

The Troubles Facing Low Income Caregivers in Eldercare

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With the advent of aging population in Singapore, the caring of older persons requiring long term care are increasingly receiving attention in the recent years. If we pay some attention, we will realize how frequent we can find reports of new community services and programs available to support this group of older persons in the news; there are also more efforts to support caregivers today.

Despite such encouraging signs, research effort to understand the experiences of members of lower-income households in their efforts to manage the strain imposed on their financial, material, and emotional resources from providing care for their elderly family members in Singapore are still limited. According to the 2009 national survey of informal caregivers in Singapore (NSICS), caregivers with household income of less than S\$2000 comprise close to 40% of the 1190 caregivers surveyed. We also know from research on informal caregivers and care-recipients in Singapore thus far that a variety of factors greatly compounds the problems of caregiving within financially impoverished households. Financial inadequacy resulting from caregiving constitutes one of the main causes of higher stress among caregivers. The demands on already stretched financial resources are further exacerbated by the fact that a significant number of caregivers are either not working, or are immensely burdened with being a "dual-role" caregiver that tends to encounter care-related disruptions while at work. It is also likely for some caregivers to have to take care of multiple dependents in the households at one time. While both elderly care-recipients generally tend to prefer informal over formal caregiving, the common option of employing live-in fulltime foreign domestic helpers to support the caregivers especially among middle-class families in Singapore are not viable for low-income households due to financial limitations.

How do such primary caregivers of dependent elderly from low income households experience and cope with their everyday challenges? The desire to further understand the lived situation of the caregivers has motivated us to conduct an explorative study to understand qualitatively the mosaic of support and contextual challenges faced by primary caregivers of dependent elderly in low-income households. This study was supported by NUS-Tsao Aging Initiative fund. Despite being a small-scale study with less than 20 family caregivers ranging from age 40s to 80s, these caregivers who are either spouses, siblings or children from different gender and different races, and many either retired or unemployed not in active workforce - shed light on the decision-making processes, socio-economic circumstances, and the socio-familial dynamics that shape the coping strategies employed by caregivers of dependent elderly. Although faced with stresses of caregiving, this group of caregivers deserves respect for their resilience and dedication to care for their loved ones.

Caregivers of dependent elderly who suffered from dementia reported more challenges. Sometimes they have to cope with complaints from neighbors and even legal ramifications arising from the inconsiderate actions of the elderly, including fines and notices issued by the police, town council and the Agri-Food & Veterinary Authority of Singapore (AVA) for offences such as nuisance calling and illegal bird feeding.

Fractured and antagonistic relations with members of their family is another main source of stress. Compared to research who found that proximity was an important factor in determining which form of support was preferred, our data showed that in cases where caregivers preferred turning to non-familial support such as friends, neighbors and religious associations, it was not due only to proximity, but specific problems arising from complex family dynamics. Adult children caregivers expressed sentiments that embodied elements of both altruism and fatalism in becoming primary caregivers even when there were considerable number of them, because their other siblings either had their own families or had antagonistic relationships with the care recipient. Among the caregivers too, factors such as their shared personal histories, past grievances, communication styles, and personalities greatly impacted upon their dynamics with the care recipient. Some have to endure the undesirable behaviors of the elderly, such as their hot-temple, or suspicious and temperamental nature, while they rarely have their own outlet to de-stress and communication about the problems they encounter.

We used the term 'fractured' to describe most of these familial ties because while family members were not completely estranged from each other, the relationships constituted a source of emotional anguish for the caregivers due to feelings of animosity and guilt arising from perceptions that there had been a failure to meet familial expectations. Among the respondents, there is one whose children are overseas and she felt forgotten by them. Another caregiver is staying with his mother to care for her because his wife and children did not want his mother to move in with them. Caregivers with adult children face financial difficulties 'sandwiched' between the demands of their elderly parents and their own children as they are seen as source of support for the latter. A caregiver who needs to devote care to her own husband felt her son's unhappiness with her for not being able to provide childcare for his son. Competing interests and demands of in-laws who wanted to keep scarce resources within their number family or for their own elderly parents also contribute to fractured relationships.

While siblings and adult children constitute a crucial line of support for informal caregivers, troubled family relationships can cause more strain than relief for the caregivers. This serves to explain the tendency of our respondents to adopt a more narrow approach when it comes to maintaining the size of their support networks. Consequently, assistance from more formal sources became important to support their meagre source of informal support. However, caregivers frequently mentioned that seeking formal support was problematic for them because they viewed such information to be either lacking or excessive. In fact, almost all the caregivers began receiving assistance as a result of having their dependent elderly admitted to a hospital. The inability to cover the hospitalization bills lead to their first contact with a medical social worker. They maintain that the subsidies and support provided from both governmental and non-governmental organizations had significantly alleviated their financial burdens, especially in terms of medical-related expenditure. Medical social workers thus play crucial role not only ensuring they are able to cope with the medical bills, but also provide guidance and negotiate with various social service agencies on their behalf. They greatly help the caregivers especially when they have problems with literacy and the inability to afford the time and effort required to process information about support services.

With more services rolled out in the recent years to cope with the increase needs of eldercare, there is thus urgent need for relevant guidance and sustained help in the form of mediator to navigate and bridge the gaps and barriers in the institutional environment. The study also further highlight

on the vulnerability of single caregivers who had often become 'default' caregivers. Support in eldercare should not stop with the decease of the elderly but should extend to post-caregiving support such as counselling on psychological needs and back to employment plans.

As Singapore moves towards more community-based models of care for the elderly, informal caregivers will play an increasingly crucial and demanding role to ensure care for their elderly family members. The need for support from strengthening family relationships, navigating the eldercare support services to post caregiver support will be needs necessary not only for the low-income group but for all residents.