aware

#MAKECARECOUNT

Research Report

September 2019

Contents

Introduction

The proportion of Singaporeans over the age of 65 years is projected to more than triple, from 9 percent to 29 percent, between 2010 and 2030.

To cope with a fast-growing older population, the government encourages individuals to:

a. Care and provide support for their elderly relatives to live in one's community—as opposed to living in a care facility—comfortably and independently even as one ages ("ageing in place" policy) [1]

b. Build their own retirement safety nets such as Central Provident Fund (CPF) ("retirement adequacy policy")

Unfortunately, for many individuals, family caregiving for relatives to age in place compromises their ability to build their own retirement adequacy. This is likely to affect more women than men as cultural norms cause women to shoulder more of the family caregiving burden.

Further, given Singapore's significant demographic changes, characterised by decades of sub-replacement level fertility rates and decreasing average family size, the family caregiving burden on each individual is expected to grow considerably in future. With a smaller or non-existent next generation of family caregivers to depend on, the caregivers of today will have less family support to age in place, in addition to having their retirement adequacy reduced because they supported their relatives to age in place earlier.

Additionally, the concomitant increase in life expectancy exacerbates the situation as it increases the amount needed to achieve retirement adequacy. Singapore defines a society-wide basic retirement sum (BRS) to indicate the minimum financial threshold for a decent retirement life. BRS is cohort-based, revised year on year, and based on four financial factors: employment, income, expenditure and wealth.[2]

This report examines the impact that the care of older persons has on the retirement adequacy of family caregivers. Despite government-supported mitigation strategies to redistribute caregiving responsibilities, and the "many helping hands" approach which encourages family, community and the government to work in tandem, the research, based on in-depth interviews with 22 family caregivers and 22 stakeholder interviews, finds that family caregiving has a negative effect on factors contributing to retirement adequacy.

Our research shows that family caregivers of older persons ageing in place face these negative impacts:

a. Loss of their own income if they reduce their work hours or leave their jobs
b. Diminution of savings to pay out-of-pocket caregiving costs
c. Threats to their retirement income due to reductions in their contributions to CPF and other retirement savings

The national eldercare strategy should be to distribute caregiving more fairly across and within households, and across communities and the state. This report sets out key recommendations for providing a better distribution of care for the elderly to age in place, and for providing more support to family caregivers to ensure that their retirement adequacy is not unduly compromised.

---

1 Co-housing for Successful Ageing-in-Place, Urban Redevelopment Authority, 2018. Accessed on 31 July, 2019: https://www.ura.gov.sg/Corporate/Resources/Ideas-and-Trends/Cohousing-for-successful-ageing

2 Vaithianathan, Rhema, and Stephen Hoskins, The OTC Institute Labour Research: Retirement Adequacy of Mature Workers in Singapore, (Ong Teng Cheong Labour Leadership Institute, Singapore, 2017)]

Research Methodology

Sampling

We used insights gained from previous research on family caregiving in Singapore to inform sample selection for our study. Eligibility screening questions focused on the age of the caregiver, self-identification as primary caregiver, co-location with care recipient and care recipient's age. We also sought respondents who did not have any children under the age of 21. Eligible women were between the ages of 45 - 65 years. Twenty-two female family caregivers were selected as respondents based on these criteria.

We secured written informed consent from respondents, guaranteeing their anonymity and confidentiality. Interviews were audio recorded and transcribed verbatim.

Methods

We used semi-structured interviews to gain an in-depth understanding of the varying and constantly evolving roles caregivers play in providing care to the elderly, and the impact of such work on their retirement adequacy. The interview questionnaire included questions on caregiving responsibilities, employment status before and after becoming primary caregivers, sources of income, care-related expenses, use of foreign domestic workers (FDWs) and long-term care services.

Interviews were carried out by trained volunteers in pairs, and often in the presence of a member of AWARE's research and advocacy team.

Data analysis

The data was coded and analysed using NVivo. The interpretation of the findings is

a. Grounded in respondents' interviews and semi-quantified, and
b. Presented in the context of relevant previous research and national-level data, where possible or appropriate.

Validity

The findings were validated through:

a. Triangulation by presenting these findings at meetings with 22 eldercare stakeholders, including academics, service providers, community hospitals, medical social workers, cluster support services and other professionals (May – July 2019), and

b. Respondent validation. The validation was further supplemented by a Focus Group Discussion with family caregivers of older persons (2 April 2019, AWARE)

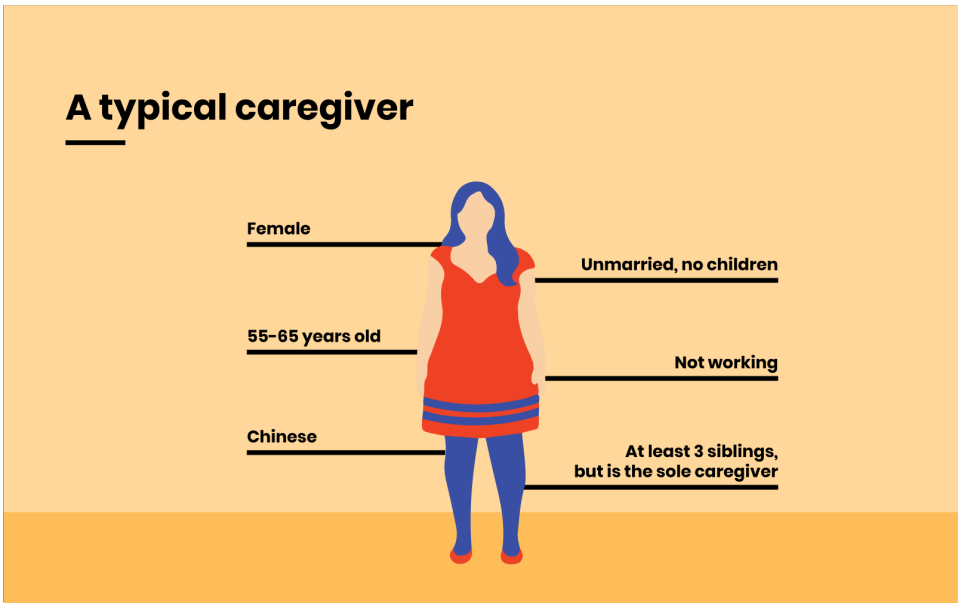
Limitations

The study relies primarily on the self-reported information provided by 22 female caregivers who were our respondents. Despite this limitation, care has been taken to validate the findings based on the primary data, as mentioned above.

Overview of Respondents

Caregivers and their care recipients belong to two highly diverse sectors of the population. To understand the nature and time commitment of caregivers' responsibilities and the impact of these responsibilities on their retirement adequacy, qualitative research methods were used to examine similarities and differences among the 22 female family caregivers we interviewed, based on the information obtained at the time of the interview.

A. Who are the caregivers we interviewed?



Most of them are in the 55 - 65 age group, never married with no children. They mirror the national population in terms of ethnicity: more than three-quarters of them are Chinese. Malays constitute the next highest ethnic group represented, followed by Indians.

The caregivers' monthly household income (MHI) averages $3,511 (median = $2,500), but their income from previous paid work was lower at $2,053 (average) and $550 (median). Many of them had university degrees, and all of them lived in purchased property. At the time of the interview, most caregivers were outside the labour force – that is, they were not in paid employment nor looking for a job,

> So sometimes I feel most of the time it's the single children [including the respondent herself]... who are automatically handed this kind of role. There's not much of a sharing of caregiving responsibility.
>
> **– Li Ting, aged 58, caring for her mother who has dementia**

Although most of them have more than three siblings (only one of our respondents was an only child), they received limited and inconsistent material and emotional support from these siblings. Some caregivers are caring for more than one care recipient. For example, Annie, 50, cares for her parents who both need help with more than three activities of daily living (ADLs), including bathing, dressing, eating, moving from bed to chair and going to the toilet.

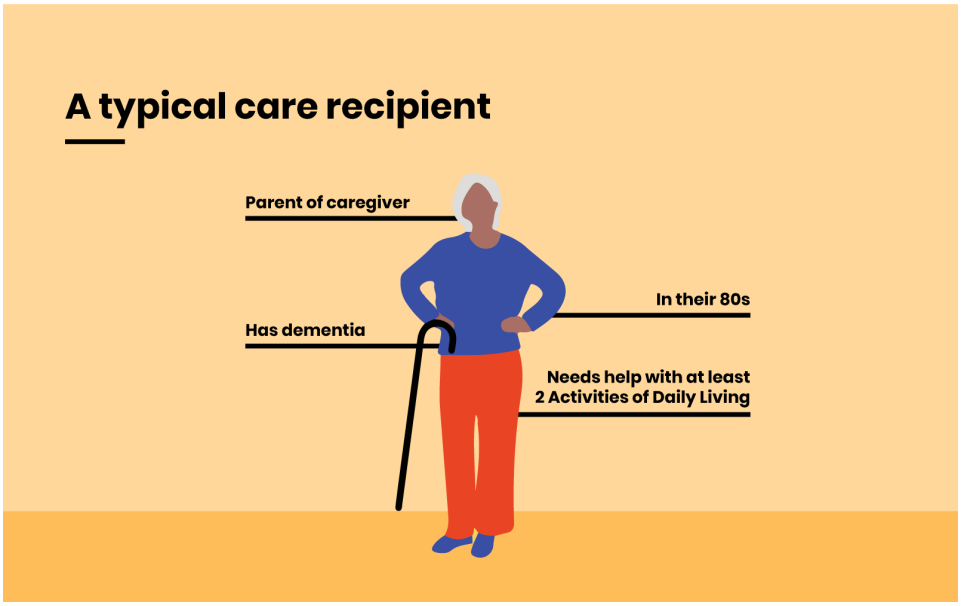
During the interview, most respondents said that they felt they had no choice but to be their parents' caregivers because of their gender and unmarried status. They felt that their siblings are able to evade caregiving responsibilities due to having their own children to care for.

Most caregivers have already provided care for an average of four years. Extrapolating from research that shows most older persons spend at least 10 years in disability before their demise, it seems likely that they will continue to need care for a minimum of another six years, which would presumably be provided by the existing caregivers.[3]

B. Who are the care recipients of our respondents?

Most of the care recipients of our respondents are in their 80s and required assistance with an average 2.11 ADLs.

We did not specifically screen for respondents by the number of ADLs that their care recipients required help with or for conditions such as dementia. Among our respondents, 14 are caring for care recipients with fewer than three ADLs, while eight are caring for care recipients with more than three ADLs. Dementia is common among care recipients of our respondents, with 50% of them caring for those with dementia.



3 The Burden of Disease in Singapore, 1990–2017, Ministry of Health. Accessed on 23 July 2019: https://www.moh.gov.sg/docs/librariesprovider5/default-document-library/gbd_2017_singapore_reportce6bb0b3ad1a49c19ee6ebadc1273b18.pdf, pp 19-20

Overview of Report

Many countries with ageing populations seek to reduce costs of eldercare and improve the quality of older persons' lives through long term care policies that aim to substitute home and community-based services instead of nursing home or institutional placements.[4]

The argument is that this would postpone institutionalised care, support health and improve the quality of care.[5] Singapore launched its Action Plan for Successful Ageing in 2015, with three key thrusts:

a. To help individuals age confidently
b. To create a cohesive society with intergenerational harmony, and
c. To enable ageing in place[6]

Globally, the shift towards ageing in place responds to the goals of active and productive ageing. It takes into account various dimensions, such as social and emotional well-being, physical and medical needs, and (un)healthy lifestyles.[8] But ageing in place is based on the assumption that families can or should play the primary role in caring for the elderly. This approach may be consistent with certain traditional values, but it does not account for the inequality of the care burden, including its unequal imposition on women. It may also disregard or at least underestimate the hidden costs of informal eldercare by female family members. Countries that seek to maintain or increase reliance on family caregivers need to alleviate the burden of family caregivers and reduce the economic costs associated with caring responsibilities.

Among our respondents, family caregiving includes assisting an older relative with ADLs or Instrumental Activities of Daily Living (IADLs), such as preparing meals, shopping for groceries, making telephone calls, assisting with medications, or a combination of these. Sections A, B, D and E of this report evaluate the impact of the tasks family caregiving on each retirement adequacy parameter (employment, income, expenditure and wealth).[9] Section C analyses policies in place intended to mitigate the burden of caregiving—specifically its impact on employment, income and expenditure.

