Oñati Socio-Legal Series (ISSN: 2079-5971)
Oñati International Institute for the Sociology of Law
Avenida Universidad, 8 Apdo. 28
20560 Oñati, Gipuzkoa, Spain
Tel. (+34) 943 783064 / opo@iisj.net / https://opo.iisj.net
(cc) BY-NC-ND

When the carer cannot come: Migrant care labour, mobility law and the fragile autonomy of old age in Singapore and Austria

OÑATI SOCIO-LEGAL SERIES FORTHCOMING
DOI LINK: HTTPS://DOI.ORG/10.35295/OSLS.IISL.2833
RECEIVED 3 JULY 2026, ACCEPTED 13 OCTOBER 2026, FIRST-ONLINE PUBLISHED 5 NOVEMBER 2026

ALBERT TAN SIN HON[1]

Abstract

How should law allocate responsibility when an older person's care at home depends on a migrant worker who becomes unavailable? This article compares Singapore's migrant domestic work arrangements with Austria's rotational live-in care market through legislation, contractual requirements, funding rules and published evidence of COVID-19 disruption in 2020–2021. Both systems already connect care needs with labour arrangements. The difficulty concerns what those connections secure. Funding eligibility, contractual information and priority entry procedures do not necessarily identify an actor responsible for procuring timely substitute assistance. The article distinguishes these obligations and examines whether intensive eldercare can adequately be organised as domestic work. It argues for assessed, graduated arrangements combining household support with funded relief and professional services. Continuity should protect the older person's practical choices without restricting a carer's freedom to leave, rest or refuse unsafe work.

Key words

Migrant care labour, home care, relational autonomy, continuity of care, comparative socio-legal studies.

Resumen

¿Cómo debería la ley asignar la responsabilidad cuando el cuidado de una persona mayor en su domicilio depende de un trabajador migrante que deja de estar disponible? Este artículo compara los acuerdos de trabajo doméstico migratorio de Singapur con el mercado austriaco de cuidados a domicilio por turnos, analizando la legislación, los requisitos contractuales, las normas de financiación y los datos

I am grateful to my supervisors and mentors at the University of Groningen and Prince of Songkla University for their guidance and support. This research was self-funded.
[1] Albert Tan Sin Hon. PhD Researcher, Faculty of Law, University of Groningen, the Netherlands / Visiting Professor, Faculty of Law, Prince of Songkla University, Thailand. Correspondence: s.h.a.tan@rug.nl
ORCID: https://orcid.org/0009-0001-8996-7933

This is an open access work licensed under a Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International license. (c) The Author(s)

publicados sobre las perturbaciones causadas por la COVID-19 en 2020-2021. Ambos sistemas ya vinculan las necesidades de cuidados con las modalidades laborales. La dificultad radica en qué es lo que garantizan esas vinculaciones. Los criterios de acceso a la financiación, la información contractual y los procedimientos de acceso prioritario no identifican necesariamente a un agente responsable de conseguir asistencia sustitutiva a tiempo. El artículo distingue estas obligaciones y examina si los cuidados intensivos a personas mayores pueden organizarse adecuadamente como trabajo doméstico. Aboga por acuerdos evaluados y graduados que combinen el apoyo doméstico con ayuda subvencionada y servicios profesionales. La continuidad debería proteger las opciones prácticas de la persona mayor sin restringir la libertad del cuidador para marcharse, descansar o rechazar un trabajo inseguro.

Palabras clave

Trabajo asistencial de los migrantes, asistencia a domicilio, autonomía relacional, continuidad asistencial, estudios sociojurídicos comparados.

Table of contents

1. Introduction 4
2. Method, concepts and scope 5
    2.1. Legal sources and the comparison 5
    2.2. Terms and evidential limits 6
3. Home-care arrangements and legal setting 6
    3.1. Singapore 6
    3.2. Austria 7
    3.3. Comparing functions 8
4. Existing legal connections and responsibility for interruption 10
    4.1. Singapore: financial support, employment obligations and service alternatives 10
    4.2. Austria: benefits and contractual duties already address care interruption 11
    4.3. The extent of the finding 13
5. COVID-19 and interruptions to home care, 2020–2021 13
    5.1. Austria: interruption of rotation 13
    5.2. Singapore: restricted entry and care-sensitive admission 14
6. Autonomy, occupation and the organisation of care 14
    6.1. Assistance and the freedom of both parties 14
    6.2. Is domestic work an adequate category for intensive care? 15
    6.3. Continuous need and individual working time 17
7. Reform: responsibility, staffing and cost 18
    7.1. Choosing the service arrangement 18
    7.2. A continuity obligation that identifies who must act 19
    7.3. Legal implementation in Singapore and Austria 20
    7.4. Distribution, safeguards and evaluation 22
8. Conclusion 22
References 23
    Legal sources 25

1. Introduction

An older person may have the legal authority to decide where to live and still be unable to obtain the assistance that makes living there possible. In a household relying on one paid carer, illness, resignation or an interrupted journey can disturb arrangements for meals, washing, medication support and movement. The legal question concerns responsibility for meeting those needs during the interruption. It cannot be answered by identifying the older person's decision-making powers alone. It also requires examination of the care contract, the worker's status, funding arrangements and the services available when the usual carer cannot attend.

COVID-19 exposed this problem through different restrictions in Singapore and Austria. Austrian live-in carers commonly worked in rotations: periods in a receiving household alternated with periods back in their home country. Border controls, quarantine requirements and disrupted transport in 2020 interfered with those journeys. Some carers remained in placements for much longer than planned; others could not reach them (Leiblfinger *et al.* 2021). In Singapore, the monthly entry of migrant domestic workers fell from approximately 3,300 during September 2020–April 2021 to 800 during May–August 2021 after approvals were tightened in response to infection risks. The same official account records priority for families with particularly challenging caregiving needs (Ministry of Manpower [MOM] 2021, paras 1–3). These episodes show both the vulnerability of cross-border staffing and public recognition of its importance to care.

Research has already established substantial connections between migration, working conditions and household care. The closest comparison is Chiu and Yen's study of Taiwan, Singapore and Austria, which examines migrant live-in workers' place in long-term care and the implications for dementia support. Their account addresses care capabilities, employment conditions and integration into care systems (Chiu and Yen 2026). Ortiga *et al.* (2021) likewise examine how Singapore's treatment of care skills distributes expectations across migrant and citizen workers. The contribution developed here concerns the legal allocation of responsibility for interrupted care. It asks what particular provisions require a household, intermediary, provider or public authority to do when a worker is unavailable, and whether the required action extends to securing suitable assistance within the time that care needs allow.

The inquiry produces a qualified finding. Austrian law requires personal-care contracts to address replacement arrangements, regulates agencies' assessment and matching functions, and connects public subsidies to care relationships. Singapore combines household financial support with worker-protection requirements, regulated transfers and care-sensitive administrative responses. The relevant distinction is between recognising dependence and allocating the task of maintaining support. An obligation to record whether a substitute has been arranged can be fulfilled without a promise to provide one. A subsidy contributes to expenditure without necessarily securing an available service. An entry priority affects admission without supplying assistance during the wait. Each mechanism matters, but its legal object must be identified before its adequacy can be judged.

