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Connecting care chains and care diamonds: the elderly care skills regime in Singapore

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Abstract

Research on the globalization of care work often faces the persistent challenge of building meaningful connections between the movement of care labour at a global scale and place-based frameworks of care access and delivery. In addressing this gap in this article, we propose to take a closer look at how the care-migration nexus produces 'ideal' care workers through a skills regime. Based on the case of elderly care in Singapore, in this article, we demonstrate how state institutions and private agencies attempt to fill local labour needs by producing care workers among both Singapore citizens and migrant women. This leads to contradictory strategies associated with lowering barriers for citizens to enter the elderly care industry, while raising standards and increasing pre-training demands for migrant domestic workers to perform more 'professional' care work within the household. We conclude with a discussion of how these strategies can be understood as a process of 'filtering'.

Keywords: Care chains, care workers, domestic workers, elderly care, global South, globalization, migration, private agencies, Singapore, state institutions

In recent decades, the migration of care workers across national borders has been a subject of increasing salience to scholars of migration and gender. A persistent challenge has been finding ways to make meaningful connections between the movement of care labour at a global scale and place-based frameworks of care access and delivery. On the one hand, scholars examining the cross-border movement of migrant women focus on how deep global inequalities drive the 'plundering' of care and love from the Global South to fill the needs of families situated higher up the 'care chain' (Hochschild 2000; Parreñas 2005).¹ On the other hand, place-based studies on issues of care investigate how its provision is divided among local institutions such as the state, market, community and family in what is imagined to be the 'care diamond' (Ogawa et al. 2018). Theoretical approaches that define each of these fields have largely functioned in 'parallel spheres', rarely interacting with each other (Michel and Peng 2017: 6). Scholars have noted that migrant women fill in care deficits within developed nations under conditions replete with power asymmetries, yet little is known about how the complexity of such contexts shapes the movement of care workers and vice versa. As Raghuram (2012: 169) asks, 'by articulating care diamonds more thoroughly with care chains, do we see a greater diversity in the directions of flows, loop backs across and within countries and unexpected connections between the different nodes that go beyond the chain?' Turning the question around, how does the care chain supply of migrant care workers reshape the contours of the local caregiving market and the experiences of local caregivers? In other words, conceptualizing care provision requires an understanding of both its 'transnational stretch' (Raghuram 2012: 168) and its local place-based embeddedness. To this end, we pose a pair of related questions: how do changes and pressures within the care diamond define how we theorize the

way care labour moves across borders? Can a better understanding of the care chain help us evaluate how local institutions generate care labour to deal with elderly needs?

We approach these questions by showing how regimes of care and migration intersect not only in regulating care workers' entry and career trajectories, but also in defining how to produce these workers in the first place. In doing so, we discuss how the care-migration nexus is governed by another regime focused on skills – one that defines how elderly care should be enacted and in what ways this performance of care can be trained, calibrated, assessed and valorized (Wee et al. 2018).² This is of pertinence in view of the naturalization of care as women's work and the prevalence of the 'caring ideology [that] ... operates to gender labour in both unskilled sectors such as domestic work and in professionalized occupations like nursing, social work and education' (Raghuram 2004: 305). In other words, within a research field that revolves around the issue of addressing care deficits, an important question to ask is how actors and institutions, within and beyond national borders, produce care workers, both migrant and local, suited to fill local care needs.

In this article, we investigate the concept of the skills regime through a case study of elderly care in Singapore, a wealthy nation in Southeast Asia confronted with a rapidly ageing population. We focus specifically on Singapore's recent efforts to increase the availability and capacity of care workers from among both foreign domestic workers (FDWs) and particular groups of Singaporean citizens such as housewives, retirees, and low-income women. Through a document analysis of media articles and in-depth interviews with caregiver trainers and recruitment agents, we demonstrate how the skills regime creates what Ogawa (2018: 187) calls 'different configurations of care workers' through processes of filtering. First, the skilling of Singaporean citizens is underpinned by a discourse of lowering barriers to entry in a 'sunrise' industry of elderly care services. Here, the 'dirty work' of elderly care is cleansed for local carers. The state removes the impurities of care work to package elderly care as meaningful, valuable and, most importantly, easy to perform. Second, in contrast to citizen carers, elderly care skilling for FDWs emphasizes mastering nursing practices for complex elderly needs and devoting more time for training to ensure migrant workers' competency. Unlike Singaporean citizens, FDWs are labourers first and foremost, and their lives beyond labour are expected to be incidental to their caregiving. The elderly care skills regime hence filters FDWs' care by sieving out competent carers through extensive 'upskilling' processes. Third, we show how care sourced through the care chain is also filtered, in the sense that it is channelled or directed in particular ways. We discuss the case of FDWs from Myanmar as an example of how the skills regime can alter the way aspiring migrants are 'pre-trained' in their countries of origin to slot into specific nodes within the place-based care diamond. In sum, while training courses depict elderly care skill as a set of procedures that apply uniformly to all individuals who tend to elderly needs, we argue that the skills regime reinforces the unequal recognition of care work in different segments of the care diamond, while also reshaping the movement of migrant women along the global care chain. We conclude with a discussion of how skills regimes serve as an important meeting point in understanding how the global migration of care workers intersects with local issues of care.