---

4 Thomas, Kali & Applebaum, Robert. Long-term Services and Supports (LTSS): A Growing Challenge for an Aging America. Public Policy & Aging Report (Oxford University Press, 2015); Whitman, 2015

5 Milligan, 2000, 2009; Miller, Allen, & Mor, 2009; Wiles, 2005b

6 Introduction to Singapore Healthcare, Agency of Integrated Care, 2016. Accessed on 21 July 2019: https://www.aic.sg/sites/aicassets/AssetGallery/HC%20Information%20Kit_book1_FA-5(online).pdf

7 Walker, A. Commentary: The emergence and application of active aging in Europe. (2009, Journal of Aging & Social Policy), 21(1), 75–93; Wheeler, D., & Giunta, N., Promoting productive aging. (Health & Social Work 2009) ,34(3), 237–239

8 Wiles, 2005a, 2005b

9 Vaithianathan, Rhema, and Stephen Hoskins, The OTC Institute Labour Research: Retirement Adequacy of Mature Workers in Singapore, (Ong Teng Cheong Labour Leadership Institute, Singapore, 2017)

SECTION A

Family caregiving negatively impacts employment

#1

How does family caregiving affect the paid employment of caregivers?

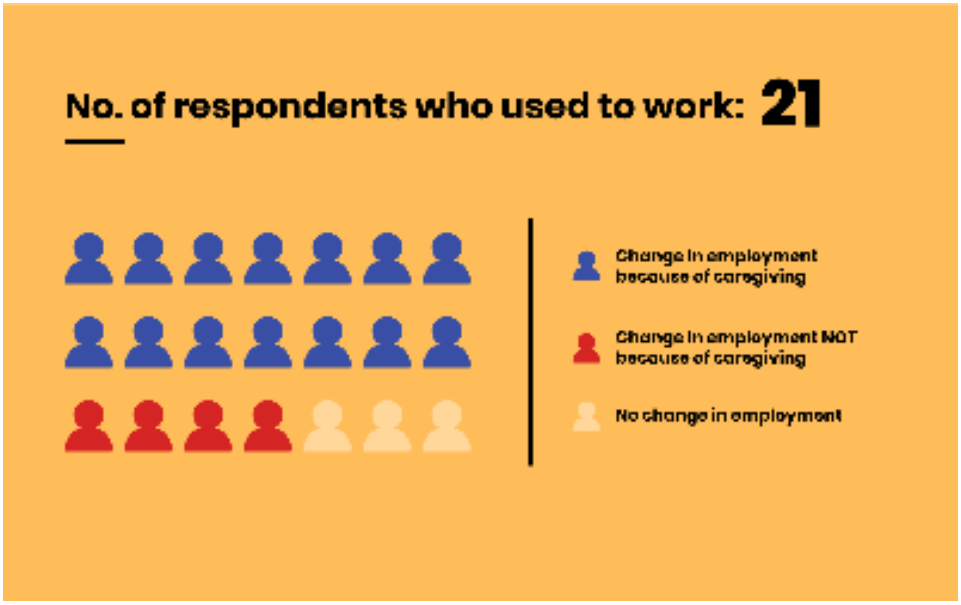
Family caregivers find it difficult to combine paid work with caregiving duties. They may choose to quit paid work or reduce work hours.

A quantitative survey of informal caregiving 2011 (the latest year for which data is available) found that 47% of family caregivers surveyed were not working.[10] Experts on work and caregiving suggest that this is because:

a. Caregiving commitments do not allow them to continue in employment because of time constraints, or

b. Those who became caregivers were not working in the first place[11]

In this study, all the respondents, except one, were in paid employment before they became primary caregivers. Out of the 21 respondents who used to work, 14 experienced a change in employment status because of caregiving, while three of them did not. The remaining four experienced a change in their employment but not because of caregiving and were thus excluded from employment-related analysis.[12] Even the three who did not experience any change in their employment status reported feeling work-related strains from taking unpaid leave to care for their parents.



10 Chan, Angelique, Ostbye, Truls, Malhotra, Rahul, and Athel J. Hu, The Survey on Informal Caregiving . Singapore: Summary Report For MCYS, (Ministry of Community Development, Youth and Sports, Singapore, 2011)

11 For example, see Jan Michael Bauer, Alfonso Sousa-Poza, Discussion Paper: Impacts of Informal Caregiving on Caregiver, Employment, Health, and Family, (Institute for the Study of Labour, 2015)

12 Their reasons were retrenchment, early retirement, and personal reasons and preferences unrelated to caregiving such as wanting to go into another sector.

A. Change in employment because of family caregiving: reduction and withdrawal

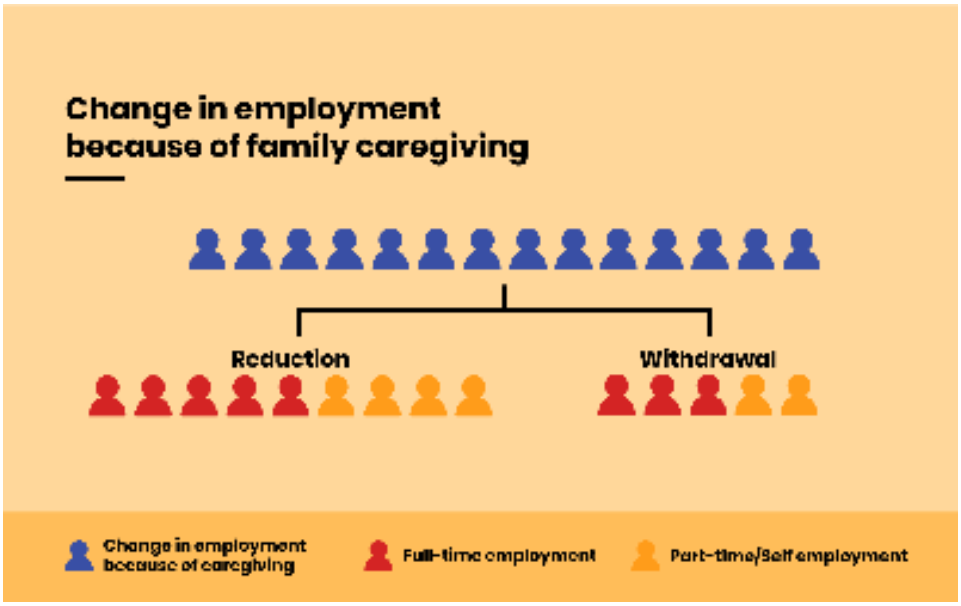
Respondents who experienced a change in employment were evenly split between those who reduced their working hours and those who completely withdrew from the labour force and were not looking for a job. The type of work accommodations that caregivers made/were forced to make after becoming primary caregivers had important short and long-term consequences. These accommodations might determine resources for out-of-pocket care-related costs and affect the accumulation of retirement savings and a caregiver's ability to be or stay employed after their care recipient passes away. The reduction group was evenly split between:

a. Those who were in full-time employment before they became primary caregivers; and

b. Those who were either self-employed or in part-time employment.

The withdrawal group looked fairly similar with an almost even split between full-time and part-time/self-employment, suggesting that the caregivers' pre-caregiving jobs didn't have a bearing on the type of accommodation they made or were forced to make after.

As caregiving roles change alongside care recipients' health conditions—i.e. perhaps becoming more intensive—one could reasonably expect caregivers to make more than one change to their employment status. Indeed five caregivers experienced more than one change, with three of them going from reduction in hours to withdrawal from work. But the majority only experienced one change in employment, i.e. they are still in the same working arrangement as the one after they first became primary caregivers.



From full-time to part-time, to eventually quitting: Annie's story

50-year-old, single Annie cares for her parents who both need help with more than 3 ADLs and have dementia. She employs a foreign domestic worker (FDW). Annie found it difficult to balance work with caregiving when she was working full-time, especially when her father was hospitalised and she had to complete reports while keeping vigil at his hospital bed. She then decided to take no-pay leave to spend more time with her parents before their conditions deteriorated further. When she returned to her company, only a part-time position was available, but this suited her as her parents' care needs increased. Her full-time salary of $5,800 was reduced by one-third when she worked part-time, but her work schedule was flexible and her employer continued to pay her CPF. However, eventually her workplace no longer wanted to continue the flexible work schedule arrangement, which led to Annie's resignation.

B. Care intensity and labour outcomes

Some studies show a significant relationship between intensive caregiving responsibilities (i.e. measured as 20 hours of caregiving) and lower hours of employment.[13] Although we did not press respondents to state the number of hours they spent on caregiving, we did collect information on the number of ADLs their care recipients required assistance with, and whether or not they were caring for someone with dementia.

Using caring for someone with more than three ADLs and/or dementia as a proxy for intensive caregiving,[14] we found that 11 out of the 14 who experienced a change in their employment status because of caregiving were providing high levels of care. Furthermore, the three respondents who did not experience any change in employment were providing care to individuals with neither more than three assisted ADLs nor dementia.

The last quantitative survey of informal caregiving was conducted in 2011.[15] It found that on average, caregivers spend 38 hours per week caring or ensuring care for care recipients—already much higher than many research studies' definitions of intensive care. The time spent caregiving is set to become much worse given that we expect 1 in 2 persons over the age of 65 to be severely disabled.[16] No other more recent study on this issue exists.

C. Caring for someone with dementia and labour outcomes

A 2014 study on labour force participation of family caregivers in Australia found that those giving care for individuals suffering from the following were most likely to be out of the labour force: head injury/acquired brain damage, schizophrenia, diseases of the musculoskeletal system, dementia/Parkinson's disease/Alzheimer's disease, and endocrine/nutritional and metabolic disorders.[17] In our study, we found that dementia, in particular, impacted on the labour-force participation of our respondents. The majority of respondents who had experienced a change in employment because of caregiving, are caring for someone with dementia, even if some of the care recipients require help with only three ADLs. Caring for a dementia patient was much more likely to lead a caregiver to not be working, with 2 of 3 respondents previously working full-time not working, compared to 1 of 8 of those caring for someone without dementia. Apart from dementia affecting labour outcomes, eight out of the 14, who had experienced a change in employment because of caregiving, are caring for someone with more than three ADLs.

Working fewer hours to care for mother with dementia: Tanya's story

Tanya owns a design studio but found it increasingly difficult to work away from her home after her mother developed dementia. Her mother called Tanya every five hours and asked her to come home. Tanya then made the decision to shut down her office space and run her business from home instead. For the past four years, Tanya has had to cut back on the number of hours she spends on work. As a result, she has lost several major clients and estimates an 80% loss in income. The stress of caring for her mother has taken an emotional toll on her. "Mentally also your confidence just go[es] flat because you know you used to earn a good income but now you feel like you are out of the market. You feel like you are isolated at home", she said.

- Tanya, 51, caring for her mother who needs help with three ADLs and who has dementia

---

13 Walsh E, Murphy A. Investigating the causal relationship between employment and informal caregiving of the elderly, (BMC Res Notes: August 2018)

14 This is consistent with other research studies that define high-need caregiving as family caregivers of individuals who have probable dementia or who need help with at least two self-care activities. For example, see: Family Caregiving Roles and Impact in Families Caring for an Aging America (National Academies Press, 2016).

15 Chan, Angelique, Ostbye, Truls, Malhotra, Rahul, and Athel J. Hu, The Survey on Informal Caregiving . Singapore: Summary Report For MCYS, (Ministry of Community Development, Youth and Sports, Singapore, 2011)

16 Long Term Care Financing, Ministry of Health. Accessed on 19 July 2019: https://www.moh.gov.sg/careshieldlife/long-term-care-financing

17 Deborah Schofield, Michelle Cunich, Rupendra Shrestha, Megan Passey, Simon Kelly, Robert Tanton and Lennert Veerman, The impact of chronic conditions of care recipients on the labour force participation of informal carers in Australia: which conditions are associated with higher rates of non-participation in the labour force? (BMC Public Health, 2014)

D. Caregiving-related employment changes have long-term consequences

During the interview, many respondents expressed uncertainty if they can rejoin the work force or continue working in the next five years. Unsurprisingly, many said it depends on the condition of their care recipients. They themselves are keen to return to work after their care recipients pass away. But they pointed out, returning to work is unlikely due to ageism in hiring, and their own declining health, which might limit the jobs they can perform.

A 2008 study of 30 family caregivers in the United Kingdom also shows that economic costs of family caregiving include lower wages and skills depreciation.[18] For instance, caregivers might experience a wage penalty or deterioration of skills as a result of career interruptions, or lose out on chances for career advancement. Overall, the experiences of our respondents show that caregiving has negatively affected both their immediate work situation and future job prospects.

A 2018 study found that Singapore women are leaving the workforce before they themselves feel financially secure for retirement. As compared to 10% of men, only 4% of women reported feeling financially secure as the reason for early retirement. In contrast, 58.9% of women cited taking care of a family member, relative or friend as the reason for early retirement, as compared to 10.4% of men.[19]

A 2017 NTUC study of more than 500 stay-at-home women, aged between 25 and 54, found that about two-thirds were keen to return to the labour force, but with part-time work arrangements.[20] The study quotes a Madam Koh who gave up full-time work to care for her father when he suffered a stroke. Once his medical condition stabilised, she wanted to go back to work so as not to become out of touch with the labour market. She also needed money to pay for her living expenses. Unfortunately, the study found that her job search was not easy because of "her age and need for a flexible work arrangement that would allow her to balance work with her caregiving responsibilities".[21] She eventually found a job, but it took her a year of searching.