The research question is therefore how Singapore and Austria allocate responsibility for continuity in migrant-dependent home care, and what changes would protect older

people's practical autonomy while preserving carers' freedom to leave, rest and refuse unsafe work. The argument favours a graduated organisation of care. Continuity also requires examination of the arrangement being continued: replacing a worker may reproduce excessive or unsupported demands in the original placement. Household-based domestic support can remain appropriate for some needs. Intensive assistance, complex tasks and regular overnight demands require an assessed staffing arrangement, protected relief and access to professional services. The responsibility for organising that support should fall on identified, adequately funded institutions. It should never be discharged by requiring a particular worker to remain indefinitely available.

2. Method, concepts and scope

2.1. Legal sources and the comparison

The method is doctrinal and comparative. Doctrinal analysis here means reading legal provisions and associated administrative instruments for their operative requirements, beneficiaries, duty-holders, conditions and remedies. The comparison asks the same functional questions of each arrangement: who makes care decisions; who pays; who contracts with and supervises the worker; who controls lawful work and mobility; and who must arrange alternative support when the arrangement is interrupted? Identifying a funding power, a contractual information requirement and an enforceable promise as different legal forms is central to the method.

For Singapore, the corpus comprises the capacity, advance-directive and parental-maintenance statutes; the Employment Act 1968; the Employment of Foreign Manpower Act 1990 and work-pass rules; and official material on grants, levies, transfers, rest and care services. For Austria, it includes the Federal Long-Term Care Allowance Act (*Bundespflegegeldgesetz*, BPGG), the Home Care Act (*Hausbetreuungsgesetz*, HBeG), the Trade Regulation Act (*Gewerbeordnung* 1994, GewO), the personal-care and agency professional rules, and federal subsidy guidelines. European Union mobility provisions supply the background to the position of EU-national carers. The source list identifies the instruments and official documents used. Selection follows their relevance to decision-making, work status, funding or interruption, rather than treating every enactment concerning old age as a care-delivery statute.

The contemporary account uses material available on 7 October 2026. Historical claims are separately dated. Singapore's 2020 work-pass consolidation and the Austrian rules predating COVID-19 are distinguished from later rest requirements, funding guidelines and the Austrian agency-rule amendment effective in September 2024. Dated official announcements establish the measures described or proposed at that date, not their subsequent effectiveness. The decisive German contractual language is read alongside the English translations published by the Austrian Federal Economic Chamber; the German wording controls the interpretation. English translations are explanatory aids, not independently authoritative enactments.

Singapore and Austria provide contrasting institutional responses to a common problem. Singapore regulates an employer-linked migrant domestic workforce within a city-state. Austrian rotational care combines a predominantly self-employed market with federal funding and trade regulation, provincial services and EU mobility rights.

This is a functional comparison, not a controlled test of whether one constitutional structure causes better care. Vienna appears only as a bounded illustration of provincial and local service arrangements. The analysis does not inventory every provincial benefit, individual contract or possible cause of action. Findings about the obligations examined should not be read as excluding additional rights arising in a particular case.

2.2. Terms and evidential limits

A migrant domestic worker in the Singapore discussion is a worker admitted under the domestic-work permit arrangements. An Austrian personal carer is a person providing *Personenbetreuung*, the regulated trade of personal care; employment is also legally possible. These descriptions distinguish immigration or occupational categories from the particular tasks performed. Cooking, assistance with bathing, dementia support and clinical treatment cannot be assumed to entail the same competence, supervision or legal authority.

Decisional autonomy denotes authority over a specified decision, such as consent to treatment or the choice of living arrangements. Practical autonomy concerns the person's ability to pursue such choices with the assistance required. Age alone implies neither incapacity nor a need for substitute decision-making. Continuity means maintaining suitable assistance across changes or interruptions in personnel. It includes continuity of knowledge and relationships where those matter to the person receiving care, but does not entail a right to the continued service of a named worker.

Published empirical studies and official accounts establish the context and the documented disruptions. They are used as secondary evidence for this article; no interviews or new household observations were undertaken. Entry statistics concern workers entering a country, trade registrations concern registered carers or businesses, and neither measures lost care hours. The pandemic evidence identifies mechanisms by which staffing was interrupted. It does not establish a national incidence of failed home care or quantify a causal effect on autonomy. Hypothetical examples below illustrate legal distinctions and are identified as such.

3. Home-care arrangements and legal setting

3.1. Singapore

Singapore's decision-making and family-maintenance legislation performs several distinct functions. The Mental Capacity Act 2008 sets out principles governing decisions for persons lacking capacity and provides for lasting powers of attorney and court-appointed deputies (ss 3–5, 11–14 and 20). The Advance Medical Directive Act 1996 permits an advance refusal of extraordinary life-sustaining treatment under specified conditions concerning terminal illness and the person's ability to exercise judgment (ss 2, 3, 9 and 10). The Maintenance of Parents Act 1995 permits qualifying claims for financial maintenance (s 3). None of these particular powers should be described as an entitlement to a worker, a care package or residence at home. Their limited objects also mean that silence about labour supply cannot, by itself, establish defective statutory design.

Migrant domestic employment forms a separate, substantial part of the household support system. MOM records 323,800 migrant domestic workers in June 2026. That figure includes workers performing childcare and general household work as well as eldercare; the published table does not disaggregate them by care task (MOM n.d.-b). Research on older Singaporeans requiring assistance documents domestic workers' participation in personal care, but cannot convert the entire permit population into an eldercare workforce (Azman *et al.* 2024). The distinction matters for service planning: numbers admitted under a broad occupational category do not disclose the hours, competencies or relief arrangements available for older recipients.

A domestic worker's permitted work is tied to the approved employer and occupation. The rules limit domestic work to the approved household setting, and MOM's published direct-transfer procedure requires action by both the current and prospective employers. Domestic workers are excluded from the Employment Act's definition of employee, although they remain employees in the ordinary description of their contractual relationship. Their regulatory protection is supplied through other instruments, including work-pass conditions and employer obligations (Employment Act 1968, s 2; Employment of Foreign Manpower (Work Passes) Regulations 2012, Fourth Schedule, Part II, paras 1–3 and Part VI, paras 1–2; MOM n.d.-a, n.d.-e and n.d.-f). Exclusion from one Act is consequently different from absence of all legal protection.

Care policy expressly recognises this workforce. The concessionary domestic-worker levy is S$60 monthly for qualifying households, including those with an eligible Singapore citizen aged at least 67. Separate qualifying routes cover certain permanent residents and persons with disabilities (MOM n.d.-c). The Home Caregiving Grant contributes to expenses including domestic help and care services, subject to residence, means and disability conditions. The Agency for Integrated Care (AIC) describes monthly payments of up to S$600 and a requirement for permanent assistance with at least three activities of daily living, among other conditions (AIC n.d.). These measures connect assessed needs or household characteristics to financial assistance; they do not establish that employing a live-in worker is suitable for every recipient.

