	<ul style="list-style-type: none"> • General informational support helpline • Mediation services in case of dispute

⁷³ Mixed recruitment EAs handle sourcing for Transfer MDWs within Singapore and also bringing in MDWs directly from their countries. Transfer MDWs are already in Singapore but have had their employment terminated before the end of their two-year contract.

⁷⁴ Under the Eldercare FDW Schemes, EAs provide eldercare-specific training for MDWs and ensure that they are trained prior to matching with employers with caregiving needs.

⁷⁵ Transfer-only EAs handle only MDWs who are in Singapore.

A day in the life of an MDW providing caregiving

A typical working day for an MDW is structured around her care recipient's (CR) routine, which varies depending on care needs and the utilisation of formal care services.

On average, the MDW wakes up around 6 a.m.. She then spends an hour helping the CR with toileting, showering and dressing, and possibly medical tasks such as measuring blood pressure or administering medication. Between 7.30 and 9 a.m., the MDW prepares breakfast for all household members before feeding the CR. (She eats while feeding the CR.) Feeding frequencies and times differ if the CR has specific medical conditions or requires tube-feeding.

For a CR who uses formal care services, the MDW will go to senior day care at 9 a.m., or accompany CR in activities carried out by a home-based provider. The MDW is rarely allowed to leave the CR's side even if a formal care provider is present. She spends an average of four hours caregiving during service hours. Though lunch is provided at the senior care centre, the MDW still needs to assist the CR in feeding. The CR gets restless and wants to leave after lunch. They get home at 2 p.m. Afterwards, the MDW does housework, interspersed with any necessary caregiving. Sometimes the MDW gets to rest when the CR takes an afternoon nap.

For a CR who does not use formal care services, the MDW usually engages the CR in home exercises, games and puzzles, or accompanies the CR to shop for groceries for an average of two hours.

She prepares and feeds the CR lunch, and does housework, from 9 a.m. to 5 p.m. Housework tasks are interspersed with caregiving tasks. Sometimes the MDW gets to rest when the CR takes an afternoon nap.

Around 5.30 p.m., the MDW brings the CR out for evening exercise. From 6 to 8 p.m., she cooks dinner for all household members, feeds the CR and eats her own dinner. After that, she will either finish up housework or continue engaging the CR (if there are no other family members who can look after the CR at this time). If she has completed her housework, she has about an hour to rest on average.

Around 9.30 p.m., the CR gets ready for bed. The MDW may apply medicated oil or do a rehabilitative massage; alternatively, she may keep the CR company by talking or watching TV. If the CR does not need this engagement, she can use this time for herself.

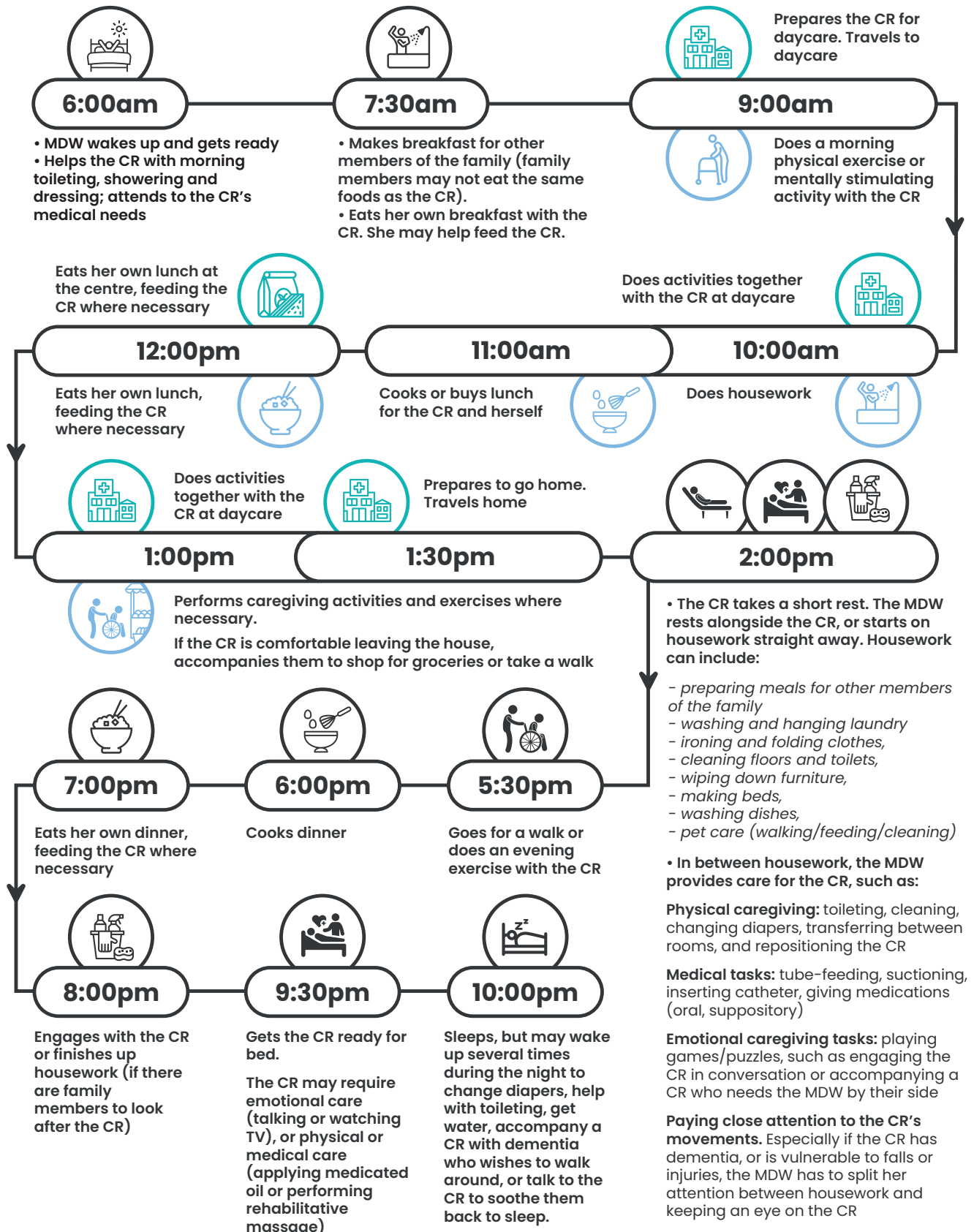
Though the MDW sleeps between 10 p.m. and 6 a.m., she has to wake up several times during the night to assist with toileting, changing diapers or getting water for the CR. If the CR has dementia, she may have

to follow them out for walks during the night as they have trouble sleeping. Or she may stay up and talk to the CR, to soothe them into falling back asleep.

On rest days, the MDW performs the same morning and evening activities (excluding day care), and spends the hours in-between outside of the house: spending time with friends, attending recreational activities or attending training courses.

A day in the life of an MDW providing caregiving

- MDW with a CR using formal care services
- MDW with a CR not using formal care services



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