Skills as a regime

Researchers have sought to address questions of migration and care by highlighting the relationship of different 'regimes', or the clusters of policies, discourses and social relations relevant to a subject being analysed (Williams 2012: 371). In the case of elderly care, scholars have mostly focused on the intersection of two regimes – (1) a migration regime encompassing immigration policies, citizenship requirements and the national narratives that condition migrant workers' entry and status in their host societies; and (2) a care regime that organizes long-term care, distributes resources to care institutions and defines expectations about who should administer care and where it should be provided (Ogawa 2018).³

In terms of how care has been organized within the migration regime, theories such as Rhacel Parreñas's (2005) international division of reproductive labour argue that the cross-border movement of migrant women reflects deep global inequalities, as families in wealthy nations outsource care to foreign women whose children are, in turn, looked after by more disadvantaged women in their countries of origin. Parreñas's work drew inspiration from Arlie Hochschild's (2000) idea of the global care chain, which portrays care and love as resources 'plundered' from the Global South. Scholars have since developed this framework to include actors

and institutions that facilitate the movement of care workers across national borders, investigating the migration infrastructure that shapes each ‘node’ of the care chain (Schwiter et al. 2018; Yeates 2012). Current studies have also extended the use of the care chain beyond the household, towards institutional forms of care such as nursing (Ortiga 2018; Walton-Roberts 2012).

On the other hand, scholars focusing on regimes of care investigate how its provision is divided among local institutions such as the state, market, community and family (Ogawa et al. 2018). Often referred to as the care diamond, these frameworks study the inequalities that emerge as care work is organized within the nation-state in line with local politics, labour markets and gender norms (Michel and Peng 2017; Ochiai 2009; Razavi 2007). Scholars investigate how such issues spill over to policy discussions on welfare and work–life balance (McDowell 2004; Williams 2012), as well as research on how the elderly manage their own care and well-being as a fifth node in the ‘care pentagon’ (De Silva 2017). Existing research has also acknowledged that migrants play a key role in the organization of place-based care within the care diamond. This care–migration nexus in East Asia has focused on different models featuring varied types of global care chains channelling migrant labour into elderly care diamonds, with differential impacts on ‘the conditions of migrant care workers, the kind of care work they perform, the gendered nature of the work, and their long-term prospects for working and staying in the host country’ (Ogawa 2018: 199).

As migrants seek to fill some of these positions in the receiving nations, skills serve as a powerful category in policy and practice, defining the types of capabilities and attributes used to differentiate potential immigrants (Chatterjee 2015). Yet, such notions of skill are far from being neutral measures of individual abilities. Shan and Fejes (2015: 228) argue that, in framing skills as part of a regime, we can better understand how social systems construct the desirability of potential employees based on existing social hierarchies of gender, race and class. In the context of elderly care, Mario Lopez (2012) argues that these discourses on skilling often arise when local care needs intensify, prompting an urgent demand to produce and transfer care labour to places that need it the most. His work on caregivers in Japan shows how national narratives enact a ‘discursive reallocation of bodies’ (Lopez 2012: 264), using gendered and racialized stereotypes to portray Filipino residents in Japan as ideal workers for staffing local nursing homes. Notions of skilling can become problematic in the context of informal care labour such as domestic work. Recent studies show that while training has become a key feature in migrant recruitment agencies, such programmes are largely driven towards teaching migrant women to embody the role of docile and submissive employees (Chang 2018; Killias 2018). The ongoing research of Wee and Yeoh is also looking into how efforts to codify FDW care as skill is mainly seen as a means of selling FDW labour to prospective employers.

We draw on these key insights in developing the concept of an elderly care skills regime comprising a loose configuration of policies, programmes and institutions that govern what constitutes appropriate skills for elderly care and who can be suitably equipped to perform such tasks. However, we also emphasize that the skills regime is not simply a discursive strategy for constructing ‘desirable’ workers, but a rationalized system of procedures and measures meant to evaluate one’s capabilities. We do not deny that care work continues to be devalued and rendered invisible within the household. Among migrant workers, discourses of skill often disguise exploitative conditions as human capital development and empowerment. However, care has also become increasingly regulated through the years, with national governments turning to certification and training as a means of ensuring competency, safety and the employability of care workers (Diamond 1999; Liang 2011). These regulations have led to real material shifts in the distribution of government funds, the emergence of new players in the care industry, and the documentation required of both citizen and migrant care workers. By looking more closely at how such changes are justified, we observe how the skills regime emerges from the care–migration nexus, and from the overlap between care chains and care diamonds. In defining the standards of care that an elderly population is expected to receive, the skills regime draws from the local politics, norms and values associated with care provision within a national context. Yet, as ageing nations continue to face shortages in care labour, the skills regime is predicated on immigration policies and public sentiment about the ability of foreigners to provide such care. In the following sections, we use the case of Singapore to show how the skills regime can then shape both the conditions within a nation’s care diamond and the care chain that channels migrant labour into the country.

Data and methods

This article is informed by an analysis of interviews with 9 caregiver trainers and 28 placement agents. We use the term ‘caregiver trainers’ to refer to individuals who work within companies or state agencies that offer courses on elderly care delivery. The Singapore government recognizes particular training providers and ensures that trainers are ‘qualified’ specialists in their subject areas. However, it is unclear whether trainers require specific types of credentials. Of the nine caregiver trainers to whom we spoke, seven were registered nurses who used to work in hospitals. The other two were the operations managers of their companies. Conversely, placement (or recruitment) agents are individuals mainly involved in recruiting migrant women to work in Singapore as FDWs. In many ways, we found that the boundary between caregiver trainers and recruitment agents was often blurred. With the exception of three caregiver trainers who work for government-affiliated institutions, the rest either owned or were employed in companies that also brought migrant women into Singapore as FDWs. Similarly, the recruitment agents interviewed for this study also conducted basic training for aspiring migrants, although this training was usually less specialized than that offered by caregiver trainers.