National-level data show that those providing care to elderly family members have been out of work for a median time period of nine years.[22] Seventy-five per cent of such caregivers are aged 50 and above.[23] They likely face challenges similar to that faced by Madam Koh's and our respondents when they try to re-enter the job market.

> "So again like when you come to this age, you can't find a job that is just like, I'm trying to get a full-time job. I look at the newspaper, yes I meet this criteria, yes yes yes I can, but never call up for interview. It's the age. To me I am very skeptical. The government is encouraging us to go back to the workforce but I can't get a job. I don't even get to dress up to go for interview... But people like us, already out of market, to go back into workforce, it's really so difficult."
>
> **- Martha, 60, caring for her mother who needs help with four ADLs and who has dementia**

---

18 Carmichael Fiona, Hulme Claire, Sheppard Sally and Gemma Connell, Work-Life Imbalance: Informal Care and Paid Employment in the UK (Feminist Economics: 2008), pp 22

19 Chan, Angelique, Malhotra, Rahul, Manap, Normala Bte, Ting, Yi Yuan, Visaria, Abhijit, Cheng Grand Hak-Land, Goh, Veronica Shi Min, Tay, Peter Kay Chi, Lee, June May Ling and Ad Maulod, Transitions in Health, Employment, Social Engagement And Intergenerational Transfers In Singapore Study (THE SIGNS Study) – I: Descriptive Statistics and Analysis of Key Aspects of Successful Ageing, (Singapore: Centre for Ageing Research and Education, Duke-NUS Medical School, 2018), pp 139.

20 NTUC seeks tripartite effort to open the way for about 35,000 non-working mature women to work, NTUC. Accessed on 19 July 2019: https://www.ntuc.org.sg/wps/portal/up2/home/news/mediareleases/mediareleasesdetails?WCM_GLOBAL_CONTEXT=/Content_Library/ntuc/home/about%20ntuc/newsroom/media%20releases/b86c7689-1434-4203-9127-26c7b5e76f8d

21 Ibid.

22 Josephine Teo, Minister for Manpower, Written Answer by Mrs Josephine Teo Minister for Manpower to Parliamentary Question on women out of the labour force, (Ministry of Manpower, Singapore, 2019).

23 Ibid.

#2

Work-care and care-work incompatibility

The incompatibility between caring for family members in need and the requirements of current jobs impacts caregivers, both at their paid jobs (e.g. job disruptions, job changes) and in their personal lives (e.g. social isolation, mental and psychological stress). In this section we explore the aspects of caregiving that respondents found to be incompatible with work arrangements, as well as aspects of current jobs they found to be incompatible with caregiving responsibilities.

A. What makes caregiving incompatible with work?

Respondents highlighted three aspects of caregiving for older persons that impeded them from paid work:

i. Need for frequent supervision of care recipients

Care recipients with chronic conditions (e.g. Parkinson's, high blood pressure etc.) are prone to fainting spells and sudden falls. Therefore, family caregivers often have to closely supervise their movements, physical health and medication intake. The frequency of this supervision may prevent caregivers from showing up to work at the same time every day.

ii. Unpredictable recurring health conditions that require emergency action

Unpredictable recurring health conditions, such as allergy attacks, that require urgent responses (such as suctioning or rushing the care recipient to a hospital) also make it tough to maintain fixed hours at work. The very nature of these conditions and the medical action they require make it difficult to predict and plan for when an employee might need time off, creating disruptions at work.

iii. Dementia

Respondents caring for someone with dementia cited their care recipient's temperamental behaviour as a significant challenge to juggling work and care. They found that they had to be at home frequently to attend to the emotional needs of their care recipients and to supervise their behaviour so that they did not get into arguments /or fights with others, including their FDWs (where they were present).

Quitting paid work to look after her mother with dementia: Paula's story

Paula was initially running her own consultancy practice while caring for her mother. But her mother's condition deteriorated over the past seven years, during which time Paula had to stop working in a full-time capacity. Up until a year ago, she continued to take up certain jobs that did not require as much face-time with clients—especially as she could not travel and leave her mother alone, despite hiring two FDWs. Her mother was especially vulnerable at night and needed to be soothed in order to sleep, which severely curtailed Paula's ability to travel for work. "On a bad time, she screams at night, for help. And she will not take the helper. She needs one of us. So I'll be woken up by her, to go to her room, to give her assurance that I'm here, hold her hand, and slowly lullaby her to sleep. And by the time she gets to sleep, I couldn't get to sleep again. It's just like looking after a child," she said. Eventually, the number of assignments that Paula could take on, dwindled. She closed down her practice last year. Her mother's heavy dependence on her for emotional and psychological caregiving made it difficult for Paula to sustain her business, given its client-facing nature and the need for frequent travelling.

- Paula, 56, caring for her mother who needs help with six ADLs and who has dementia

B. What makes paid work incompatible with caregiving?

The prevailing attitude seems to be that flexible work arrangements and unpaid caregiving leave are sufficient to retain caregivers in the workforce. It seems to be the case that after weighing the pros and cons of extending paid caregiving leave, the Government decided against it because of the need for a "sustainable approach that balances the needs of not just employees, but also employers in the long-term," and because caregivers may need flexibility that is best provided by flexible work arrangements.[24] As stated during the Committee of Supply debates of 2019, "working caregivers would like the flexibility to be able to take time-off to tend to their loved ones' needs. Often they do not need a full day or even half a day, and perhaps two to three hours might be sufficient in certain circumstances. Other caregivers might require flexibility to work offsite on occasion whilst they take care of their dependents. In our view, a better and more sustainable, long-term approach to this issue would be for employers and companies to develop their own FWAs, which can best support caregivers in the workplace." [25]

On the surface, this may seem to be reasonable, but similar policy experiments in other countries indicate that "leaving employers and companies to develop their own FWAs, which can best support caregivers in the workplace" very usually end up not helping working caregivers manage their job and family responsibilities. There are at least three reasons for this inadequacy:

i. Flexible Work Arrangements (FWA) may be offered, but take-up remains low.

Through the Work-Life Grant, the Government has incentivised and encouraged more employers in Singapore to offer formal Flexible Work Arrangement (FWA). Most recently enhanced in July 2018, the grant, which received more than 340 applications in five months, applies to four types of FWA: flexi-load, flexi-place, flexi-time and job sharing.[26] Around 53% of employers now offer at least one formal FWA, an increase from 47% in 2014.[27]

While these are extremely encouraging signs, a recent survey suggests that the take-up rate of FWA in Singapore is low.[28] About 7 in 10 employees surveyed said their companies offered FWA out of the office, but only half were able to take advantage of them. Employees surveyed were concerned that being present at work was important for them to be perceived as hardworking in evaluations.[29] A 2016 study on the implementation of part-time work as a form of FWA found that employers expressed similar concerns about FWAs changing the amount of face-time they had with their employees, which could "potentially complicate employee assessment and surveillance." [30] There is no national level data available on FWA utilisation, and little is known about who uses what kind of FWA.

The Government argued earlier this year that "among the various workplace practices, the provision of FWA had the greatest impact on staff retention," but no evidence has been provided to show a causal linkage between FWA and the retention of caregivers as staff members.[31] The point about the low rate of utilisation is important because a lot of research suggests that the mere existence of FWA policies is not enough. Other factors favouring utilisation include the availability of

---

24 Speech By Mr Edwin Tong, Senior Minister Of State For Health, In Response To Motions On Support For Caregivers And Ageing With Purpose, 13 February 2019. Accessed on 18 July 2019: https://www.moh.gov.sg/news-highlights/details/speech-by-mr-edwin-tong-senior-minister-of-state-for-health-in-response-to-motions-on-support-for-caregivers-and-ageing-with-purpose

25 Ibid.

26 Josephine Teo, Committee of Supply - Head U (Prime Minister's Office), 2019.

27 Ibid.

28 Human Resources Director, How many SG employees are in flexible working arrangements?, (HRD, 2017).https://www.hcamag.com/asia/news/general/how-many-sg-employees-are-in-flexible-working-arrangements/149210

29 Ibid.

30 Straughan, Pauline T., and Mindy E. Tadai, Addressing the implementation gap: An integrated approach to identifying barriers and facilitators to flexi work arrangements in Singapore, (Asia Pacific Journal of Human Resources, 2016), 6. https://ink.library.smu.edu.sg/cgi/viewcontent.cgi?article=3456&context=soss_research

31 Senior Parliamentary Secretary Low Yen Ling, Speech at Committee of Supply 2019. Accessed on 17 August 2019: https://www.mom.gov.sg/newsroom/speeches/2019/0305-speech-by-senior-parliamentary-secretary-low-yen-ling-at-committee-of-supply-2019

formal and informal options, employee characteristics (such as gender and rank), and the existence of support for use.[32]

Furthermore, we must be careful in suggesting the same kinds of work arrangements for those with varying levels of caregiving responsibilities. The impact of low caregiving responsibilities may be attenuated by flexibility of working hours, but this policy option may not work as successfully for those with high caregiving responsibilities. In fact, research shows that the availability of flexible work arrangements is neither going to dissuade intensive caregivers from withdrawing from the labour force, nor encourage already-withdrawn intensive caregivers to re-join the labour force.

> "Just like when he was in the hospital, I actually negotiated with my boss. So, I go to work early, and lunchtime, I sacrifice my lunch because my office is at Ang Mo Kio during that time, my ex-company. So lunchtime, I actually go to the hospital, feed him, I knock off work at 4 o'clock, and requested to the hospital that my husband's therapies be scheduled at 4:30. So I went through his therapies. So during that time, his recovery was very good."
>
> **- Juliet, 54, caring for her husband and mother who both need help with two ADLs**

ii. Unpaid caregiving leave is not enough, and paid leave is not available.

Apart from FWA, some of our respondents said that paid eldercare leave would have helped them better juggle work and care. However, no such leave was available to them.

> "There's no elderly care (leave) to apply at all. So I have been taking my own leave. I mean, touch wood, so far I still have my leave... Imagine if my dad really need a lot of medical — you know, need me to take care of him, I might have to take more leave. And if I have to take more leave and becomes unpaid leave."
>
> **- Sarah, 50, caring for her father who needs help with two ADLs, and her mother who has high-blood pressure**

In Singapore, there is no legislation for paid leave to care for family members who are not one's children. In an NTUC survey of more than 3,000 working caregivers, 77% said they do not have eldercare leave.[33] To care for family members, they applied for annual or medical leave, or adjusted their working hours, such as arriving late or leaving early from work, much like our respondents do. According to the Ministry of Manpower, 20.3% of companies now offer paid family care leave as opposed to 5.9% in 2008.[34] While we are encouraged by this increase, the rate remains low, considering that there is already significant demand for such leave, which can only be expected to increase with our ageing population.

Globally, paid leave entitlements for the care of family members (other than one's own children) are offered by at least 28 OECD and non-OECD countries.[35] The conditions for taking leave, length of leave and income replacement rates vary. For example, some countries offer leave only in cases of serious or terminal illnesses, while others offer it in the case of non-terminal illnesses too. Countries offering paid eldercare leave or, more generally, family-care leave include Australia, Germany, The Netherlands, Japan and Canada.

In 2018, the Singapore Government introduced a Tripartite Standard (hereafter referred to as "the Standard") on Unpaid Leave for Unexpected Care Needs in recognition that "at times, employees may have greater caregiving needs should

---

32 See Eaton, S. C, if you can use them: flexibility policies, organizational commitment, and perceived performance, (Industrial Relations, 2003), pp 145-67; Alysa D. Lambert, Janet H. Marler, Hal G. Gueutal, Individual differences: factors affecting employee utilization of flexible work arrangements, (Journal of Vocational Behavior, 2008); Salome Goni-Legaz, Andrea Ollo-Lopez, Factors that determine the use of flexible work arrangement practices in Spain, (Journal of Family and Economic Issues, 2015), pp 463-476

33 Priscilla Goy, 3 out of 4 caregivers lack eldercare leave: Poll, (The Straits Times, 2013). https://www.straitstimes.com/singapore/3-out-of-4-caregivers-lack-eldercare-leave-poll

34 Fann Sim, More companies offering flexible work arrangements: MOM report, (Channel NewsAsia, 2019). https://www.channelnewsasia.com/news/singapore/manpower-flexible-work-arrangement-annual-leave-report-11128916

35 Social Policy Division, Be Flexible! Background brief on how workplace flexibility can help European employees balance work and care. Accessed on 31 July 2019: https://www.oecd.org/els/family/Be-Flexible-Backgrounder-Workplace-Flexibility.pdf

their immediate family members have a medical episode and require more care".[36] The Standard (applicable to those with childcare responsibilities and those caring for their parents and spouses) encourages employees to use their statutory leave first. However, in the case of those with eldercare responsibilities, this would mean using their own statutory annual leave because they do not have the statutory equivalent of paid childcare leave. This strategy will draw down the employees' own annual leave with possible consequences for their productivity and mental well-being, because they might not be able to take time off for themselves when they need to.