3.2. Austria

Austria's *Pflegegeld* is a long-term care allowance. The BPGG provides a contribution towards additional care costs, graded across seven levels of assessed need (BPGG, §§ 1 and 4). The cash allowance is distinct from the additional subsidy for 24-hour care under § 21b. It also forms part of a wider system that includes services and institutional care. Section 13 addresses payment arrangements where a recipient receives institutional care, and § 20 addresses substitution of benefits in kind where the allowance's purpose is not achieved. A description of Austrian law as merely giving households money and leaving all subsequent care unregulated would overlook these provisions.

Decision-making is governed separately. The Second Adult Protection Act 2017, effective in July 2018, reformed adult representation around support and the limited use of representation. Its importance here is the older person's involvement in decisions, not a general guarantee that a particular service will be available. The reforms in representation and the care allowance should therefore be analysed according to their

respective legal functions, without treating them as interchangeable autonomy entitlements (*2. Erwachsenenschutz-Gesetz*, BGBl I 59/2017).

The HBeG and GewO provide the legal setting for personal care in private households. The Austrian economic ministry explains that the activity may be organised through employment or self-employment. Classification depends on the actual relationship, including instructions, supervision and the ability to provide a substitute; a contractual label is not decisive. A personal-care trade licence is also distinct from a nursing qualification. Certain nursing or medical tasks can be delegated under the applicable professional conditions, but the permission to provide Personenbetreuung does not itself authorise unrestricted clinical practice (Federal Ministry of Economy, Energy and Tourism n.d.).

In practice, the live-in model has been organised predominantly around self-employment and cross-border rotation. Leiblfinger and colleagues (2021) describe a largely female workforce, chiefly from Romania and Slovakia, commonly alternating periods of two to four weeks in Austria with time at home. Their pre-pandemic figures identify approximately 62,000 active registrations at the end of 2019 and about 33,000 households using the arrangement in early 2020. Those measures refer to a particular national care market. They are neither full-time-equivalent staffing figures nor estimates of dependence in Vienna, and do not describe all Austrian older people receiving assistance.

Public services provide another route. Vienna's published service guide describes home support, mobile nursing, day services and temporary residential options, including holiday care. It identifies Fonds Soziales Wien as a contact point for assessing services and funding and explains that eligibility is governed by the relevant social-assistance and funding rules (Fonds Soziales Wien 2018, 5–6, 14–31). This pre-pandemic institutional account establishes the existence of alternatives to a privately contracted live-in carer. It supplies no evidence that a suitable place or home-care team could always be obtained immediately after a failed rotation. Equally, division of responsibilities between the city, federal institutions and the EU does not establish that coordination necessarily fails.

3.3. Comparing functions

Table 1 places the legal functions alongside one another. Figure 1 identifies the relationships that must be examined when continuity is disputed. In a particular household, the recipient may also be the employer or contracting customer. Keeping those roles analytically separate avoids attributing a family member's contractual powers automatically to the older person.

TABLE 1

Function	Singapore	Austria
Care funding	Home Caregiving Grant; domestic-worker levy concession.	*Pflegegeld*; conditional benefits in kind; additional 24-hour-care subsidy.
Work relationship	Approved household employer; domestic workers excluded from the Employment Act.	Self-employment or employment; classification depends on the actual relationship.
Continuity-related provisions	Rest and transfer arrangements; caregiving entry priority in 2021; care-service alternatives.	Care-contract replacement information; agency assessment and agreed substitute services; specified substitute-care support.
Institutional responsibility	MOM regulates work status; health and care institutions administer assistance and services.	Federal funding and trade rules; provincial and local services; EU rules for EU-national carers' mobility.

Table 1. Legal functions in migrant-dependent home care.
(Sources: legislation and official materials discussed in sections 3–5. Entries identify legal functions, not equivalent entitlements or guaranteed outcomes.)

FIGURE 1

Public authorities	Funding and service conditions →	**Household / care provider**
Public authorities	Work status and regulation →	**Worker / agency / provider**
Older care recipient	Preferences, consent and authorised representation ↔	**Family or employing household**
Household / recipient	Employment or care contract; remuneration and agreed tasks ↔	**Worker**

Placement agency	Assessment, placement and agreed ongoing assistance ↔	**Household / recipient / worker**
Care provider	Professional assistance and relief where arranged →	**Older care recipient**

Figure 1. Actors and legal relationships relevant to continuity.

Author's conceptual map, not an empirical network analysis. Roles may overlap. Each duty depends on the applicable law and contract; the map does not imply that every household has a provider or guaranteed substitute service. Austrian federal, provincial/local and EU responsibilities are distinguished in section 3.2.

4. Existing legal connections and responsibility for interruption

4.1. Singapore: financial support, employment obligations and service alternatives

The levy concession and Home Caregiving Grant connect caregiving circumstances with household expenditure. Their legal and administrative objects remain specific. The concession reduces the cost of employing a qualifying worker. The grant can support several forms of care and does not reserve a worker or allocate a substitute provider. A household's eligibility therefore answers a different question from the availability of assistance on the day its carer becomes ill or leaves. The flexibility of cash support is valuable, especially where recipients prefer to assemble their own arrangements. Its limitation is that purchasing power cannot, without an available seller and an agreed service, ensure performance (MOM n.d.-c; AIC n.d.).

Work-pass regulation gives the employer concrete responsibilities towards the worker. It governs permitted employment and imposes duties concerning upkeep, accommodation and medical treatment (Employment of Foreign Manpower (Work Passes) Regulations 2012, Fourth Schedule, Part I, paras 1 and 4). MOM's current guidance also requires weekly rest arrangements, with at least one rest day each month that cannot be exchanged for compensation. The uncompensable monthly rest day has applied since 1 January 2023 and must not be attributed to the 2020 rules (MOM n.d.-d). The resulting obligation is important for care planning. A lawful household arrangement must accommodate the worker's absence for protected rest. A description of live-in care as constant personal availability would conceal that requirement.

The published transfer process provides an existing route between households. In the ordinary direct-transfer procedure, the current employer consents through the designated system and the new employer applies for and obtains a new permit; the worker also signs the required declaration. The procedure identifies employment responsibilities and a transition date (MOM n.d.-e). It does not allocate replacement assistance to the household losing its worker. A proposal for care-sensitive transfer should therefore address that separate service problem without making the worker's departure conditional on the former household finding another carer. The ordinary

published route should also not be mistaken for an exhaustive account of the authorities' intervention powers in exceptional or abusive situations.

Government policy has moved beyond subsidising a private employment relationship. In its January 2026 parliamentary response, MOM discussed caregiver training, worker welfare and alternatives to a live-in domestic worker. It described Shared Stay-in Senior Caregiving Services as recently mainstreamed and identified further Home Personal Care enhancements as forthcoming. It also acknowledged that a live-in worker might not suit some households (MOM 2026, paras 5–11). Those distinctions matter: an operating service, a proposed enhancement and a successful individual care arrangement are separate propositions. The speech supports the first two according to its terms, but does not supply an evaluation of access or outcomes.