Interview questions for caregiver trainers focused on how they came to do elderly care skills training, how they developed their curriculum, how they sought to address the needs of clients, the challenges of their work, and their perspectives on the most ‘useful’ skills needed for elderly care. For recruitment agents, interview questions centred on employers’ expectations of domestic labour, the development of successful relationships between employers and domestic workers, the processes of mediation between employers and domestic workers, and the organization of remedial and refreshment training sessions. Collectively, the interviews provided important insights into how migration brokers who supply the services of FDWs to Singapore homes navigate dominant discourses on elderly care skill when negotiating with their clients.⁴

Complementing the interviews with trainers and agents, document analysis offered a lens through which to understand how state agents, non-profit agencies and private service providers sought to frame public discourse on skilling for elderly care. Focusing primarily on Singapore’s English language news publications, such as the Straits Times and Channel News Asia, among others, we used keyword indexing (namely elderly care, long-term care, caregiver, ageing and elderly) at Factiva and reviewed a total of 244 newspaper articles from 1990 to 2018. While partial, these sources help us reveal the discursive strategies that go into creating differential categories of elderly care and elderly carers.⁵

Cracks in the elderly care diamond: the case of Singapore

In 2018, 13.7 per cent of Singapore’s population was over 65 years old, a significant increase from 8.7 per cent in 2008 (Department of Statistics Singapore 2019). This increase has fuelled the growing demand for home-based care, given projections that one in two Singaporean seniors could become severely disabled at some point in their lives (Ho and Huang 2018).⁶ Like many ageing nations, elderly care in Singapore is set against a worldwide shift from hospital-centric care to long-term care services that allow the elderly to remain in their own homes (Huang et al. 2012). State agencies rely heavily on the voluntary sector and on families to offer care (Chin and Phua 2016), and the official approach to care provision tends to be more residual in nature (Rozario and Rosetti 2012). Researchers have criticized the Singapore state’s overdependence on community organizations, and recent years have seen a growing presence of state agencies in providing elderly care, although the place of the family as the ‘first line of care’ continues to be central (Thang and Johan 2018).

Therefore, it is the family that bears the largest burden of elderly care provision in Singapore. Scholars and advocacy groups have documented the immense pressures that such a responsibility has placed on Singaporean caregivers, particularly in the context of shrinking families and higher costs of living (Eom et al. 2017; Tan et al. 2012). This has created a phenomenon that Ochiai (2011) calls ‘liberal familialism’, in which a family turns to the market to find a solution to its filial care responsibilities. This includes purchasing the services of FDWs. Growing care needs have propelled the rise in FDW numbers in Singapore. In 1987, ten years after they were first allowed into the country, there were approximately 20,000 in Singapore (Huang and

Yeoh 1996). By 2002, this figure had risen to 140,000 and, in 2010, 201,000 FDWs resided there (TWC2 2011). In 2019, there are 253,800 FDWs in Singapore (Ministry of Manpower 2019a).

Despite the growing numbers, there are rising concerns about the sustainability of relying on FDWs as a solution to the country's ageing population. In 2016, one recruitment agency representative lamented that Singapore's labour market is facing a 'shrinking pool of foreign maids' (Wong 2016). The employment agents we interviewed also noted that Singapore is unpopular among domestic workers as a country of destination compared with countries like Hong Kong, which offers higher wages and better protections. According to Paul (2017), Singapore often operates in domestic workers' imaginary as a 'testing ground', where they stop briefly to gain skills and experience before moving elsewhere. Some employment agents feel that they are witnessing a palpable skills drain: domestic workers acquire their caregiving skills in Singapore, but eventually take them elsewhere. Media reports also reveal growing concerns about the capacity of FDWs to provide elderly care (Yeo 2006). Such anxieties coalesced around reported cases of FDWs abusing their elderly wards, often as a consequence of experiencing isolation and acute stress (Chong 2015, 2016; Lum 2012). These incidents led to public discussions on whether employing an FDW was more of a burden than a benefit in terms of elderly care. A 2009 survey found that, among Singaporeans caring for elderly relatives, having an FDW did not necessarily mitigate stress because caregivers were either anxious about finding a competent worker, or constantly worried about leaving their relatives in the care of a stranger (Tai 2013a). Newspaper reports also highlighted cases of family caregivers abusing or neglecting their parents – a problem that state officials attributed to stress (Basu 2009). Yet, in responding to such cases, state representatives referred back to the same solution of supporting families in hiring FDWs (CNA 2015) instead of suggesting any fundamental change in private care provision.

Filling in the cracks: elderly care skilling

Elderly care training is not a new phenomenon in Singapore. In the 1990s, non-profit organizations offered training seminars for volunteers, individuals caring for elderly parents and professionals working in health institutions. However, these programmes catered mainly to Singaporeans and were centred on helping caregivers avoid burnout (Straits Times 1998). Private recruitment agencies were unlikely to send FDWs for elderly care training (Yeoh and Huang 2009) and employers relied mainly on ethnic and racial stereotypes in choosing whether to hire an FDW. Indonesians, for example, were considered 'ideal' for elderly care because of their supposed humility and docility at work (Huang et al. 2012).