Another reason caregivers may be discouraged from using unpaid caregiving leave is that there is no surety that their jobs would wait for them when they return and at the same wage. This issue is explicitly recognised by the United States' Family and Medical Leave Act (FMLA) of 1993, which allows workers to take up to a 12-week unpaid leave to care for an ill family member and guarantees the worker will return to his/her job at the same wage. This policy removes the uncertainty about the availability of job offers after the leave and encourages more full and part-time work for women.[37]

If the Singaporean government believes that providing paid eldercare leave is unsustainable from a business point of view—although research shows that paid family caregiving is an important factor in employment recruitment and retention, and can improve productivity and reduce absenteeism[38]—a possible halfway house solution could be to ask employers to provide job security at the same wage for those who take unpaid caregiving leave.

iii. Unsupportive organisational culture and managers

Currently, the choice to leave or remain out of the workforce often hinges on employees' abilities to balance work and caregiving responsibilities. Yet there is a growing recognition that employers have an important stake in monitoring and managing their employees' growing care burden. The Standard recognises the role of employers, calling upon them to be "more compassionate and provide additional unpaid leave to support employees during such stressful periods".[39]

Research shows that supportive work policies will not achieve the desired results by themselves if organisational cultures insist on using face-time as a proxy for productivity, or not trusting their employees to use FWAs responsibly.[40] FWA access within organisations requires engagement of managers. Research has found that managers serve as gatekeepers and make decisions that might restrict FWAs use even when formal FWA policies exist.[41] A genuinely supportive and compassionate organisational culture would make employees feel comfortable to discuss any problems they are facing with employers and managers when they occur, so that they can be collectively solved.

We must not make the error of only thinking about how employers can be incentivised to generate more workplace flexibility (FWAs, paid leave etc.) without simultaneously also thinking about creating an organisational culture that sees workers as caregivers too. There is a long way to go before working caregivers receive the kind of support they need from their employers, and employers realise the value of providing caregiving benefits.

---

36 Tripartite Standard on Unpaid Leave for Unexpected Care Needs. Accessed on 23 July: https://www.tal.sg/tafep/getting-started/progressive/tripartite-standards#unpaid-leave

37 Family and Medical Leave, US Department of Labour, United States. Accessed on 17 July 2019: https://www.dol.gov/general/topic/benefits-leave/fmla

38 For example, see David G. Allen, Phillip Bryant, and James M. Vardaman, Retaining Talent: Replacing Misconceptions with Evidence-based Strategies, The Academy of Management Perspectives 24, no. 2(2010): 28 - 64, Menasche Horowitz et al., Americans Widely Support Paid Family and Medical Leave

39 Tripartite Standard on Unpaid Leave for Unexpected Care Needs. Accessed on 23 July: https://www.tal.sg/tafep/getting-started/progressive/tripartite-standards#unpaid-leave

40 Straughan, Pauline T., and Mindy E. Tadai, Addressing the implementation gap: An integrated approach to identifying barriers and facilitators to flexi work arrangements in Singapore, (Asia Pacific Journal of Human Resources, 2016), 6.

41 Stephen Sweet, Marcie Pitt-Catsouphes & Jacquelyn Boone James, Manager attitudes concerning flexible work arrangements: fixed or changeable?, (Community, Work & Family, 2017)

SECTION A

Recommendations

RECOMMENDATION #1

Introduce statutory right to request flexible work arrangements (FWA)

To empower employees to request FWA and to institute an organisational cultural shift, we recommend legislating the right for employees to request FWA.

Employers must seriously consider all requests, through formalised HR processes, and make a business case for rejecting a request. Furthermore, we recommend that the government proposes guidelines on what constitutes a legitimate business case for turning down a FWA request, and a maximum number of days that can pass before employers meet with employees to discuss their requests, to prevent employers from misusing this provision.

In addition, protection should not be limited to full-time employees. Balancing working hours and having control over their site of work is just as important to part-time employees.

In countries like New Zealand and Australia, certain employees, e.g. those with caregiving responsibilities, have a statutory right to request FWA. In the United Kingdom, the right to request FWA was gradually extended to more workers, other than caregivers. When it was first introduced, 51% of mothers who were on FWA said they "experienced unfavourable treatment as a result".[42] To reduce the discrimination that arose when a right to leave is restricted to a particular group (namely, parents), the government decided in 2014 to extend the right to all employees.[43] Research conducted in the UK after the extension suggests that such legislation does little to increase the take-up rate of flexible work arrangement, possibly due to cultural resistance from employers and employees' lack of awareness about their rights.[44] However, the research used data from 2010-2015, the latter being only one year after the introduction of the statutory right to request, so positive effects of the legislation may not yet be observable.[45]

---

42 Social Policy Division, Be Flexible! Background brief on how workplace flexibility can help European employees balance work and care https://www.oecd.org/els/family/Be-Flexible-Backgrounder-Workplace-Flexibility.pdf

43 Ibid.

44 Wilson, Joanna, Flexible working for all? The impact of the right to request regulations in Scotland, (Work and Equalities Institute, University of Manchester, Manchester, 2019).

45 Ibid.

RECOMMENDATION #2

Introduce paid eldercare leave

We recommend legislating six days of paid leave for the care of elderly relatives.

Six days of childcare leave are already available to those caring for children. Those caring for other family members such as elderly parents should have at least the same number of leave days. Those caring for both children and elderly parents should get 12 days of paid leave. If legislated, this policy could potentially benefit more than 80,000 working adults in Singapore: in 2018, 86,300 working residents aged 21-64 lived with at least one person aged 65 and above and at least one person aged below 13.[46]

In our opinion, the leave should not be limited to the care of elderly parents. Medical social workers we spoke to are increasingly seeing older persons being taken care of by members of the extended family, e.g. nieces, nephews, grandchildren. As fewer persons today are having children, we can expect this to be an increasing trend.

However, business costs to employers should be kept as low as possible to remain fair to them. The leave could be restricted to those residing with their elderly care recipients. Such leave should also be made available to self-employed persons, who currently have access to government-paid childcare leave.

46 Desmond Lee, Minister for Social and Family Development, Written Answer by Mr Desmond Lee Minister for Social and Family Development to Parliamentary Question on Caregiving and Domestic Support, (Ministry of Social and Family Development, Singapore, 2019).

RECOMMENDATION #3

Introduce anti-discrimination legislation to deal with age-related and other forms of workplace discrimination.

A 2018 survey of more than a hundred human resource leaders for large companies and SMEs indicates that ageism is a significant problem in Singapore workplaces.[47]

In the survey, one in four felt that older workers faced discrimination, while 28% felt that ageism was the biggest issue in the workplace.[48] Some of our respondents worried that their old age would be a disadvantage when they try to re-enter the workforce, a fear corroborated by stakeholders who work with caregivers. One stakeholder told us about a caregiver who felt she was ignored at job fairs by recruiters because she was visibly old.

S14 of the Employment Act makes provisions for complaints in cases of unfair dismissals, but not for discrimination that does not result in unfair dismissals.[49] The Retirement and Re-employment Act in 2012 provides protection against dismissal based on age, but does not apply to other areas of employment such as hiring and promotion, which are covered by the Tripartite Guidelines.[50] The Tripartite Guidelines on Fair Employment Practices recognise age as one of the grounds on which discrimination may occur; complaints can be made to the Tripartite Alliance for Fair and Progressive Employment Practices (TAFEP) if one experiences discrimination. TAFEP will then contact the employer and work with the employer to improve its employment practices, put in place fair and responsible employment practices and adopt the Tripartite Guidelines.[51] In instances where the employer is recalcitrant or unresponsive, or persistently fails to improve on their employment practices, TAFEP refers the case to the Ministry of Manpower (MOM) for further investigation.[52] Non-rectification and future occurrences could result in administrative action by MOM, including curtailment of work pass privileges.

Since caregivers are more likely to be female, they may face double barreled discrimination—i.e. on the basis of gender and age. It is worse for caregivers of ethnic minorities and those with disabilities who may face three or four forms of discrimination – age, gender, ethnicity, and disability. Therefore, to prevent these intersectional forms of discrimination from affecting female caregivers of all ethnic groups, an anti-discrimination act is proposed that would cover at least discrimination on the basis of age, gender, disability and ethnicity. This recommendation defines a clear, legal responsibility for employers to not discriminate, and provides for legal remedies for discrimination—which goes beyond the legislations mentioned above.

---

47 Rachel Seow, Ageism, support for people with disabilities top issues in the workplace, survey of HR leaders shows, (The Straits Times, 2019). https://www.straitstimes.com/singapore/aged-and-disabled-should-be-top-issues-in-the-workplace-survey-of-hr-leaders-show

48 Ibid.

49 Section 14, Employment Act 2019. Accessed on 17 August 2019: https://sso.agc.gov.sg/Act/EmA1968?ProvIds=pr14-.&Timeline=On

50 Retirement and Re-employment Act, 2012. Accessed on 17 August 2019: https://sso.agc.gov.sg/Act/RRA1993

51 How MOM Deals With Employment Discrimination. Accessed on 17 August 2019: https://www.mom.gov.sg/-/media/mom/documents/parliament/how-mom-deals-with-employment-discrimination-final.pdf

52 Ibid.

SECTION B

Family caregiving negatively impacts income loss

Family caregiving had an adverse impact on our respondents' incomes. On average, respondents who experienced a change in their situation of paid work because of caregiving suffered a 63% loss in income, which translates to an average annual loss of $56,877*.

*This figure was calculated in the following way: twenty-one respondents were in paid employment before they became caregivers. Four respondents were excluded from this calculation because their changes in employment and income were not due to caregiving; another four were excluded because they did not provide sufficient information to calculate the loss in income. Therefore, the calculation was based on the annual income loss of 13 respondents.

#1

Income loss by dementia

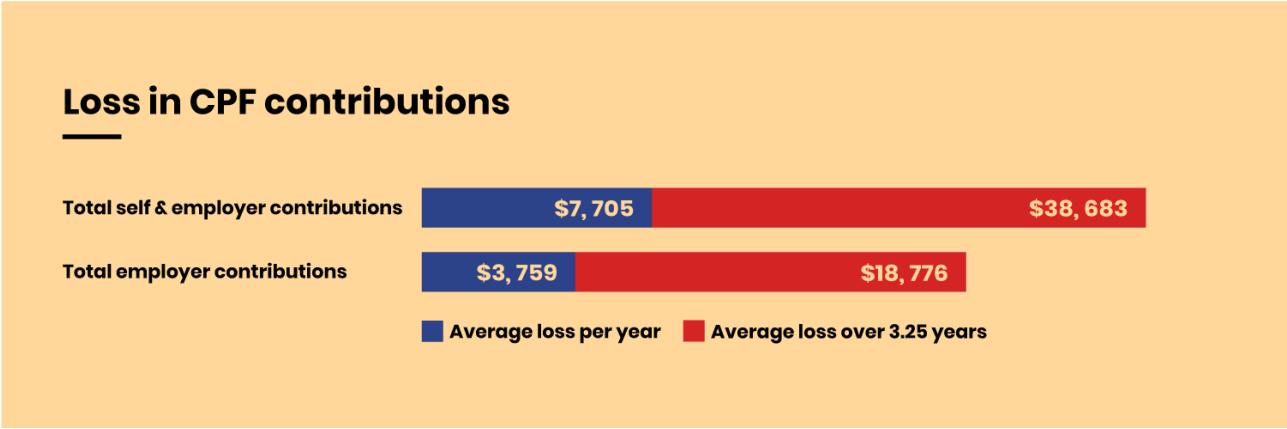
In our study, those caring for someone with dementia suffered a higher-than-average income loss (73%), numbering 7 respondents, while those caring for someone without dementia experienced a lower-than-average income loss (37%), numbering 6 respondents. While we cannot account for the severity of dementia in these calculations, a local 2017 study on the monetary cost of family caregiving for people with dementia finds that the severity of dementia does affect the informal cost of care.[53] In the study, informal cost was calculated by "the amount of time spent caring or supervising the patient by the primary informal caregiver"; it "can be quantified as actual or potential wages lost by the caregiver". Median annual costs of informal care were found to be $13,847.68 for patients with mild dementia, $38,607.84 for moderate dementia and $47,251.30 for severe dementia, suggesting that the informal cost or actual/potential wages lost by the caregiver increase as dementia worsens.[54]

53 Woo, Lai Leng, Thompson, Claire L., and Harish Magadi, Monetary cost of family caregiving for people with dementia in Singapore, (Elsevier B.V, 2017).
54 Ibid, pp 59

#2

Loss in CPF contributions

A change in employment status has consequences for caregivers' CPF contributions, which are calculated as a percentage of wages earned. A reduction in wages because of caregiving automatically means a reduction in CPF contributions. Our respondents lost out on $38,683 on average in CPF (self and employer) contributions due to caregiving over 3.25 years, or an average of $7,705 a year. (We excluded those who were self-employed from these calculations, taking into consideration 10 respondents.) In terms of employer contributions only, caregivers lost out on $18,776 on average over 3.25 years, or an average of $3,759 a year. This has negative implications for the caregivers' own retirement adequacy since Singaporeans are expected to rely on their CPF savings for retirement and healthcare needs.