The question left by these particular measures concerns responsibility for arranging timely assistance across them. A permit approval, a cash payment, access to training and a referral can each be delivered without the same institution undertaking to secure appropriate support during an interruption. Individual service contracts or programmes may supply further obligations. The narrower finding is that the measures examined do not, merely by operating together, establish an identifiable provider-backed continuity commitment for every migrant-dependent household. Establishing such a commitment requires specification of its trigger, service content, responsible actor and route of challenge.

4.2. Austria: benefits and contractual duties already address care interruption

The Austrian funding statute contains a direct connection between the allowance's purpose and actual support. Under BPGG § 20(1), where that purpose is not achieved, the cash benefit is to be replaced wholly or partly by benefits in kind when and insofar as it is possible to meet the care need through such services. The replacement is limited by the value of the withheld allowance. This is a conditional statutory requirement, not merely an unfettered permission to intervene. It nevertheless contains an availability condition. The provision does not itself require the creation of immediately available home-care capacity whenever a private worker becomes unavailable. Its importance lies in showing both an existing legal response and the limits expressed in that response.

Substitute-care funding also exists under § 21a. The social ministry describes support for the costs of professional or private replacement when a qualifying family caregiver is temporarily prevented from caring through illness, holiday or another important reason. Conditions include a preceding period of predominantly providing care and the recipient's assessed care status, with particular rules for dementia and minors (Federal Ministry of Social Affairs 2026). Eligibility turns on the family caregiver's circumstances. The mere unavailability of a paid rotational carer is not the same statutory trigger. A family employing paid help may nevertheless qualify where its own caregiving meets the conditions; paid assistance should not be treated as automatically excluding a claim.

The additional 24-hour-care subsidy under § 21b links support expressly to care under the HBeG. The federal guidelines address the care relationship, level of need, income and qualifying training or experience, and recognise employed as well as self-employed arrangements. They also distinguish the legal character of the subsidy from the care allowance: point 4.1.8 states that there is no legal entitlement to the subsidy. This does

not mean an absence of scrutiny. Point 2.3.1 provides for ministerial examination of a decision's legality and appropriateness on request. The guidelines also contemplate direct payment to a provider in the employed model, an existing administrative mechanism relevant to more organised service provision (BMSGPK 2023, points 1, 2.3.1, 4.1.4 and 4.1.8).

The most direct provision concerns the care contract itself. The *Standes- und Ausübungsregeln für Leistungen der Personenbetreuung*, referred to here as the Care Rules, require a written contract specifying its services, remuneration and other matters. Section 2(2)(5) requires an agreement addressing whether replacement is arranged if the carer is prevented from attending and, where applicable, the substitute's name and contact address. The operative German word is "ob": whether. Its significance is substantive. The requirement makes contingency arrangements part of the mandatory contractual content without prescribing an affirmative answer in every case (Care Rules, § 2(1)–(3)).

A contractual promise of replacement must accordingly be distinguished from compliance with the requirement to address replacement. Where the parties undertake a particular service, the wording and applicable contract law govern its performance and consequences of breach. Where the contract records that no substitute is arranged, the information requirement alone cannot be read as supplying that undertaking. Nor should an agreement merely to assist a search be assumed to guarantee a suitable worker's arrival. These distinctions do not establish immunity from other contractual or professional duties. They identify what the cited minimum-content provision does, and why a legally complete document may leave the household exposed to a practical staffing interruption.

Intermediary regulation further qualifies any suggestion of legal silence. The *Standes- und Ausübungsregeln für die Organisation von Personenbetreuung*, referred to as the Agency Rules, distinguish the agency's organisation contract with the carer from its intermediary contract with the recipient or another person contracting for them. Before concluding the latter, § 7 requires an on-site assessment of need and a check that the proposed carer can meet it. Sections 5(2)(3) and 9(2)(3) require transparent specification of ongoing services where agreed. These may include assistance with, or organisation of, a substitute. Documentation duties follow in §§ 6 and 10. An agency's replacement responsibilities therefore need to be examined through the correct contract, not presumed absent because the worker is self-employed.

The 2024 amendment strengthened cost information and related contracting requirements, effective from September 2024, with transitional treatment for earlier organisation contracts. The assessment and replacement-service provisions discussed here already appeared in the 2015 rules; they are not post-pandemic inventions (Agency Rules, §§ 5, 7 and 9; BGBl II 168/2024). The contemporary reform question is what additional service obligation should accompany publicly supported intensive care. Proposing agency regulation or needs assessment without acknowledging those existing requirements would misidentify the legal baseline.

4.3. The extent of the finding

The two systems connect care needs with labour arrangements through several legal forms. Their differences should remain visible. Austria's statutory conditional provision of benefits in kind has no equivalent in the Singapore measures examined here. Its mandatory written-contract framework also makes replacement an explicit subject. Singapore's work-permit administration directly governs a worker's approved employer and employment, alongside care-sensitive financial and administrative measures. These are different allocations of authority and risk.

The common problem is a possible interval between compliance with those requirements and the procurement of suitable assistance. A regulator may receive the prescribed information; a recipient may qualify for a payment; a contract may accurately disclose its limitations; yet no identified actor may have undertaken to provide timely relief for that household. Whether the interval is closed in an individual case depends on the promises made and the services and rights available. The comparative argument is therefore for a clearer continuity standard in assessed high-need arrangements, supported by specified services and funding. It does not depend on asserting that either legal system has left home care ungoverned.

5. COVID-19 and interruptions to home care, 2020–2021

5.1. Austria: interruption of rotation

The Austrian evidence concerns several impediments to movement, not one legal event called a border closure. Leiblfinger and colleagues' study covers March–September 2020 and draws on documentary material and interviews conducted for their research. It describes border controls, differing quarantine and testing requirements, and interruptions to transport between Austria and carers' home states. A carer could remain entitled to reside or work and still be unable to complete the journey needed for an agreed rotation. A returning carer could also face conditions in the home state that made repeated travel difficult (Leiblfinger *et al.* 2021).

For EU-national self-employed carers, the relevant legal background includes the freedoms of establishment and services and the residence rights attached to economic activity. Directive 2004/38/EC distinguishes workers and self-employed persons within its residence framework and permits restrictions on specified grounds, including public health, subject to the applicable safeguards (art 7(1)(a), arts 27 and 29; TFEU, arts 49 and 56). The Commission's March 2020 guidance urged facilitation of travel for critical occupations, including care work, and addressed self-employed persons exercising the listed occupations. It was coordination guidance, not an individual guarantee of transport or an available replacement worker (European Commission 2020, 12–14).

Emergency arrangements included charter flights and special trains. The published account also records extended placements, in some cases reaching three months, and the difficult conditions faced by carers unable to travel or obtain relief. Decisions to remain reflected a combination of practical constraints, economic considerations and responsibility towards recipients. They should not be described as a universal legal obligation to work continuously (Leiblfinger *et al.* 2021). The evidence supports the

conclusion that normal rotation could become difficult to sustain. It does not establish that every household lost care or that all carers were physically prevented from leaving.

The continuity problem was reciprocal but uneven. A recipient awaiting an incoming carer needed assistance; a carer already in the household needed rest and a practicable way to return home. Facilitating arrivals could help both, but arrangements dependent on prolonged work by the incumbent transferred the immediate burden to that person. The existing contractual obligation to address replacement did not determine whether transport, an appropriately skilled substitute and payment for the additional work would be available together. The episode tests the capacity behind a contractual arrangement as well as the existence of its terms.