Yet, by 2017, caregiver training courses had ballooned into a burgeoning industry, with the Agency of Integrated Care (AIC) listing 240 approved elderly care courses offered by close to 60 providers (most of which were private companies). This shift can be attributed to the deepening cracks in Singapore's elderly care diamond noted in the earlier section. Rising care needs heightened the demand for care workers who could staff overwhelmed service providers and alleviate the burdens of family members caring for elderly relatives at home. At the same time, the past decade had seen a stronger state voice in pushing for elderly care skilling among both Singaporeans and FDWs. In 2007, the state instituted a 'caregivers training grant' (CTG) that awarded the caregivers of each elderly care recipient a \$200 subsidy for attending a formal caregiving course. As of 2016, 32,000 caregivers had accessed this fund (National Archives of Singapore 2016).

Despite the growth of the elderly care training industry, the resulting skills regime lacked a unified system of certifying individuals' capacity to provide elderly care. Courses offered a sprawling and non-standardized list of 'skills' for students to learn, and minimum course lengths ranged from a few hours to several weeks. In the following sections, we discuss how this heterogeneity is mainly rooted in the production of two kinds of informal home-based care labour – citizen carers to supplement community-based care, and migrant domestic workers with expanded competencies to assuage employer concerns.

Cleansing care: lowering barriers to entry for citizen carers

In tackling the growing need for care labour in Singapore's long-term care services, state agencies sought to 'build a stronger local core' by training Singaporean citizens for elderly care work (Toh 2016). These efforts partly sought to produce more professional care workers by offering incentives for citizens to pursue a

polytechnic degree in nursing or to become certified nursing aides (Low 2010). Yet, the bulk of public discourse surrounding elderly care skilling for Singaporeans focused on the production of part-time care workers to supplement care at the community level. Statutory boards, such as Singapore's Work Development Authority,⁷ partnered with non-profit training providers to offer elderly care courses for Singaporeans interested in learning such skills. In 2012, Amy Khor, then Minister of State for Health and Manpower, argued that while the country needed more nurses, the state's manpower needs could also be filled by 'tapping into residents in the community' who can be 'trained up in a short period of time' (Khalik 2012). As such, the expansion of elderly care training courses was meant to lower barriers to entry so that Singaporeans without elderly care experience could 'join first and be trained later' (Tai 2012).

Yet, to attract Singaporeans to these programmes, state agencies needed to counter commonly held notions of elderly care as dirty, unrewarding and demeaning. As such, skilling Singaporean citizens entailed cleansing elderly care work of the undesirable connotations associated with it. In marketing training programmes to Singaporeans, state officials downplayed the less desirable aspects of tending to the bodily needs of the elderly (such as feeding them and changing their incontinence pads), while highlighting the more emotionally rewarding tasks such as befriending or accompanying them to medical appointments (Toh and Tai 2014).

In identifying appropriate groups to undergo such skilling, state officials turned to retirees, housewives and low-income women as the citizens best suited to caring for the elderly (Tai and Goh 2015). Industry representatives reinforced this discourse, arguing that since these groups were already engaged in care work at home, skilling programmes would simply channel their abilities towards opportunities in the elderly care sector (Khalik 2012). Skilling programmes for citizens were positioned as redirecting care from within the household to the local circuit of the care diamond, often under the gendered assumption that retirees and housewives have a surplus of time and care to provide for others.

In appealing to Singaporeans, elderly care skills were packaged as quick to learn and flexible to students' schedules. The skill to care, therefore, was not an all-encompassing vocation, but an 'à la carte' suite of easily learnable abilities. For example, in 2012, a state agency developed an elderly care training programme that 'split one job into three' with a view to attracting more Singaporeans to do part-time work in the elderly care industry. Promoted specifically to housewives, retirees and 'back-to-work mothers in their forties', these courses included '16 hours of core training on how to help the elderly move around and to prevent falls, followed by 24 hours of training in the area of work they choose' (Tai 2013b).

The state conjoined the quick skilling process with the presentation of a flexible job market in which Singaporeans could do brief periods of elderly care while balancing their other commitments. For example, one newspaper article featured the experience of Sandy Gng, a 'housewife for more than 20 years' who now does part-time work for an elderly service provider. While Sandy was described as feeling 'lost' in her first few classes at the training centre, she 'enjoy[ed] the programme's flexible hours, which allow her to go home and cook for her children' (Tai 2013b).

Underlying such a discourse was the assumption that most Singaporeans would be unwilling to care for the elderly as a full-time job. Citizens were portrayed as housewives and retirees with responsibilities elsewhere, but who were well poised to offer a quick injection of care at their convenience. While state discourses framed manpower needs as a pressing problem, the skills regime fostered a gradual approach to skilling Singaporeans for elderly care, emphasizing the low commitment needed in taking on training programmes. The work of full-time elderly care was also fragmented into time-bound, task-oriented responsibilities that were packaged as easy to carry out. These strategies included schemes such as 'job-shadowing stints' and a three-day 'discovery programme' where Singaporeans could get to know the work of elderly care workers in a nursing home or day care centre before deciding to join the industry. Participants were even paid S\$ 120 upon completing these shifts (Lai and Ng 2015).