According to CPF statistics, about four in 10 active CPF members who turned 55 in 2017 did not hit the Basic Retirement Sum (BRS) of $83,000 in their Retirement Accounts.[55] Women outnumbered men in this category:

Table 1: BRS attainment of active CPF members by gender[56]

Year that member turned age 55	Proportion of active CPF members of each gender who set aside their cohort BRS at age 55	
	Male	Female
2016	63%	52%
2017	66%	53%
2018	67%	56%

The percentage difference in men and women achieving BRS has remained relatively stable over the last three years, which indicates that there has been no significant improvement on this front.

Furthermore, the abovementioned data include only active CPF members, i.e. those members who have received a contribution to their CPF accounts in the last three months. Our study and national data show that caregivers can often spend years outside the labour force to provide care to their families, not earning an income or receiving any CPF contributions. They are thus inactive CPF members whose BRS attainment is not documented at all. Although data on inactive CPF members is unavailable, it is reasonable to infer from our research that the percentage of inactive CPF members who manage to set aside their cohort BRS at age 55 is lower than those of active members.

55 Linette Lai, Minister gives details of CPF retirement payouts, (The Straits Times, Singapore, 2019).

56 Josephine Teo, Minister for Manpower, Written Answer by Mrs Josephine Teo Minister for Manpower to Parliamentary Question on CPF members with and without Basic Retirement Sum in their Retirement Accounts on reaching 55 in the last three years, (Ministry of Manpower, Singapore, 2019).

SECTION B

Recommendations

RECOMMENDATION #4

Introduce a Caregiver Support Grant

As part of the Caregiver Support Action Plan, the Government announced a Home Caregiving Grant (HCG). The grant is to be means-tested, available to care recipients with permanent moderate disability, regardless of age, and granted based on criteria similar to the Foreign Domestic Worker grant. We welcome the introduction of this grant as care recipients can nominate a caregiver, including their family caregiver, to receive the grant. This would go towards recognising family caregivers for their labour.

However, even with the HCG, family caregivers are not guaranteed compensation for their hitherto unpaid work, as the decision lies with the care recipient. The government should thus consider a grant specifically for family caregivers, including cash and CPF components. For the CPF component of the grant, the government could consider matching employer CPF contribution rates or implementing a matched savings scheme. The amount matched could be capped when the BRS is reached. Evaluation of a local matched saving scheme commissioned by Tsao Foundation found that 7 out of 10 participants continued to save throughout the 18-month period of the programme.[57]

In several European and Commonwealth countries, a payment or allowance for family or informal caregivers is common. Some countries have schemes to help caregivers outside the labour force build retirement savings. For example, in Germany, caregivers who are not working receive pension credits.

Several respondents feel strongly that family caregivers like them should be given an allowance to recognise the work they are doing, especially because they had to give up their jobs to perform it

> "All the household should get an income. It's just like one person, like I am a caregiver, the government should give an income. I don't expect that I should have CPF, all these things, but an income. I find that financially it's really a stretch, in a sense like even though I'm getting few hundred dollars. Because as a caregiver I don't have a monthly salary, on top of that I have to bring her to the doctor. She cannot walk... if it's a good weather I can just push her on a wheelchair with the helper. If it's raining, I have to call a taxi. And even from [name redacted] Community Hospital to take a taxi home, it costs $7. Then all these are money. Where does it come from you know?... As a caregiver we should be given a salary. We are doing work... We are not paid at all. So, this is financial very drain to take care of the old folks."
>
> **- Martha, 60, caring for her mother who needs help with four ADLs and who has dementia**

57 David Chan, Benedict Koh, Build Your Own Nest: Singapore's first study on matched savings schemes for lower income, older women, (Tsao Foundation, 2018)

> "So, for me it would be being recognised as an occupation. Because it is, it does occupy all of my days, all of my time. Even my sleeping hours. Way beyond what you would normally … the time commitment for going to work. So, it really is a full-time, we say a full-time caregiver is really this 24/7. So to be recognised as an occupation… To be paid some kind of allowance."
>
> **– Diana, 63, caring for her father who has dementia and chronic conditions**

In deciding the grant amount for caregivers, we recommend that:

- It should vary by the number of ADLs the care recipient requires assistance with. This recognises that those who need help with more ADLs require more hours of care from the caregiver.
- The salaries of paid care workers could be a reference point.[58]
- The payment should be a combination of CPF contributions and cash. The proportion could match prevailing CPF contribution rates for employers.

Those who hire FDWs should not be excluded from receiving the caregiver's payment. As the experiences of our respondents have shown, the help of a FDW is rarely enough, especially when care recipients have severe needs or dementia, the family caregiver fills the care gaps left by the FDW. Family caregivers receiving the allowance could be required to undergo free or subsidised caregiver training to ensure an adequate quality of care at home.

58 Local support care workers, who assist nurses and perform personal care chores such as feeding seniors, for instance, are paid an average basic salary of around S$1,350 per month in Singapore (Long Term Care Manpower Study, Lien Foundation 2018. Accessed on 17 August 2019: http://www.lienfoundation.org/sites/default/files/Long%20Term%20Care%20Manpower%20Study%20FINAL.pdf)

SECTION C

Strategies to mitigate conflict between caregiving and work roles

A quantitative study investigated factors associated with whether elderly individuals in Japan were able to live at home continuously or not. It found that when the caregiver burden was mitigated, elderly care recipients were able to stay at home without being institutionalised, regardless of how acute their care needs were.[59]

Singapore mitigates the caregiver burden by providing home- and community-based care services, and grants to hire FDWs. But our research shows that such mitigation is inadequate, while more can be done to alleviate the caregiving burden.

> ... I do a lot more housework, and maybe I'm not so fit, I've injured my left wrist and now I injured my right too. And also, I think maybe I'm also ageing and I'm not as fit. But also, sometimes the mental stress lah. Sometimes my mother would sleep at 2am ah, and at 12 o'clock she would come and tell me 'Help, I can't remember if I've taken my medicine for today or not.'... It's the emotional stress of handling an ageing parent, it's mental and emotional and physical stresses as well... at one time I wanted to run away... I think that the period of not working for two years is very tough. Because you are house-bound, and you find that your social activities are being cut back.... life has been turned upside-down.
>
> **- Wendy, 63, caring for her mother who needs help with one ADL.**

59 Oyama YI, Tamiya N, Kashiwagi M, Sato M, Ohwaki K, Yano E, Factors that allow elderly individuals to stay at home with their families using the Japanese long-term care insurance system, (Japan Geriatrics Society, 2012)

#1

Hiring foreign domestic workers

Researchers argue that the initial triggers that led Singapore to turn to foreign domestic workers included the high costs of institutional care facilities and an absence of pro-family work policies in companies.[60]

Foreign domestic workers are a relatively cost-effective and versatile solution because they are able to provide childcare, eldercare and support a range of household responsibilities. More than half of our respondents employ a FDW to help with caregiving (and other domestic chores). Nationally too, many households rely on FDWs; this number has increased over the years. In 2015, 12% of all households in public housing, and 40% in private housing, with at least one elderly member hired a FDW. The percentage increased to 14% and 46% respectively in 2018.[61]

However, our respondents' experiences suggest that an FDW's help does not necessarily allow caregivers to better juggle work and care, raising questions about relying on FDWs as a strategy to mitigate caregiving's interference with work. Indeed, 10 out of 12 hiring FDW are not currently engaged in full-time work.[62]

Caring for her mother who has dementia: Martha's story

Every morning, Martha wakes up at about 7am. Together with her two FDWs, she fixes breakfast for her mother, changes her diapers, attends to her hygiene needs and showers her. At 12pm, they fix lunch and assist her mother with moving in and out of the house. During dinnertime, Martha spends more time with her mother, and afterwards sings her lullabies to sleep. But that is on a good day.

On a bad day, Martha's mother screams loudly enough for the neighbours to wonder if elder abuse is taking place. She demands answers to repetitive questions. She verbally abuses her FDWs, sometimes bringing them to tears. Martha must step in to calm her and counsel her helpers. Come midnight, her mother screams for help, and for Martha. Her mother wants no one else. Martha goes to her to ease her fear and return her to sleep. "Yeah, lately it's... getting from bad to worse. It's a daily challenge. She will ask for certain things. She will demand for certain things. Accusations, this and that... Not just physically and financially, emotionally, it's draining us," she said.

60 Brenda S. A. Yeoh PhD & Shirlena Huang PhD Foreign Domestic Workers and Home-Based Care for Elders in Singapore, (Journal of Aging & Social Policy, 2009) 22:1, 69-88

61 Josephine Teo, Minister for Manpower, Written Answer by Mrs Josephine Teo Minister for Manpower to Parliamentary Question on statistics on households with at least one member over age 65 employing foreign domestic workers from 2015 to 2018, (Ministry of Manpower, Singapore, 2019). https://www.mom.gov.sg/newsroom/parliament-questions-and-replies/2019/0401-written-answer-by-mrs-josephine-teo-minister-for-manpower-to-parliamentary-question-on-statistics-on-households-over-age-65-employing-fdw

62 This figure includes four who are self-employed but working fewer hours than before they became caregivers; one in part-time work and five who are not working.

The support of FDWs does not minimise the caregivers' involvement to the extent that they can go back to their pre-caregiving labour participation status and working hours for the reasons given below.

A. FDWs cannot provide emotional care

The caregiving division of labour within households is that FDWs are mainly responsible for physical aspects of caregiving, i.e. providing assistance with ADLs, while caregivers provide emotional and social care. The latter is necessitated by the fact that FDWs and care recipients often do not speak the same language, and emotional care can more often than not be provided by someone with a familial connection.

> "It's more the emotional and psychological support. Even though we have helper, she [the care recipient] still doesn't feel comfortable. She needs to see familiar face, hear a familiar voice. And because of her dementia, she gets paranoia and fearful, even with helper. She sometimes has thoughts that they try to bully her, or poison her food. So, if I'm not around, she wouldn't eat... basically my job is more emotional support and engaging her in certain activities which my helper don't."
>
> **– Tanya, 51, caring for her mother who needs help with three ADLs and who has dementia**

B. FDWs do not receive specialised training, especially for dementia

The nationwide survey of informal caregiving conducted in 2011, mentioned above, found that 45% of the FDWs hired to provide care had no experience or formal training in caregiving.[63] This is despite the availability of eldercare training courses, including on caregiving for dementia patients, which are coordinated by entities such as the Agency of Integrated Care and the Foreign Domestic Worker Association for Social Support and Training (FAST). These numbers may have improved since then, but the latest data is not publicly available.

Most of the respondents (9 out of 11) caring for someone with dementia hired a FDW to provide round-the-clock supervision. But apart from being an extra pair of eyes to watch over the care recipient, FDWs are not able to provide other types of care, such as emotional help with ADLs and basic medical tasks, because they have not been trained to provide eldercare, let alone care for someone with dementia. As a result, respondents maintain a high degree of involvement in caregiving responsibilities.

C. FDWs cannot undertake coordination of care and the financial management of care costs

Care navigation, arranging for medical appointments, conversing with care professionals and overall financial management of care costs are time-consuming and cannot be delegated to FDWs, because of their language skills and unfamiliarity with the health system of Singapore. Once again, their role in non-physical spheres of caregiving is rather limited.