5.2. Singapore: restricted entry and care-sensitive admission

Singapore's material concerns a different period and legal mechanism. MOM's answer of 13 September 2021 reports the fall from approximately 3,300 monthly migrant domestic worker entries during September 2020–April 2021 to 800 during May–August 2021. The stated reasons were increased infections and new variants locally and internationally. Entry approvals that had been deferred were rescheduled, and new approvals were managed against the backlog. These statistics record admission flows across the entire domestic-worker category. They do not show how many of the affected workers would have provided eldercare (MOM 2021, paras 1–2).

The response also records priority for families with very challenging caregiving needs and a July industry pilot that likewise prioritised caregiving households. The pilot was initially small. This is material counterevidence to an account in which entry administration ignored care recipients. It demonstrates a care-sensitive allocation of constrained admission capacity. What it does not demonstrate is a guaranteed arrival date or the supply of interim assistance to each waiting household (MOM 2021, paras 2–3). Priority entry should therefore be assessed as an existing response whose relationship with alternative services requires specification.

Across the two jurisdictions, the pandemic evidence exposes different routes to a similar practical question. Singapore's controls affected admission through its permit and entry-approval machinery. Austrian rotation depended on the workable exercise of EU mobility rights across several states. Neither arrangement can be reduced to the other. In both, a legal description of permission to work or of a household's funding position was insufficient to establish that the necessary assistance would be present. The evidence supports testing continuity across institutions; it cannot support a quantified comparative judgment about which system produced greater loss of autonomy.

6. Autonomy, occupation and the organisation of care

6.1. Assistance and the freedom of both parties

Relational autonomy supplies the principal theoretical account. Nedelsky's argument directs attention to the relationships and institutions through which a person develops and exercises self-direction. Dependence on others does not, in itself, defeat autonomy; the character of the relationship and the opportunities it provides for judgment, participation and control matter (Nedelsky 1989, 10–14). Applied to home care, this

approach requires attention both to the assistance available and to who determines how it is provided. A care arrangement can preserve residence at home while giving the recipient little influence over daily life. Conversely, reliance on substantial assistance can coexist with meaningful control over routines and choices.

Consider a hypothetical older person who can decide where to live but needs help with transfers, washing and meals. A familiar carer becomes unavailable for a week. A relative with authority to deal with specified financial or welfare matters may be able to arrange and pay for help; that authority does not manufacture a willing, competent replacement. Equally, the absence of such a representative does not mean the older person lacks decision-making capacity. The distinction is between authority over a decision and access to the assistance needed to implement it. The example illustrates a mechanism supported by the care literature and pandemic accounts, not a documented household or an inference that every interrupted placement leads to institutional admission (Leiblfinger *et al.* 2021, Azman *et al.* 2024).

A relational account also makes the worker's position indispensable to the assessment. The household is a place of work as well as a home. The carer has relationships, responsibilities and choices extending beyond it. An arrangement that protects the recipient by preventing departure or substituting moral pressure for relief would deny the worker's own agency. Nedelsky's account offers no warrant for treating every sustaining relationship as beneficial irrespective of its terms. It instead directs scrutiny towards the institutional conditions under which dependence is organised and the scope for resisting oppressive arrangements (Nedelsky 1989, 8–14).

The interests of recipient and worker can conflict in the immediate case. Enabling departure from an unsafe placement may interrupt assistance to a person who has done nothing wrong. This possibility does not justify withholding exit, and it prevents an easy claim that stronger worker protection automatically secures continuity for the same household. A continuity arrangement must be capable of responding to that conflict. Its object should be suitable support for the recipient alongside an effective right of departure for the worker. Relief services, handover arrangements and public coordination have a role precisely because goodwill between the parties cannot settle every conflict.

6.2. Is domestic work an adequate category for intensive care?

The suitability of the domestic-worker role turns on the responsibilities assigned to it and the support available to discharge them. A broadly defined household appointment becomes problematic when increasing care needs enlarge the same job without a corresponding decision about competence, workload or additional assistance. The occupational description leaves these questions unresolved. Task concerns the assistance required and the competence needed; employment status determines the contractual relationship and applicable protections; immigration status governs permission to work and remain; service organisation determines access to supervision, relief and other staff. Reform must examine how these elements interact in the particular arrangement.

Consider a hypothetical placement initially organised around meals, household tasks and predictable personal assistance. The older person subsequently requires repeated help at night and more time and reassurance during familiar activities. Continuing

under the same general terms can leave unresolved which household duties should be reduced, what further instruction is needed and who will provide additional assistance. Even a worker competent in each task may have insufficient time to discharge them together. Familiarity with the recipient may be valuable, but a sustainable arrangement also requires a means of obtaining advice and revising responsibilities as needs change. Chiu and Yen's (2026) discussion of care capabilities and working conditions supports examining those matters together.

Qualitative research in Singapore gives this concern a concrete basis. Heng *et al.* (2019), interviewing eleven domestic workers, identified difficulties combining caregiving with additional responsibilities and needs for rest and support. Tam *et al.* (2018), drawing on interviews with twenty-five domestic workers and five healthcare staff, distinguished arrangements concentrating duties in the worker from those sharing caregiving responsibilities. AWARE and HOME's interview report likewise describes the competing demands of household duties and night-time assistance (2020, 6, 22). These studies identify ways in which the allocation of work can shape particular care relationships; their findings do not establish a national incidence of inadequate care.

That allocation also raises questions about how care skills are recognised. The preamble to the ILO Domestic Workers Convention 2011 (No. 189) acknowledges the undervaluation of domestic work and the vulnerability of its predominantly female, often migrant workforce. AWARE and HOME recorded views among employers and agents linking caregiving suitability to personal attributes, including gendered assumptions that women would already know how to care (2020, 14). Ortiga *et al.* (2021) identify increasing pre-training expectations for migrant domestic workers performing more professionalised care in Singaporean households. Greater expectations should prompt reconsideration of remuneration, responsibility and support. Appreciation of a worker's patience leaves those questions unresolved. The non-binding Domestic Workers Recommendation 2011 (No. 201) supports professional development and competency formation (para 25(1)(a)); their value in intensive care depends on opportunities to exercise acquired skills under workable conditions.

The recipient's influence over those conditions deserves equal attention. Where a relative employs the worker, the older person's preferences and the employer's instructions may require separate consideration. The arrangement should provide a means of discussing disagreement, obtaining advice and raising concerns about unsafe demands. The worker should also be able to report that a task exceeds the agreed role or their competence. Responsibility for responding to the recipient is difficult to discharge where the worker has little influence over how assistance is organised. These safeguards apply the relational account of autonomy to the distinction between recipient and contracting household identified in section 3.3. They deserve consideration in provider-based arrangements as well, where professional employment alone cannot establish meaningful recipient participation.