Examining the wide range of courses specifically marketed to Singaporeans reveals how finely differentiated citizen carers could be. Some training programmes fed into specific positions within elderly care institutions, such as a 'Senior Care Associate' scheme established by the Ministry of Social and Family Development. With a minimum requirement of a secondary school education, potential care workers would be trained to

‘conduct health-related care tasks such as handling stoma bags and feeding tubes, in addition to regular personal care tasks like bathing and grooming’ (Lim 2012). In contrast to retirees and housewives, the skilling of low-income Singaporean women steered them towards the specific area of respite care, a nursing home service offered to families who need temporary help when the main caregiver (often an FDW) is away or ‘when their family is on a holiday’ (Basu 2013; Khalik 2018). For example, in 2017, two non-profit organizations launched a programme that provided elderly care skills to women from families with a per capita income of less than \$400 a month (Kok 2017a). One interviewee, Jane, believed that respite care was especially good for low-income single mothers and divorcees because it gave them enough flexibility to manage their time between work and their children. While it is true that respite care is more flexible than the work of live-in FDWs, this job involves the heavier and ‘dirtier’ aspects of elderly care such as changing incontinence pads, feeding, and bathing elderly wards. In this sense, the more disadvantaged position of Singaporean low-income women placed them in a sector of the care diamond that was closer to the work of FDWs than to that of retirees and housewives. Consequently, even within the local core of citizen carers, hierarchies built upon lines of class and gender influenced the production of specific care workers. Still, such forms of elderly care were presented as important skills for social mobility – a discourse that was often absent in the skilling of migrant women (Kok 2017b). As Carrie Tan, then director of the NGO that spearheaded these training programmes, argued, ‘we want to help women translate their experience into professional skills to give them additional income and financial security when they grow older.’

In summary, the skills regime for Singaporean citizens utilized gendered stereotypes of mothers, housewives and retirees to create a filtered view of what it meant to provide elderly care. Much of the discourse on skilling citizens focused on attracting Singaporean women to the elderly care sector and was less about actually testing and evaluating their competencies. Citizen carers were flexible, part-time workers within the elderly care diamond, meant to act as ancillary labourers serving to supplement the intensive work of looking after elderly bodies.

Sieving out competent care: producing a ‘maid who is more than a maid’

While skilling Singaporean citizens served to lower barriers into the elderly care industry, training FDWs raised standards of care within the household. There was a growing recognition that the scope of work for FDWs had expanded beyond what they were initially recruited to do. Public reaction to cases of elderly abuse had triggered widespread debate on how to define the role of FDWs in Singaporean homes. Many found the expectation that FDWs take on elderly care as part of their job profile problematic. As Matthew, a recruitment agent we interviewed, asked: ‘is [caring for the elderly] really domestic work? When we talk about domestic helper, we are talking about doing housework, cleaning, wash car, wash plate, cooking for you. [Elderly care] is more like a medical care already. ... That is nurse job.’

Despite a strong agreement to consider elderly care as a specialized skill, public discussions stopped short of shifting such work away from FDWs to professional caregivers (Tai 2013a). Instead, the Singapore government promoted a skills regime that aimed to repackage FDWs as capable carers, moving away from the assumption that migrant women would simply exhibit a ‘natural’ ability to care. From the generally undifferentiated scope of household and care work expected of FDWs, arose the need to sieve out capable and qualified elderly carers. In particular, state agencies and nonprofit organizations encouraged employers to enrol their FDWs in elderly care training courses to ensure that they were capable of tending to the needs of the elderly. One news article quoted a Singaporean engineer on the benefits of sending his Filipina FDW for a three-day training workshop: ‘looking at the big picture, I think it’s better for my mother, and I intend to send Jennefer for more training. A maid is more than a maid [emphasis added]. She is more of a caregiver and a companion’ (Pang 2012).

Compared with the skilling courses that catered only to Singaporeans, the majority of elderly care courses for FDWs were noticeably short, ranging from four to eight hours. Alice, a caregiver trainer for a local clinic, said that it was very difficult for migrant caregivers to devote their time to caregiving classes, as there was no one else to take on their duties while they were in class. She found that employers were often unwilling to let their FDWs attend a workshop for more than a day, much less take the time to accompany them so that they

themselves could also learn elderly care skills. ‘Helpers cannot even stay a little longer [to ask questions]’, she complained. ‘At 5 p.m. their employers fetch them immediately!’

More recently, longer courses offering more specialized skills have also emerged in the elderly care market. One non-profit organization offered a ‘Specialist Certificate in Home-based Elderly care’ with a more ‘rigorous’ curriculum that required FDWs to attend 40 sessions of four hours each (Tan 2016). Our interviewees explained that such variation depended on the kinds of ‘skills’ employers wanted their FDWs to perform. Some caregiver trainers focused on teaching FDWs to perform basic tasks such as feeding, bathing and transferring bedridden patients from their bed to the wheelchair. For others, training courses included specialized medical procedures such as tube feeding (Basu 2007). Some training providers have even started offering courses geared towards caring for Singaporeans who have dementia, Parkinson’s disease or other disabilities (Ang 2018). As one recruitment agency representative explained in a media interview, ‘sometimes, they need specialized skills. A lot of accidents happen, and we do know it is because of the lack of proper training for the maid. We can reduce such risks by having a proper custom-made training programme designed for the family’ (CNA 2014).