---

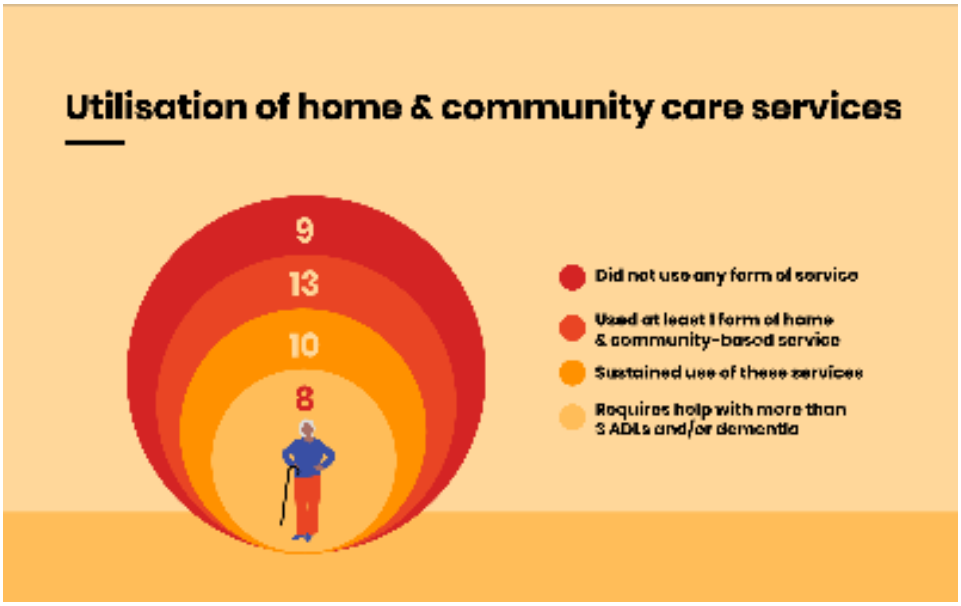
63 Chan, Angelique, Ostbye, Truls, Malhotra, Rahul, and Athel J. Hu, The Survey on Informal Caregiving. Singapore: Summary Report For MCYS, (Ministry of Community Development, Youth and Sports, Singapore, 2011)

#2

Utilisation of home and community-care services[64]

To supplement the care provided by families and FDWs, Singapore has an array of home- and community-based care services, but only about half of the people referred to long-term services use them.[65] Other research supports this too: for example, the nationwide 2011 survey on informal caregiving also found utilisation of formal care services to be very low. It may be easy to dismiss these studies as out-of-date, but under-utilisation was corroborated by care providers we spoke to as part of this study. They highlighted cost of the services and lack of information about services as possible reasons for the under-utilisation.

Only 13 of our respondents' care recipients used at least one form of home- or community-based long-term service. This number drops to 10 when we only consider those who use these services on a sustained basis.[66] In this group, sustained use is common among those caring for someone with high care needs, with 8 out of 10 sustained users requiring help with more than three ADLs and/or dementia.



64 Home- and Community-Based Services are types of person-centered care delivered in the home and community. These services typically address the needs of people with functional limitations who need assistance with ADLs. They are designed to enable people to stay in their homes, rather than moving to a facility for care

65 Wee, S. L., Liu, C., Goh, S-N., Chong, W. F., Aravindhan, A. and Chan, A., Determinants Of Use Of Community-Based Long-Term Care Services, (Journal of the American Geriatrics Society, 2014)

66 The most frequently used services were house medical calls, day care, and house physio.

However, this does not mean that those caring for someone with lower care needs were not utilising long-term care services because they do not need the services. They might need them, but their use might be impeded by these three factors:

A. Perceptions of quality of care

One respondent who used a home-based care service had issues with the quality of care provided. She reported that the private nurse she hired tried unsuccessfully for over an hour to insert an IV drip in her arm, and ended up inserting it in the ankle without consulting the respondent first. Despite the drip, the care recipient's fever persisted over two days, which resulted in the respondent bringing her care recipient to the A&E on her own accord. At the A&E, she was informed that the wrong procedure had been administered to her care recipient.

At the focus group discussion we held with nine caregivers to share our initial findings (on 2 April 2019 at AWARE), they too complained about the quality of daycare services for those with dementia.[67] At least four participants who had sent their care recipients to daycare centres said that the atmosphere of the centres was drab. Care recipients were unengaged, just "sitting there the whole day watching TV". One participant reported witnessing daycare staff members taking a condescending tone to the care recipients. Such experiences discouraged them from using daycare services. They also stressed that the lack of interactive activities in such centres was a particular problem for those with dementia, who need daily mental simulation. It was difficult to find daycare centres that provided this. This is corroborated by a study on the non-usage of daycare services for dementia patients in Singapore, which found perceived service inadequacies as one of the reasons for non-usage.[68]

B. Care coordination and navigation support

Caregivers may not be fully aware of services available, and further inhibited by their fragmented nature. Eligibility criteria for services and subsidies, daily planning of different tasks and duties, doctor's appointments, procurement of medicines, organisation of respite care services etc. can be confusing and difficult to coordinate, especially when combined with other personal duties and employment.

Currently care management services are predominantly hospital-based. They aim to help patients' transition from hospitals to home or community settings by coordinating care services. Care management, where it is available in community settings, is either aimed at care recipients with high and complex biomedical, psychological and social needs (for example, community care management services) or at vulnerable older persons living in rental housing or senior public housing (for example, cluster support).[69,70]

Our research finds, especially in community settings, that care coordination acutely affects those caring for persons with fewer than three ADLs, who have not been hospitalised. These care recipients are under-served by the current care management services. This is particularly worrying because some ADLs are often reversible with the right kind of rehabilitative services. Yet some respondents were at a loss to name any available home-based care services and how to go about applying.

---

67 Participants did not reveal who the operators of these services were

68 Huang, Shan, Griva, Konstadina, Bryant, Christina A., and Philip Yap. Non-use of day care services for dementia in Singapore—a dilemma for caregivers, (International Psychogeriatric Association, 2016).

69 Community Case Management Service (CCMS) Case Managers Go the Distance, Agency of Integrated Care. Accessed on 18 July 2019: https://aic-mosaic.sg/2019/01/17/community-case-management-system-ccms-case-managers-go-the-distance/

70 Cluster Support, NTUC. Accessed on 18 July 2019: https://ntuchealth.sg/cluster-support/

This lack of information results in caregivers and FDWs performing more care-related activities than they need to, given that there are services currently available in the market to lessen their load. For a caregiver trying to find the best service for their care recipient, the onus is on the caregiver to seek out all available services and try to do a cost-benefit analysis on what works best for their situation, but there is no existing platform that compiles information on all types of services and providers. The Agency for Integrated Care (AIC) only provides information on subsidised services.

Some respondents had heard of AIC and/or Silver Pages, mostly through hospitals or social workers. At least one had sought the help of a Care Consultant from AIC. However, many others were unaware of these platforms and consequently felt lost when accessing information about care services. Feedback from stakeholders also suggests that awareness about AIC could be stronger among caregivers.

> Maybe the services are there, but it's like we didn't know. So, more awareness could be done, not just for me, for Singaporeans as a whole, or the citizens to know that such a help is available.
>
> **-Roohi, 56, caring for her mother**

C. Cost-benefit analysis

As healthcare and long-term costs rise, so do concerns about the cost effectiveness of these home- and community-based services. Caregivers find it difficult to make a cost-benefit analysis of the services available to their care recipients, including the combination of subsidies they could use. Those who have access to a medical social worker may receive some guidance in this area but otherwise, they are usually left to their own devices. There is a general lack of guidance in long-term planning. For example, caregivers did not know what to expect when their care recipients' health deteriorated, if it was possible to reverse this deterioration, the kinds of rehabilitative services available, and how to finance their usage.

D. Reluctance of care recipients to attend

Some respondents tried sending their care recipients to daycare centres, but the care recipients preferred to be cared for at home. Respondents said that they had to respect the wishes of their care recipients, some of whom could be fairly "anti-social" or feel anxious or insecure if they had to attend daycare. An academic we spoke to corroborated this finding, saying that they had also come across cases where caregivers were unable to send their reluctant care recipients to daycare centres.

> "We had a three-day trial at one of the [daycare] outlets but my mom went in one day, came out kicking and screaming, and never went back in again."
>
> - **Tanya, 51, caring for her mother who needs help with three ADLs and who has dementia.**

Some studies have found that caregivers' characteristics play an important role in determining long-term care services utilisation. This came up in interviews with our respondents too. They were keen to care for their care recipients at home because they felt that being directly involved in care was the best way to fulfill their familial obligations.

SECTION C

Recommendations

Mitigation strategies that partially alleviate the caregiving burden are being under-utilised. This section makes recommendations to encourage utilisation of formal care services.

Note: We plan to follow this research with an in-depth study of FDWs' role in providing eldercare, which will make recommendations on how family caregivers and FDW can better manage caregiving responsibilities at home to alleviate the caregiver burden for family caregivers.

RECOMMENDATION #5

Regulate and license private providers of eldercare services, including home-based care services,

by conducting regular spot-checks and assessments of care providers and publicly publishing results of assessments.

AWARE welcomes MOH's announcement from March 2019 that the government will start licensing home medical services, and review the need to license other services as the sector evolves.[71] We believe, based on our respondents' experiences, that licensing might alleviate their concerns about the quality of care provided by long-term care services.

Home-based care and centre-based care are currently not licensed in Singapore.[72] An estimated 35% of the 170 providers that offer eldercare services are private players. Only two of these private home-care providers receive government funding and are thus subject to certain mandatory service requirements, including on care processes and staff qualifications.[73] Others are not subject to such requirements, which means that they are not legally obliged to ensure that the quality of care provided meets a certain standard. Some family caregivers, therefore, worry about the safety and health of their care recipient. In countries like Australia, Japan and England, home-care providers have to be accredited before they can start operating.

In licensing private providers, we recommend that a regulatory body be authorised to conduct regular spot-checks and quality reviews at sites where the care service is provided, including the homes of care recipients. This may be an existing agency, like AIC. In Australia, the quality-review process includes interviewing available care recipients and observing the environment, activities and interactions with care recipients.

Furthermore, the results of such assessments should be publicly available, as in the U.K. Besides enabling informed decisions, publishing results also demonstrates that the regulatory body has done its due diligence in ensuring that the quality of care is upheld, thus boosting caregivers' confidence in using long-term care services. Concerns that regulation leads to increased long-term care costs have to be weighed against the benefits of increased utilisation and better long-term care for the elderly.

---

71 Amy Khor, Senior Minister of State for Health, Speech by Dr Amy Khor, Senior Minister of State for Health, At the Ministry of Health Committee of Supply Debate 2019, on Wednesday 6 March 2019, (Ministry of Health, Singapore, 2019).

72 Ho, Elaine L.E., Shirlena Huang, Care where you are: enabling Singaporens to age well in the community, (Straits Times Press Pte Ltd, Singapore, 2018), 153.

73 Ibid.

RECOMMENDATION #6

Ensure that caregivers and care recipients have access to:

a. Care-related information and
b. Care management/coordination services by expanding Cluster Support services.