Responsibility for sustaining assistance also requires resources beyond the capacity to perform agreed tasks. Relief may depend on funding, recruitment and coordination over which the worker has no control. An arrangement that expects the incumbent to absorb every shortfall assigns responsibility beyond the means available to discharge it. The difficulty may exist throughout an uninterrupted placement. Illness, resignation or a

failed journey exposes it by making the absence of an alternative particularly urgent. Recruiting a replacement into the same allocation of work could reproduce the shortfall. A continuity response should therefore examine the responsibilities that the next carer would assume.

The comparison identifies existing legal responses relevant to that examination. Austria recognises *Personenbetreuung* as a distinct activity, permits employment and self-employment, and provides for specified delegated tasks. Classification depends on the actual relationship (Federal Ministry of Economy, Energy and Tourism n.d.). Its Agency Rules require initial assessment and matching and address agreed ongoing assistance, including responses to changed needs and substitution (§§ 7 and 9(2)(3)). The further question concerns the service responsibility actually undertaken and the capacity to perform it. In Singapore, introducing a specialised care title would still require separate examination of the Employment Act exclusion and work-pass conditions (Employment Act 1968, s 2; MOM n.d.-a and n.d.-f). Professionalisation must establish rights, permitted tasks and access to support alongside recognition of competence and experience.

Convention No. 189 supplies a normative benchmark for domestic employment, with coverage defined by an employment relationship (art 1). Articles 9 and 10 address live-in arrangements, freedom during rest and working-time protection; article 13 addresses occupational safety and health. Genuinely self-employed Austrian carers require separate analysis. The Convention's definition provides no basis for treating the domestic-worker label as a prohibition on professionalisation. Its use here as a benchmark does not assume equivalent binding obligations in both jurisdictions. The organisation of supervision and dependable relief requires further specification beyond these labour standards.

Spain illustrates the possibilities of labour-law reform within domestic work. Real Decreto-ley 16/2022 changed unemployment protection and termination rules, and Real Decreto 893/2024 addresses occupational safety and health, subject to its commencement and implementation provisions (Real Decreto-ley 16/2022, arts 3 and 5; Real Decreto 893/2024, arts 2–6 and final provision 5). Those texts demonstrate that significant protection can be developed within the category. They establish neither the availability of a substitute care team nor the reforms' practical effects. The illustration concerns the relationship between labour protection and service design, without extending the comparison to a third care system.

A general domestic-worker role is consequently inadequate as the sole framework for intensive care where expanding duties lack corresponding provision for assessed competence, sustainable working time and dependable additional assistance. The worker may remain an important participant in a suitable arrangement, with responsibilities defined alongside those of other carers and services. Continuity then concerns the conditions under which a replacement would work as well as whether someone can be found.

6.3. Continuous need and individual working time

A person may require assistance at any time of day. That is a statement about need, not a lawful or workable allocation of all those hours to one person. In a household

arrangement, scheduled rest, sleep, illness and leave have to be reconciled with the periods during which assistance cannot safely be deferred. A live-in address does not perform that reconciliation. The relevant legal protections in Singapore, and the distinction between employment and independent work in Austria, make it necessary to identify who is responsible during the carer's absence rather than treating availability as an inherent feature of residence (MOM n.d.-d; HBeG; Care Rules, § 2).

A graduated approach follows from this distinction. Defined household assistance may be suitable where needs are predictable, tasks fall within the worker's competence and other support can cover absences. Where the assessed arrangement requires complex interventions or recurrent overnight assistance, approval should depend on a staffing and supervision plan able to meet those demands without exhausting one worker. This is a normative proposal derived from the distinction between care need and individual labour obligations. It does not assume that every recipient with a particular diagnosis or allowance grade requires the same service model.

7. Reform: responsibility, staffing and cost

7.1. Choosing the service arrangement

Three models warrant consideration. Strengthened household employment would retain a familiar form of assistance while specifying tasks, remuneration, training, rest, notice and arrangements for absence. It should be supported by an accessible assessment and relief service. The assessment should consider the combined demands of household work and personal assistance. Where those demands exceed a sustainable role, the care plan should identify duties to be reduced or reassigned and the additional services required. Household employment can preserve a stable relationship and substantial recipient control. The household nevertheless retains responsibility for recruitment and coordination, particularly when needs change abruptly. An improved contract cannot substitute for access to people able to perform its promises.

A specialised home-care employment category could establish a defined role, recognised competence, progression and remuneration appropriate to tasks and responsibility. It would need to identify the employer, applicable employment protections and any immigration pathway. Recognition of prior learning and paid opportunities to complete additional training are necessary design choices if experienced migrant workers are to benefit. A requirement to obtain credentials at the worker's expense could exclude the people on whom current arrangements rely. The legal reform should consequently address access to qualifications and recognition of existing skills alongside the category's formal creation. Remuneration should reflect the required skill, task complexity and responsibility. Greater dependency may require a higher pay band, additional paid hours or another worker, according to the demands identified in the assessment. A live-in allowance must not purchase unrestricted availability. Active work, on-call responsibilities and rest should be distinguished in the applicable employment arrangements. Pay grading and staffing therefore require separate decisions: increasing one worker's remuneration cannot resolve an arrangement that needs more than one person.

Provider-based or mixed care would place some staffing and supervision responsibilities on an organisation able to arrange relief. The household might retain a familiar domestic worker while professional staff undertake specified tasks or cover nights and absences. Alternatively, a provider could employ the care team. This offers an institutional location for the continuity obligation, but introduces costs and risks of its own. Frequent personnel changes may weaken familiarity, communication and trust. The provider contract should therefore address both the availability of assistance and the continuity of information and relationships. Larger organisational scale does not, by itself, establish either quality or accountability.

Table 2 summarises the legal choices. The preferred approach permits all three arrangements where they meet assessed need, but requires more organised support as the demands exceed what the household arrangement can sustainably provide. A recipient's preference to remain at home deserves serious weight in that assessment. It cannot determine the working conditions of another person or authorise tasks beyond that person's lawful competence. Assessment should examine how the preference can be supported, including through combined services, before treating residential care as the inevitable consequence of an interrupted placement.

TABLE 2

Model	Required arrangements	Question to resolve
Strengthened household support	Defined tasks, lawful working conditions, paid training and access to relief.	Who supplies and pays for assistance during absence?
Specialised home-care employment	Defined role, competence recognition, employment protection and an appropriate work-status route.	Does the new category change responsibilities, or only the occupational title?
Provider-based or mixed care	Staffing capacity, supervision, service obligations and coordinated handover.	How are availability, relational continuity, affordability and recipient choice maintained?

Table 2. Service models and the remaining continuity question.

Author's reform analysis. These are alternatives to be assessed against need, not descriptions of existing entitlements in either jurisdiction.

7.2. A continuity obligation that identifies who must act

A continuity standard should begin with the ordinary care assessment and be reviewed when needs materially change. An interruption should also prompt consideration of whether the previous allocation of work remained suitable, including whether excessive demands or inadequate relief contributed to its breakdown. Urgent interim assistance

should proceed during that review, which must not delay the worker's departure. For publicly supported high-need arrangements, the record should identify essential tasks, the periods in which assistance is required, the usual staff, foreseeable absences and the service responsible for relief. Notification of illness, resignation, a failed rotation or another interruption would activate the plan. The recipient and worker should each be able to initiate contact without requiring the other's permission. An allegation of abuse should trigger an independent worker-protection response as well as arrangements for the recipient's support.