In this sense, the majority of elderly care courses seemed to be aimed at pleasing Singapore employers rather than developing the knowledge and skills of FDWs. While the skills regime for Singaporeans filtered care itself so that it would be repackaged and programmed as a set of easy, discrete and basic skills, discourses surrounding FDW training reconfigured their work as high risk, hence necessitating the filtering (or sieving) out of foreign domestic workers who were incapable of managing the work of being ‘more than a maid’. Lily Neo, a Singaporean politician, emphasized the importance of pushing for more elderly care training among FDWs. ‘We don’t have enough retirement homes, and we can’t make family members give up their jobs to take care of their parents. The elderly person falls or has a stroke – having a maid could make the difference between life and death’ (Au-Yong 2016). In Neo’s explanation, elderly care skilling for FDWs was set against heightened expectations of how domestic workers had to be able to handle medical emergencies, in which the lives of elderly people could be in their hands.

Some elderly care courses also came with strict assessments of the participants’ skills, particularly if FDWs wanted to receive a certificate for learning elderly care skills. The caregiver trainers we interviewed complained that while there was a need to ensure the health and well-being of the elderly person, these assessments sometimes created unrealistic expectations for FDWs. Jane, a registered nurse who eventually established her own recruitment and training agency, complained:

The assessment is usually a scenario. They will say, ‘OK so elderly wake up and suddenly feel headache. What are you gonna do?’ So the helper might say, ‘I will take the blood pressure and temperature.’ Then they’ll say, ‘OK, the blood pressure is 170/100. What are you going to do? What is the abnormal range?’ [Do you think] this assessment tally with how [the FDWs] have been trained? They have only been through three days, you know? It’s not a nursing course that you take for years.

In encouraging other employers to invest in training their FDWs, the state recognizes the breadth of work that FDWs take on in caring for elderly Singaporeans. Yet, in many ways, the actual training courses available to domestic workers did little to enhance their status within Singapore’s elderly care diamond. While elderly care skilling for Singaporeans sought to integrate housewives and retirees into the elderly care industry, courses for FDWs offered few opportunities for migrant women’s career advancement, beyond possibly asking for a higher salary in line with their newly acquired skills. Under this differentiated skills regime, training in no way facilitates migrant women’s mobility out of their legal status as unskilled, transient workers with no pathways to permanent residency.

A few parties also raised concerns about whether the focus on the physical needs of the elderly downplayed the mental and psychological challenges of caring for them. Our interviewees said that they allotted part of their training sessions to teaching caregivers how to demonstrate empathy and compassion. Yet, with most available courses running for only a few hours, there was little space to prepare migrant workers for the more emotional and psychological skills needed for the job (Kok 2017b). In many ways, FDWs themselves are rarely seen as requiring care and support, despite an emergent focus on self-care in Singapore’s healthcare

system (Lee 2015).⁸ According to our interviewees, caregiver trainers taught domestic workers to distance themselves from pain and fear and attune themselves to ‘love’ when working with the elderly. This advice, forming part of the training that workers received, was supported by a logic that required domestic workers to distance themselves from deeply felt instances of stress and pain. Juxtaposed against the citizen carers, it became clear that while FDWs were part of the care chain that supplied a major share of elderly care in Singapore homes, they have an ambivalent place in the care diamond. Occupying the liminal space in-between family members, private agents of the market and labour subjects formulated by state policy, they straddle this gap by liaising with community partners, working with nurses to devise discharge plans, and helping the elderly travel between home and day care centre. If care was something that could be filtered, then FDWs’ capacity to care was curiously fluid, taking the shape of whatever containers it flowed into. They became the necessary connectivity that held together all elements of the care diamond, often without the acknowledgement that, like any other caregiver, they themselves depended on others to alleviate their own need for care.

Channelling the care chain: the training industry

The skills regime not only has the effect of differentiating the place of care workers within the care diamond, but it also reconfigures the infrastructure that facilitates the movement of migrant women along the global care chain. Such changes were most evident in the increasing number of agencies that ‘pre-trained’ FDWs in their countries of origin before matching them to employers in Singapore (Wong 2018). Much as filtering also refers to a form of directed movement, the care chain for domestic workers was actively reshaped to produce workers who could be channelled into the correct node within the place-based care diamond immediately upon arrival.

Unlike other Asian nations such as Taiwan, the practice of pre-training migrant women in elderly care was largely a market-led initiative, and not a requirement set by the Singapore government. Singapore’s governance regime admits FDWs on the basis of age, nationality and educational level rather than any kind of pre-departure training assessment (Ministry of Manpower 2019b). This absence of training requirements became a problem when otherwise healthy elderly people suddenly became sick or encountered a fall that completely changed their capacity to do everyday tasks. Family members were thus forced to find an FDW who was able to care for the elderly right away; this was further exacerbated by pressure from hospitals to discharge patients quickly.⁹ One recruitment agent spoke of how ‘sometimes [it is] really emergency. The ah gong, ah ma already in hospital. And then one of them have a stroke, how to carry [on without a skilled carer]? As agents ourselves, we need to learn [elderly care skills] in order to teach the maid. This [is] important.’

Four of the trainers we interviewed were former nurses and had personally witnessed the problems of having agents provide emergency skills training in Singapore. As discussed earlier, both time and money constraints made it difficult for agencies and training providers to have FDWs go through longer periods of training. Such pressures in Singapore’s elderly care diamond pushed actors and agencies working in the global care chain to revise or modify how they produce aspiring migrants. The rising demand for migrant women who can assume caring duties immediately stimulated the growth of an industry of ‘training centres’ to produce FDWs competent in elderly care before these women even leave their countries of origin. Agencies that offer pre-trained FDWs have grown from only eight in 2016 to 40 listed companies in 2018. Government institutions like the AIC actively advise families with elderly relatives to use such services (Seet 2017). Huitong, a trainer who worked for a government-owned polyclinic, was supportive of this practice, arguing that it gave FDWs a ‘head start’ and better prepared them for their work. In Jane’s case, she took pride in knowing that she matched her clients with FDWs who are ‘confident’ about their skills,

You have to understand that some employer don’t want to wait for that long. If the girl is already in Singapore, they are not willing to spend another one, two days for training because they need her to start right away. It could be that the hospital is pushing them to discharge. That’s why we started the training centre in Myanmar. Our girls are trained over there for five months. Three months theory, two months practical in the hospital.