Care navigators/coordinators can help alleviate the administrative burden of caregivers and help coordinate the support they require for their care recipients. As such, we propose expanding and enhancing Cluster Support services by:

- Providing care planning and coordination, including for care recipients who are not severely disabled, in order to facilitate their rehabilitative journey
- Informing caregivers and care recipients about their care service and subsidy options and facilitating applications for the necessary services and subsidies
- Providing financial planning for the caregiver and care recipient to ensure that the process of caregiving is financially sustainable for the family

SECTION D

Family caregiving leads to an increase in out-of-pocket care-related expenses

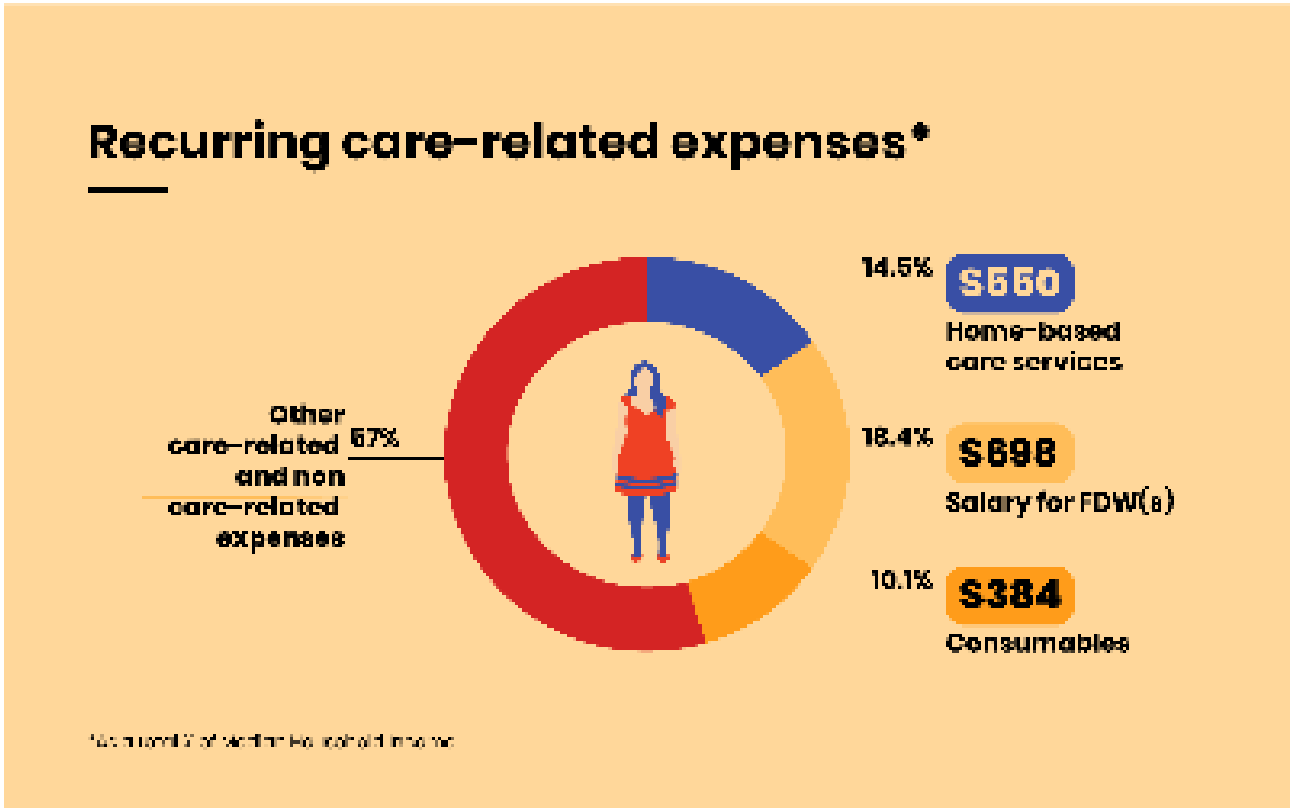
Background

The age of most of our respondents' care recipients, numbering 19, makes them eligible for the Pioneer Generation Package, which includes subsidies for outpatient care, Medisave top-ups and disability assistance. Taking advantage of this support, care recipients would only spend an average of $290 per month (or 9% of the respondents' average monthly household income) on recurring medical consultations, medication and outpatient treatments.

These expenses can be (and are usually) paid for by the care recipient through their own Medisave so they do not constitute a big financial burden on family caregivers. But at least five respondents did report having to use their own Medisave to help pay for their care recipients' hospitalisation expenses. For recurring and one-off care-related expenses not covered by Medisave, including salaries of FDWs, home-based services, consumables and home safety adjustments, the respondents paid out of pocket. Given the ubiquity of these care needs, all respondents had to make out-of-pocket payments for care. (We have comprehensive expenses-related data available for 20 out of 22 respondents.)

Government subsidies, like the Foreign Domestic Worker grant and levy[74], help in offsetting some out-of-pocket expenses, but our respondents' self-reported costs show that they provide limited support. They spent 43% of their median household income on recurring out-of-pocket expenses. They reported their top three recurring care-related expenses[75] as:

- Home-based care services (approximately $550 a month)
- Salaries for FDW(s) (approximately $698 a month)
- Consumables, e.g. special dietary supplements, diapers (approximately $384 a month)

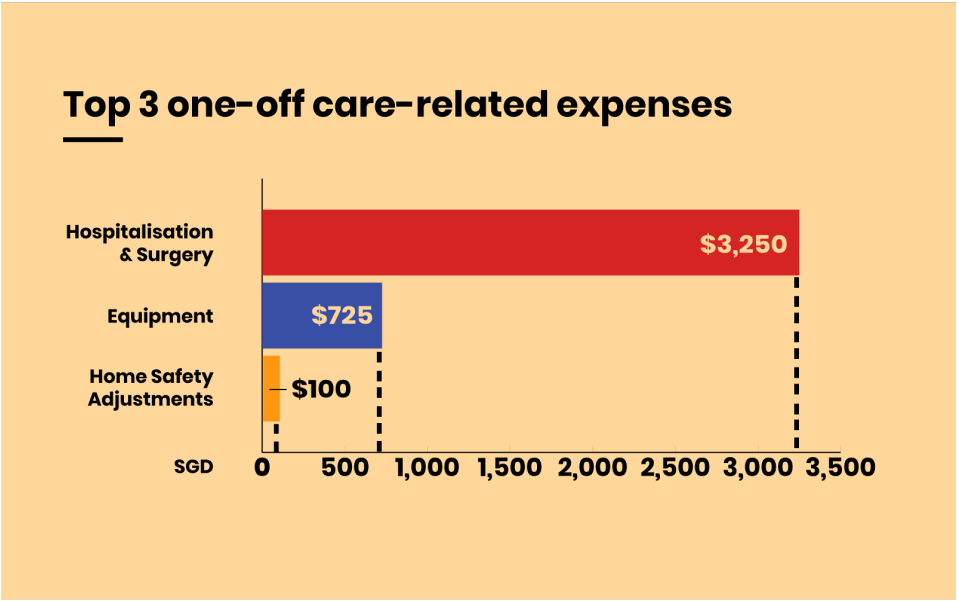


74 Most recently enhanced through the Home Caregiving Grant by $80

75 Figures below are the mean amounts

The top three one-off caregiving-related expenses[76] are:

- Hospitalisation and surgery ($3,250)
- Equipment ($725)
- Home safety adjustments ($100)



Respondents use a combination of different sources, — such as government subsidies, cutting back on personal expenses, own savings (cash and/or Medisave), support from families and loans — to meet these out-pocket expenses. No one source is enough on its own to meet all the out-of-pocket recurring and one-off expenses. Any conceivable combination of these sources is likely to place a financial and/or personal strain on the respondents.

> "I don't have money, I don't have savings, even if I go market, I have to think twice what I want to buy."
>
> **- Martha, 60, caring for her mother who needs help with four ADLs and who has dementia**

Cutting back on personal expenses compromises the respondents' current needs. Obtaining loans can compromise caregivers' retirement security. Caregivers may have access to two sources of external funding — government subsidies for long-term services and family support — but, as the rest of the section argues, the challenges associated with using them often outstrip their utility.

> "I mean, to say that I am not worried is a lie... it's really living on my past savings, which is dwindling. And even with one or two shares that I own, it comes to a stage that I have to sell them. So, whatever assets that you have is being sold. And the only asset left is this house. And while this, this only asset is my retirement nest cum everything."
>
> **- Paula, 56, caring for her mother who needs help with six ADLs and who has dementia**

76 Figures below are median amounts, due to large range in data values

#1

Frustrations with government subsidies

The Government has taken steps to enhance the subsidy framework for intermediate and long-term care to cover all lower and middle-income households. Currently, two-thirds of households are eligible for subsidies.

Despite these efforts, many respondents expressed their frustrations with government subsidies. They do not qualify for any support because of their monthly household incomes, despite high out-of-pocket care-related expenses. Others complained that subsidies for one-off items are based on a fairly myopic view of the long caregiving journey that lay ahead of them. For example, some respondents raised concerns about the Seniors' Mobility and Enabling Fund: they could only use the subsidies once for assistive devices, like wheelchairs, yet the wheelchairs break down over time due to wear and tear.

> "If you are very very poor, it's a different story... But I tell you for somebody in between, it's not possible. You're in between, either you're in the crack or you are just outside, just hanging there..."
>
> **- Gladys, 61, caring for her mother who needs help with six ADLs**

A wide range of care-related government subsidies exist to help Singaporeans cope with rising healthcare costs. In particular, the Pioneer Generation Package and Community Health Assist Scheme are two of the most frequently cited forms of subsidies that our respondents and their care recipients' access.

In addition, the Government has been introducing new measures to offset the cost of caregiving[77]:

a. CareShield Life

b. MediSave withdrawals for long-term care

c. Home Caregiving Grant

d. ElderFund

One common limitation we note in existing and new schemes is the requirement that the care recipient need assistance with three or more ADLs. However, the experiences of our respondents show that recurring care-related expenses are already significant for those taking care of someone who needs help with fewer than three ADLs. This group of 12 caregivers spend, on average, $866 a month or 22% of their average MHI on care-related expenses. (Altogether, fourteen respondents are caring for care recipients who need assistance with fewer than three ADLs, but two did not provide enough information about their expenses.) This may not seem high when compared to those who care for someone with more than three ADLs ($1,917 a month or 64% of average MHI), numbering 8 caregivers in our study, but the expenditure still adds up over a period of time. In fact, they are already spending 35% more than the average household in Singapore on similar items.[78]

---

77 The new measures are described in Annex A of this study (see below).

78 Department of Statistics Singapore, Report on the Household Expenditure Survey 2017/18. For this calculation, care-related expenses consist of a) Outpatient Services ($172), b) Hospital, Covalescent, and Rehabilitation services ($81.10), c) Land transport services ($174.60), d) Medical products, appliances and equipment ($69.8), and e) Domestic services and household services ($143.4)

#2

Relying on financial support from family causes personal strains

About half of our respondents receive some form of financial support from other family members (spouse, children or siblings) to help pay for care-related expenses, although it was limited and inconsistent. For some, family members were supportive beyond providing monetary help, and would occasionally provide informal respite care so that the primary caregivers could take some time off for themselves.

However, our respondents had an overall sense that they could not rely on family support in the long run, especially after the care recipients passed away, when they themselves might need financial support. A local study found that older Singaporeans who had tertiary education, like many of our respondents, were less likely to receive monetary and material support.[79]

Relying on family support also brought about a strain on family relations. Below, we summarise three limitations of family support:

A. Family financial support is limited to care-related expenses, rarely covering caregivers' own living expenses.

Few respondents received financial help from other family members to cover care-related expenses and living expenses incurred by the caregiver. Even if they did, the amount given was often not enough. This was especially so for those who had already left paid employment or significantly reduced their work capacity, and thus had low to no income. For example, Diana below described feeling "the stretch" when it came to budgeting every month.

Stopped working because of caregiving; relies on monthly allowance from siblings to cover care-related and living expenses: Diana's Story

"I kind of make do. So, whatever.... I make sure all the bills are paid... I make sure that we have enough every week for my shopping, for food. And then, you know... I oftentimes, by the last week of the month, I'm down to brass tacks. You know what I mean by brass tacks? Down to really basic... I can have sometimes $17 in my bank account before my siblings do the next transfer... so I pay for everything, I use the $1,600 a month that I get from my siblings, for my... I use that to cover everything...To pay for my housing, the bills, my own phone bill, my father's care, and every five weeks, his medication. So, I have to, you know, whatever I have that is extra I always make sure I put it back into savings. So, my mum and dad have a savings account."

- Diana, 63, caring for her father who has dementia and chronic conditions

Partly because the contributions were for care-related expenses, some respondents also described family support to be inconsistent or "ad-hoc". They could not, therefore, rely on it for their daily living expenses, even for recurring expenses.

79 Chan, Angelique, Malhotra, Rahul, Manap, Normala Bte, Ting, Yi Yuan, Visaria, Abhijit, Cheng Grand Hak-Land, Goh, Veronica Shi Min, Tay, Peter Kay Chi, Lee, June May Ling and Ad Maulod, Transitions in Health, Employment, Social Engagement And Intergenerational Transfers In Singapore Study (THE SIGNS Study) – I: Descriptive Statistics and Analysis of Key Aspects of Successful Ageing, (Singapore: Centre for Ageing Research and Education, Duke-NUS Medical School, 2018), pp 113.

B. Caregivers feel uncomfortable requesting money on a regular basis and for sustained periods of time.

Some respondents associated family support with a lack of independence, which made them reluctant to seek it. 56-year-old Roohi, for instance, said "never, I like to be independent" when asked if she had ever asked her siblings for help caring for their mother.

C. Caregivers worry their siblings will not have enough for their own families and also fear that financial dependence will strain familial ties.

Respondents worried that relying on their siblings could affect siblings' ability to support their own families. For example, see Tanya's case below.

Suffered multiple panic attacks from dealing with her sister regarding care-related finances: Tanya's story

Tanya's sister contributes $110 a month to finance care for their mother's caregiving expenses. However, her sister does not trust how Tanya is spending the money. "My sister came the following week and demanded that she looked at the bank books, I have my first of my three panic attacks because nobody had ever questioned my job that way. I am not guilty of taking my mother's money but when you have a sister who is older than you, whom you looked up to and whom you thought made the right decisions and whom you've loved and she does that to you, that's really something else," Tanya said,

Accusations, this and that... Not just physically and financially, emotionally, it's draining us," she said.