Responsibility should be divided explicitly. The employing household would notify the coordinator and comply with its employment obligations. A contracted care provider would supply the relief it had undertaken to provide and maintain a handover record. A placement intermediary would perform the assessment, information and assistance obligations it actually assumed; it would not silently become the employer or guarantor of all care. A designated public coordination body would arrange assessment and access to interim services where the private arrangement could not meet essential needs. Funding agreements should specify the capacity commissioned for that purpose. Without those allocations, a requirement to prepare a plan risks becoming another document accurately describing an unavailable service.

The initial response should be sufficiently rapid to determine whether essential assistance is at risk. The plan should record a response deadline matched to assessed urgency and a named route for escalation when the first contact cannot arrange support. A proposal for same-day initial assessment of urgent interruptions is an administrative design choice, not an assertion that every unmet need can safely wait until the end of a day. Immediate danger requires the appropriate emergency response. The longer-term continuity service should identify what it will procure, when, and on whose funding authority, rather than closing the case when a referral has been sent.

The remedy should correspond to the obligation. Failure to acknowledge a request, an adverse eligibility decision and failure to deliver a contracted service are different events. The proposed scheme should provide written reasons for adverse decisions, accessible expedited reconsideration and an independent route to challenge them. Where essential assistance cannot await the determination of responsibility, provisional support should be available, with later allocation of cost under clear rules. This would reduce the risk that a dispute about whether the household, agency or public service must act is resolved only after the interruption has caused harm. Ordinary contractual remedies remain relevant, but a damages claim is not a substitute for assistance needed immediately.

7.3. Legal implementation in Singapore and Austria

In Singapore, the initial practical route would be to link care assessment, grant administration and commissioned relief services, with AIC and the relevant ministries assigned defined responsibilities. Grant or service conditions could require a documented continuity plan for participating high-need households. MOM's existing transfer and care-sensitive admission processes would form part of the arrangements, alongside provisions for rest, illness and resignation. Entry priority alone cannot cover those ordinary absences. Any statutory entitlement to interim support, binding public

decision deadline or review mechanism would require an identified legal basis; it should not be represented as already created by a ministerial speech or a cash-grant information page.

Reform of occupational status would be a separate exercise. A specialised care role introduced under work-pass administration would still need to be reconciled with the Employment Act's exclusion of domestic workers. Bringing that group within the Act would require amendment of the statutory exclusion or another legally sufficient change to coverage, not a change of title alone. A provider-employment route would require examination of its permitted work, professional scope and employer responsibilities. For current household workers, the continuity scheme should enable access to relief and protection without making the grant of assistance conditional on immediate occupational reclassification. Otherwise the period of transition could expose both parties to the risks reform is intended to reduce.

Austria has a more explicit contractual starting point. The Care Rules already require the parties to address whether replacement is arranged, and the Agency Rules already require assessment and transparent specification of agreed ongoing services. A stronger standard for publicly subsidised high-need arrangements could require an affirmative contingency plan, identify the provider that has accepted responsibility for relief and distinguish a promise of assistance with searching from a promise of service delivery. The additional duties should be expressed in the applicable rules or funding conditions and reflected in both the care and intermediary contracts. They should supplement existing professional obligations and remedies. Enforcement of the factual criteria for employment and self-employment should accompany the change. A substitution arrangement should not provide a nominal appearance of independence where the actual relationship is controlled as employment.

The funding design would need to respect the distinction between the statutory allowance, the discretionary § 21b subsidy and provincial service arrangements. The existing guideline provision for direct provider payment offers one means of supporting organised employment. It does not itself establish a service entitlement. A guaranteed public response to qualifying interruptions would require appropriate legislative authority, funding and agreement about federal and provincial responsibilities. BPGG § 20 and the family substitute-care support under § 21a must be considered before defining an additional benefit, so that the new scheme addresses uncovered circumstances and does not duplicate assistance already available. Vienna's services illustrate a possible delivery network, not proof of spare capacity or a nationwide institutional template.

EU mobility law would continue to govern measures affecting EU-national carers' movement and residence. It does not remove the need to identify the domestic authority competent to regulate funding, employment or service standards. The proposals here concern those particular matters; any travel measure would require its own examination under Union law. A general claim that Austria cannot reform the conditions of live-in care because its carers exercise EU rights would confuse different competences. Cooperation across borders is relevant to rotation and emergency travel, while domestic service arrangements remain essential even when no border restriction exists.

7.4. Distribution, safeguards and evaluation

Continuity has identifiable costs: paid training, relief staff, professional supervision, travel, handover and administration. Assigning each item is part of the legal design. A worker should not finance an institutional reserve through unpaid availability, and a low-income household should not lose essential assistance because the only lawful arrangement is unaffordable. Public contributions should be related to assessed need and financial circumstances, with transparent household liabilities. Where providers accept service obligations, reimbursement should reflect the capacity needed to perform them, subject to reporting and scrutiny. The analysis does not establish a cost estimate or assume that every protective reform necessarily raises total expenditure; its fiscal effects require evaluation.

The worker safeguards should be express. Neither an unresolved application nor an outstanding handover should prevent departure from unsafe work, protected rest, a complaint or lawful termination. Workers must retain control of personal documents. For recipients, the plan should provide participation in assessment, understandable information and consultation about substitutes, including relevant communication and competence needs. Refusal of a particular substitute should prompt consideration of workable alternatives. It should not create a claim to compel the former carer's return. Continuity of relationship is an important objective within a rights-respecting service arrangement, not a proprietary interest in the individual who provides care.

Recruitment policy also has consequences beyond the receiving household. Research on care migration documents how migrants reorganise responsibilities towards relatives in their countries of origin (Bauer and Österle 2016). The implications should be investigated without assuming that every departure creates the same deficit or that better conditions necessarily produce permanent settlement. Training recognition, predictable leave, portable information about employment and cooperation over travel can support workers' own family arrangements. Evaluating those measures requires hearing from workers and their families as well as from receiving households and agencies.

Evaluation should follow the distinction between formal compliance and delivered support. Useful measures include the time between notification and assessment; time without essential assistance; the suitability and acceptance of substitutes; interruptions to workers' rest; and the distribution of out-of-pocket costs. The evaluation should also record whether review resulted in an appropriate change to duties, staffing or access to relief. Permit or trade-registration totals cannot answer those questions. A pilot should also examine whether the new arrangements encourage concealment, displace costs onto workers or reduce recipient choice. These are hypotheses to test, not predicted outcomes asserted as fact. Publication of the results would make it possible to judge whether the continuity obligation changes practice or merely increases the paperwork accompanying an unchanged care arrangement.

8. Conclusion

The comparison identifies several legal connections between migrant labour and care at home. Austrian law links funding with care relationships, conditionally provides for benefits in kind, and makes replacement arrangements a subject of mandatory

contractual information. Its agency rules also require assessment and address agreed substitute services. Singapore combines household support, employment obligations, care services and administrative responses that have expressly prioritised caregiving needs. The relevant difficulty cannot therefore be described as a complete absence of legal recognition.