This cross-boundary arrangement of skilling FDWs in the countries of origin supports Raghuram's (2012) argument that, while studies on care chains focus mainly on the transnational practices of the family, actors within other nodes of the care diamond are also embedded in social and economic networks that stretch across national borders. For example, interviewees highlighted that while the training centre is located in another country, the curriculum is developed in Singapore. Richard also emphasized that his partner is a Burmese woman who had worked as a domestic worker and nursing aide in Singapore.

In many ways, establishing training centres in migrant workers' countries of origin kills two birds with one stone: it allows Singaporean families to hire FDWs who have gone through longer periods of training, and relieves the state from having to subsidize the cost of this skilling process. In the case of Richard's agency, he claimed that Singapore state officials actually encouraged him to look for training partners in Myanmar and Indonesia. He said that while their Singapore-based courses were limited to 'a maximum of seven hours', his Myanmar partner ran a week-long training session that included practical, oral and written tests. Richard argued that implementing such a programme would be 'far too expensive' in Singapore and would risk putting the FDW in more debt. With the bulk of training done in Myanmar, he claimed that employers and FDWs split a 'reasonable' fee of S\$ 650. However, he acknowledged that he was unable to prevent employers deducting part of the FDW's salary to pay for the training.

Redirecting the care chain: FDWs from Myanmar

Aside from introducing new infrastructure into the global care chain, the skills regime can also re-channel broader migration streams between nation-states, thus reinforcing the influx of care from emerging source countries. In Singapore, this process is evident in the increasing number of Burmese FDWs who are brought to Singapore specifically for elderly care work. On the surface, the current popularity of Burmese FDWs for elderly care is surprising. Recruitment agents and trainers are ambivalent towards this popularity. Compared with Filipinos and Indonesians, Burmese women have often been stereotyped as less intelligent and less capable of adapting to modern Singapore society. Some recruitment agents explained that Singaporeans only prefer Burmese FDWs because these women are assumed to be 'meek' – compliant, cheaper to hire, and willing to work for lower wages. However, these agents also felt that such qualities did not necessarily make the Burmese better carers. For trainers like Huitong, FDWs from Myanmar are the hardest group to train because they know very little English and Mandarin. She stated that she often relies on other Burmese domestic workers to translate instructions to newcomers.

As such, agents who recruit Burmese women have worked to enhance their training to compensate for these perceived shortcomings. Julia, who started her agency in 2013, began looking for a partner in Myanmar in 2016 because more employers were asking for Burmese FDWs. Her company now works with a partner who recruits women and runs a two-day training course in Myanmar before sending them to Singapore.

It is important to note that a large part of the ability of agencies to extend their training programmes in source countries depended on whether the political climate was open to foreigners establishing training centres and 'branch' offices in the country. Jane had tried setting up a training centre in Indonesia but found the state policies on foreign-owned businesses 'unfriendly'. Andy Chang's (2018) work on the Indonesian migration industry also showed how the national government regulates and manages the majority training centres in the country. In many ways, Singapore training agencies preferred Myanmar because they could have more control over the way training seminars were run. The ease of establishing transnational training partnerships, coupled with Singapore families' demand for cheaper, yet more 'competent' FDWs, strengthened the care chain supplying migrant women from Myanmar to Singapore.

Conclusion

Using the case of elderly care in Singapore, in this article we have demonstrated how state institutions, recruitment agencies and training centres draw from the caremigration nexus in producing care workers among both Singapore citizens and migrant women. Through processes of filtering, we argue that the skills regime enacts two conflicting strategies – lowering the barriers for Singaporean citizens to enter the elderly care industry, while raising standards for migrant domestic workers to perform more 'professional' care work

within the household. In this process, we see how the skills regime provides a useful means of understanding how pressures and politics within a nation's care diamond intersect with a global care chain of migrant domestic workers.

First, the skills regime seeks to fill in the cracks of a nation's care diamond, mainly by expanding the role that different carers currently perform, and pushing individuals beyond the sectors of care provision in which they had been traditionally located. Training programmes catering to Singaporeans attempt to encourage housewives and retirees who primarily care for their families to redirect their spillover care to elderly care services in the community. Meanwhile, the rising emphasis on caregiver training for FDWs compels migrant women to take on some of the work expected of health professionals, thus expanding their capabilities to include tasks usually provided within nursing homes and community-based centres. The expansion of the FDW's role is not a spillover of excess care but linked to the rapid rise in expectations of quality care among anxious employers.

Second, the skills regime also shows how demands within the care diamond prompt the reconfiguration and elaboration of particular segments of global care chains. New migrant industries emerge to strengthen the Myanmar–Singapore care link, in response to growing demand for pre-trained, better prepared migrant workers. In turn, the presence of these overseas training centres providing cost-effective skills training contributes to heightened skills consciousness among Singapore employers as well as a public discourse concerning the assessment of FDWs' care capabilities.