- Tanya, 51, caring for her mother who needs help with 3 ADLs and who has dementia

SECTION D

Recommendations

RECOMMENDATION #7

Modify CareShield Life to:

a. Reduce three ADLs minimum requirement
b. Take into account the effects of dementia
c. Make premiums gender-neutral and increase payout level

CareShield Life will be launched in 2020 and made compulsory for Singapore Residents and Permanent Residents born in 1980 or later.[80] This national long-term care insurance (LTCI) provides monthly cash payouts to those who need help with at least three ADLs, to off-set care-related expenses.[81] Since it will be made compulsory, CareShield Life has, potentially, the widest reach to support Singaporeans in financing their long-term care expenses. To enhance its effectiveness, we recommend the following:

A. Lower the three-ADL minimum requirement, allowing those with one or two ADLs to receive cash payouts.

Ability to perform IADLs could also be taken into consideration when setting the eligibility criteria, as it allows for a more nuanced assessment of disability. Receiving financial resources earlier may allow those with mild or moderate disabilities to access rehabilitation services that could prevent the worsening of their conditions — an overall reduction in future healthcare costs.

A local 2019 study reported that the proportion of older persons having difficulty performing one or two ADLs has increased from 2.8% in 2009 to 4% in 2017.[82] The study's researchers highlighted that this could be a result of the worsening of chronic conditions, which may have been present in 2009 but have now progressed to affect people's ability to perform ADLs. The study also reported that the proportion of older persons suffering from three or more chronic diseases has nearly doubled within the same period—it is now 37%. Without early intervention to help manage these chronic conditions, the severity of the conditions of this 37% will likely increase over time to the point where their ability to carry out ADLs is affected. Additionally, the proportion of older people with no difficulty meeting IADLs has also decreased from 87.4% to 85.6%, suggesting that older people increasingly need assistance beyond basic physical activities.[83] In Germany, the national LTCI applicants must have limitations in two ADLs (persistent for at least six months) and need help in some IADLs to qualify for payouts.

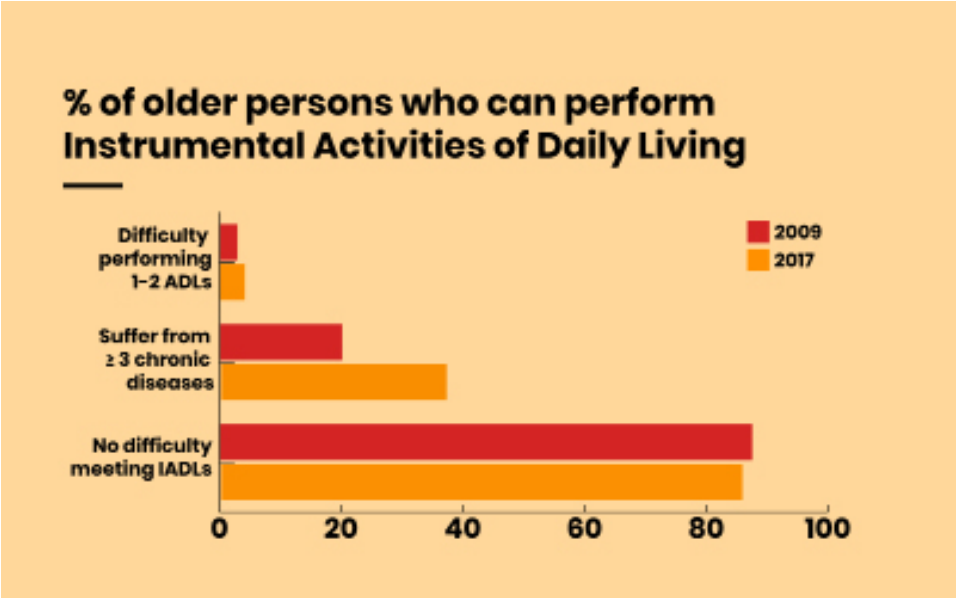
---

80 The Straits Times, CareShield Life - How does it work?, (The Straits Times, Singapore, 2018). https://www.gov.sg/news/content/the-straits-times---careshield-life-how-does-it-work

81 Ibid.

82 The Straits times, Proportion of older adults with multiple chronic diseases surges, (The Straits Time, Singapore, 2019). https://www.straitstimes.com/singapore/health/proportion-of-older-adults-with-multiple-chronic-diseases-surges

83 Visaria, Abhijit, Malhotra, Rahul, and Angelique Chan, Changes in the profile of older Singaporeans: Snapshots from 2009 and 2016-2017, (Center for Ageing Research and Education, Duke-NUS Medical School, Singapore, 2019), pp 28.



B. Increase payout levels

Out-of-pocket expenditure on care-related services forms a significant portion of our respondents' median monthly household income even after subsidies. Instead of individually increasing each subsidy or introducing new ones to finance particular care-related items (e.g. other consumables not covered under any existing schemes), CareShield Life payouts should be raised to help ease this financial burden.

C. Make premiums gender-neutral

Caregiving is clearly gendered, with women bearing the brunt of its financial impact. Women may live longer than men, but they also live in poorer health and with fewer financial resources. While safety nets are in place to ensure that low-income women can afford premium payments, women as a group should not be penalised by higher premiums after sacrificing years of their lives for unpaid caregiving.

Furthermore, the point of insurance is to risk-pool. Factors like ethnicity, educational background contribute to higher risks of disability, but are not singled out for premiums to be pegged to. Why is gender?[84] CareShield is a not-for-profit government insurance scheme, so the principles of inclusivity should be prioritised when deciding premium levels. In countries like Germany and Japan, premiums for national LTCI are gender-neutral. Singapore should follow their lead and create more inclusive LTCI schemes.

D. Expand the definition of "disability" to include cognitive impairment and mental health conditions

The Eldershield Review Committee recommended that the impact of cognitive impairment on functional ability be explicitly recognised in the disability assessment framework for claims.[85] However, the assessment framework currently used for Eldershield and other schemes only contains items of physical functional ability. This excludes the effects that mental health conditions and cognitive impairments have on non-physical ADLs that are just as critical for everyday living e.g. communication and memory. Inability to perform these ADLs could similarly warrant a need for a caregiver — which incurs costs, whether through a family member sacrificing her job, or the hiring of an eldersitter or a FDW.

The definition of "disability" in assessment frameworks should therefore be expanded to include non-physical, cognitive ADLs.

---

84 Thomas, Margaret, and Kanwaljit Soin, Three niggling questions about CareShield Life, (The Straits Times, 2019) https://www.straitstimes.com/opinion/three-niggling-questions-about-careshield-life

85 ElderShield Review Committee, ElderShield Review Committee Report, (Singapore, 2018).

SECTION E

Family caregiving negatively impacts wealth accumulation

Although we included questions on their financial status, most respondents were reluctant to divulge information about how much they have. Despite these limitations, our study allows us to see the potential impact that caregiving has on the value of all their assets, including cash savings and purchased properties. For example, we know that at least 13 respondents are already drawing upon their savings to finance care-related expenses. This will likely affect their savings unless they make up for lost time spent outside the labour force after their care recipient passes away, which will be difficult.

Although all respondents live in purchased properties, it is unclear who owns the house—their care recipient, siblings or some other member of the family. Caregivers cannot predict whether they will inherit the family homes, and even if they do, whether they will have to share the inheritance with their siblings. Combined with loss in income, CPF contributions and shrinking savings, and without any surety regarding inheritance, many respondents are legitimately concerned about their retirement security.

The current generation of elderly persons is able to rely on family members. This is unlikely to be the case for our respondents, most of whom are unmarried and without children. According to national statistics, more married couples are now living without or apart from their children. The number increased from 3% to 14% between 2000 and 2014.[86] The number of single-person households stood at 11% in 2014.[87]

---

86 Anita Fam, Meeting the Challenges: The Future of the Family in Singapore, (Families for Life, 2016). https://www.familiesforlife.sg/discover-an-article/Pages/Meeting-the-Challenges-The-Future-of-the-Family-in-Singapore.aspx

87 Ibid.

SECTION F

Conclusion

Family care is seen as the bedrock of policies that promote ageing in place, with support from FDW and long-term care services. Yet this responsibility has wide ranging consequences on caregivers' retirement adequacy.

The Government says retiring Singaporeans of the future "will still have more resources to retire on due to improvements in education and incomes over the years".[88] Therein lies the problem for our respondents, who have experienced career disruptions, withdrawal from the labour force, loss of income, shrinking of savings and an increase in out-of-pocket expenses. Whatever gains in education and incomes the caregivers of this cohort have made were likely drastically diminished during their caregiving journey. If their prospects of re-employment after their care recipients pass away are dim, as this research finds, they will likely need state support to secure decent retirement as they themselves age.

We must put a limit to our reliance on family caregivers through a fairer distribution of caregiving responsibilities among households, communities and the state; while minimising the income-related penalties current caregivers are forced to pay because of caregiving. The report suggests some way of achieving these goals. Good daughters of today should not become the impoverished elderly of tomorrow.

"My mum is fortunate in that she still has children. I will not be so fortunate.": Wai Ching's story

Wai Ching was running her own business as an aromatherapist before she became a caregiver to her mother, who has dementia. She stopped working for the first six months in order to focus on monitoring and doing research on her mother's condition. After her condition stabilised, Wai Ching started her business again but was unable to take on as many clients as before, due to her caregiving responsibilities. This resulted in a paycut of about 50% — she was earning around $1,000 before she became a caregiver and now earns less than $500 a month. Wai Ching said she does not feel financially secure "at the moment". She had accumulated some savings from her last formal job (before she became self-employed) but was still "feeling the stress" and lamented her inability to depend on family in the future.

---

88 Future cohorts of seniors will have more resources to retire on, The Straits Times, 8 July 2019. Accessed on 19 July: https://www.straitstimes.com/singapore/manpower/future-cohorts-of-seniors-will-have-more-resources-to-retire-on

ANNEX A

Government schemes that offset the cost of caregiving

New measure to help finance caregiving expenses	Details
CareShield Life (announced in 2019)	From 2020, the existing ElderShield scheme administered by private insurers will be enhanced and administered by Government as CareShield Life. CareShield Life features: 1. Lifetime payouts (for as long as you are severely disabled). 2. Payouts start at $600 per month in 2020 and increase over time. Payouts increase until age 67, or when you make claims, whichever is earlier. 3. Government subsidies are available for premiums (up to 30%). 4. Premiums can be paid through MediSave.
MediSave withdrawals for long-term care (announced in 2019)	From 2020, severely disabled Singapore residents aged 30 and above will be able to tap into their own and their spouse's MediSave accounts for their long-term care needs. Severely disabled Singapore residents will be able to withdraw up to $2,400 per year (or $200 per month) as cash to supplement their long-term care needs. A minimum of $5,000 will need to be set aside in MediSave to ensure sufficient MediSave for other medical expenses, such as MediShield Life premiums or hospitalisations, and cannot be withdrawn. Individuals who have insufficient MediSave balances can choose to tap into their spouse's MediSave to supplement the withdrawal, up to $200 per month per individual.
Home Caregiving Grant ($200; announced in 2019)	The grant will replace the Foreign Domestic Worker (FDW grant) and will be means-tested, available to care recipients with permanent moderate disability (regardless of age) and granted based on criteria similar to the Foreign Domestic Worker (FDW) grant. The criteria for the existing FDW grant include: • Care recipients, including those with mental and intellectual disability *, need to be deemed by a qualified assessor to be permanently unable to perform three or more Activities of Daily Living (ADLs). • Household monthly income per person must be ≤ $2,800 • If you do not have any household income, annual value of property must be < $13,000
ElderFund (announced in 2019)	ElderFund will assist severely disabled lower-income Singapore citizens aged 30 and above, who are not eligible for CareShield Life, ElderShield, MediSave Long Term Care Withdrawals and/or Interim Disability Assistance Scheme for the Elderly, or have low MediSave balances and inadequate personal savings to meet their long-term care needs. Eligible Singapore citizens can receive up to $250 per month in cash for as long as they remain severely disabled.

Acknowledgements

Make Care Count would not have been possible without the enthusiastic help from our dedicated interviewers, transcribers, coders, and research volunteers.

A huge thank you to you all!

Aina
Angela
Christal
Bee Lian
Bhavika
Brenda
Chew Yen
Cindy
Edwina
Ericia
Grace
Hanisah
Jasmine
Jeriel
Kay
Keerthana
Kim
Kym
Ly-Shan
Mariah
Megan
Meryl
Millie
Mimi
Nicole
Nithya
Parnella
Pearly
Penny
Peter
Rachel
Shahila
Sharanjeet
Si Ying
Sofia
Suan
Szu Jin
Taina
Tammy
Ying Ying
Yi Ting

aware.org.sg