Yet, amid the transformations brought by the elderly care skills regime, we end this article with a cautionary note. On the one hand, the emergence of an elderly care skills regime supports the notion that tending to elderly needs is a task that requires knowledge and skill. In Singapore, migrant groups and advocacy organizations have long pushed for the proper training of FDWs who care for the elderly within the household, countering the common assumption that caring will come naturally to migrant women. The emergence of training providers, both public and private, can be considered a step forward from a time when there were few opportunities to learn elderly care skills. On the other hand, there is much that skilling and training have not changed. First, despite state campaigns to train particular Singaporeans for specific caregiving roles, the country's elderly care diamond continues to rely heavily on FDWs to carry out the brunt of the care work. Interviews with caregiver trainers reveal that while they offer training courses for Singaporeans, most of their students continue to be migrant women. Second, despite the heightened discursive recognition of elderly care as a specialized 'skill', such work continues to be materially devalued in terms of compensation. The Singapore government now offers a certification scheme where qualified FDWs can expect salaries of S\$ 650 to S\$ 1,000 a month, a significant increase compared with the minimum S\$ 550 for 'regular maids'. Yet, in an interview with the *Straits Times*, the president of Singapore's Association of Employment Agencies admitted that many employers were still unwilling to pay higher salaries (Kok 2017c). Often, agencies seek to find a 'mutual' agreement between FDWs and employers, even if they feel that elderly carers deserve higher wages. As Matthew, an agent who recruits Indonesian FDWs, observes, '[if] both party mutual agree with this [amount], it's fine. But if you talk about someone who is able to do caregiver job professionally, they doesn't deserve this five hundred dollars salary [implying that the salary should be higher].'

In many ways, the limits of the skills regime also reveal other powerful forces in the care-migration nexus that continue to devalue care work as a whole, while creating a distinct hierarchy among local and foreign caregivers. Singapore's care regime situates citizens as individuals whose main duty is to perform reproductive care for the family, while providing flexible, piecemeal solutions to the elderly care predicament in selective ways. In contrast, its migration regime expects migrant women to devote themselves wholly to the circuits of care within the local care diamond, putting aside their own care needs and the other care responsibilities that tie them to family and friends back home. Such labour continues to be exploited through unequal power relations between employers and migrant workers, making it difficult for new policies to push for higher compensation and recognition. As such, while the skills regime seeks to produce care workers among both Singaporeans and FDWs, there is little occupational mobility, for these different configurations of care positions are not progressively linked in one market. A final meaning of 'filter', often used in image editing software, is to alter the overall appearance of an image in a specific manner. Conceptualizing the

migration care regime as ‘chains’ and ‘diamonds’ is to overlay a kind of filter over the existing organization of care, thus revealing particular pictures through an organizing metaphor. These continuing issues raise the deeper question of whether a transnational care chain can be fully integrated into a care diamond – and how this new filter could reshape the way we understand elderly care arrangements.

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Notes

1. While this is not the focus of the article, there is a growing literature on how migrants and their families back home adjust care responsibilities (Hoang and Yeoh 2012; Lam and Yeoh 2018).
2. This concept is further elaborated in Wee and Yeoh’s work on how recruitment agencies define the skills of FDWs in Singapore (see Wee et al. 2018).
3. Overlapping this care regime is a broader employment regime, where local labour markets and workplace cultures affect the ability of families to provide care within the household (Williams 2012).
4. Our focus here is on the role of state efforts and migration intermediaries in the production of elderly care. The article does not investigate how families who employ FDWs make sense of the elderly care skills regime, a topic that is beginning to draw attention from other researchers interested in the dynamics of elderly care within Singaporean households (Ho and Huang 2018; Mehta and Thang 2010).
5. This article is limited in that our arguments are based on public discourse within Singapore. We recognize that there is a wider skills discourse, promoted and constructed by international organizations, migrant-sending nations, and countries that recruit elderly care workers. However, few studies have investigated these discourses in detail, with most attention placed on professional caregivers such as nurses. This lack of a defined skills regime for FDWs contextualizes the current situation in Singapore. Our data also cannot determine to what extent global discourses of skill shape the elderly care skills regime in Singapore. While not based in Singapore, a few studies have investigated how global discourses on care worker skills are formulated and promoted (Yeates 2011). An ILO report also provides a comprehensive discussion of the major source and destination countries that comprise the care-migration regime in Asia (Peng 2017). However, when it comes to informal care labour such as domestic work, the specifics of what ‘counts’ as skill tend to be left to the vagaries of the market.
6. More detailed demographics of Singapore’s elderly population are extensively discussed in the Ho and Huang (2018) report, ‘Care where you are: enabling Singaporeans to age well in the community’.
7. The Work Development Authority was subsequently renamed ‘Workforce Singapore’ or ‘SkillsFuture Singapore’.
8. This could be clearly read in the text of the ‘day off’ policy for FDWs, where a domestic worker’s right to a weekly day off consisted of a ‘buy out’ clause that allowed workers to trade away their day off for monetary compensation. The ‘buy out’ policy was in place specifically to create the flexible working conditions required for answering to Singapore households’ 24/7 care needs at the cost of the FDW’s own access to regular rest and care (Wee et al. 2019).
9. While the migration regime requires domestic workers to have an employer before they enter Singapore, a newly introduced Advance Placement Scheme allows agencies to bring in a ‘ready pool’ of domestic workers for families with urgent care needs (Ministry of Manpower 2018).

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