The more precise question is what each connection secures when an individual carer becomes unavailable. Information, eligibility, assistance with a search and an undertaking to deliver suitable support have different legal content. Compliance with the former does not necessarily supply the latter. Additional contracts and local services may close that interval for particular households; the provisions examined do not establish that it is invariably closed.

A defensible reform would identify responsibility for assessed high-need arrangements, provide the capacity and funding to perform it, and offer a timely route to challenge failures. It would also require scrutiny of the responsibilities assigned to the domestic-worker role. Where intensive care exceeds what that role can sustainably support, continuity requires an appropriate redistribution of tasks and access to additional services. Domestic support, specialised employment and provider-based care should be assessed against their actual tasks and staffing arrangements. The older person's practical autonomy and the carer's freedom require institutions capable of managing their occasional conflict. Suitable substitute assistance is the object of the proposed continuity obligation; the indefinite availability of a particular worker is not.

References

Agency for Integrated Care (AIC), no date. *Home Caregiving Grant* [online]. Available at: https://www.aic.sg/Financial-Assistance/Home-Caregiving-Grant.

Association of Women for Action and Research (AWARE) and Humanitarian Organisation for Migration Economics (HOME), 2020. *Neither family nor employee: The caregiver burden of migrant domestic workers in Singapore* [online]. November. Available at: https://www.aware.org.sg/wp-content/uploads/Neither-Family-Nor-Employee-AWARE-HOME-Report-Nov-2020.pdf

Azman, N. D. B., *et al*., 2024. Informal caregiving time and its monetary value in the context of older adults in Singapore. *Aging and Health Research* [online], *4*(2), 100193. Available at: https://doi.org/10.1016/j.ahr.2024.100193

Bauer, G., and Österle, A., 2016. Mid and later life care work migration: patterns of re-organising informal care obligations in Central and Eastern Europe. *Journal of Aging Studies* [online], 37, 81–93. Available at: https://doi.org/10.1016/j.jaging.2016.02.005

Bundesministerium für Soziales, Gesundheit, Pflege und Konsumentenschutz (BMSGPK), 2023. *Richtlinien zur Unterstützung der 24-Stunden-Betreuung (§ 21b BPGG)* [online]. Effective 1 September 2023. Available at: https://www.sozialministerium.gv.at/dam/jcr:9c23c7b6-c50c-4779-8522-435e87144b04/24-Stunden-Betreuungs-Richtlinien_gem._%C2%A7_21_b_BPGG_barrierefrei.pdf.

Chiu, H. C., and Yen, C. M., 2026. Live-in migrant care workers as part of the long-term care workforce in Taiwan, Singapore, and Austria: implications for home-based dementia care. *Journal of Aging & Social Policy* [online], *38*(1), 54–70. First published online 23 October 2024. Available at: https://doi.org/10.1080/08959420.2024.2415175

European Commission, 2020. Guidelines concerning the exercise of the free movement of workers during COVID-19 outbreak, 2020/C 102 I/03. *Official Journal of the European Union* [online], CI 102, 30 March, 12–14. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:52020XC0330(03)

Federal Ministry of Economy, Energy and Tourism (Austria), no date. *Personal care services* [online]. Available at: https://www.bmwet.gv.at/en/Topics/Enterprise/Trades/Personal-care-services.html.

Federal Ministry of Social Affairs (Austria), 2026. *Betreuende und pflegende Angehörige* [online], section "Zuwendungen zu den Kosten der Ersatzpflege". Updated 26 March. Available at: https://www.sozialministerium.gv.at/Themen/Pflege/Betreuende-und-Pflegende-Angehoerige.html.

Fonds Soziales Wien, 2018. *Care and support in Vienna: Our services at a glance* [online]. 8th ed. Vienna: Fonds Soziales Wien. Available at: https://www.fsw.at/downloads/broschueren/pflege_betreuung/pflege-und-betreuung-wien-englisch.pdf

Heng, J. L., Fan, E., and Chan, E. Y., 2019. Caregiving experiences, coping strategies and needs of foreign domestic workers caring for older people. *Journal of Clinical Nursing* [online], *28*(3–4), 458–468. Available at: https://doi.org/10.1111/jocn.14619

Leiblfinger, M., *et al*., 2021. Confronted with COVID-19: migrant live-in care during the pandemic. *Global Social Policy* [online], *21*(3), 490–507. Available at: https://doi.org/10.1177/14680181211008340

Ministry of Manpower (MOM), 2021. *Written answer by Minister for Manpower Dr Tan See Leng to PQ on MDW demand* [online], 13 September. Available at: https://www.mom.gov.sg/newsroom/parliament-questions-and-replies/2021/0913-written-answer-by-minister-for-manpower-dr-tan-see-leng-to-pq-on-mdw-demand

Ministry of Manpower (MOM), 2026. *Response to adjournment motion on migrant domestic workers* [online], 13 January. Available at: https://www.mom.gov.sg/newsroom/speeches/2026/0113-response-to-adj-motion-on-mdws

Ministry of Manpower (MOM), no date-a. *Employment rules for migrant domestic workers (MDWs)* [online]. Available at: https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-domestic-worker/employers-guide/employment-rules.

Ministry of Manpower (MOM), no date-b. *Foreign workforce numbers* [online]. Data through June 2026. Available at: https://www.mom.gov.sg/foreign-workforce-numbers.

Ministry of Manpower (MOM), no date-c. *Levy concession for a migrant domestic worker (MDW)* [online]. Available at: https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-domestic-worker/foreign-domestic-worker-levy/levy-concession.

Ministry of Manpower (MOM), no date-d. *Rest days and well-being for migrant domestic workers* [online]. Available at: https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-domestic-worker/employers-guide/rest-days-and-well-being.

Ministry of Manpower (MOM), no date-e. *Transfer a migrant domestic worker (MDW) directly to a new employer* [online]. Available at: https://www.mom.gov.sg/passes-and-permits/work-permit-for-foreign-domestic-worker/transfer-to-a-new-employer.

Ministry of Manpower (MOM), no date-f. *Who is covered by the Employment Act* [online]. Available at: https://www.mom.gov.sg/employment-practices/employment-act/who-is-covered.

Nedelsky, J., 1989. Reconceiving autonomy: sources, thoughts and possibilities. *Yale Journal of Law and Feminism* [online], *1*(1), 7–36. Available at: https://openyls.law.yale.edu/entities/publication/b9ca2678-d136-4535-80c6-8536e5ea1ee3

Ortiga, Y. Y., Wee, K., and Yeoh, B. S. A., 2021. Connecting care chains and care diamonds: the elderly care skills regime in Singapore. *Global Networks* [online], *21*(2), 434–454. Available at: https://doi.org/10.1111/glob.12281

Tam, W. J., *et al*., 2018. "I can't do this alone": A study on foreign domestic workers providing long-term care for frail seniors at home. *International Psychogeriatrics* [online], *30*(9), 1269–1277. Available at: https://doi.org/10.1017/S1041610217002459

Legal sources

Singapore

Advance Medical Directive Act 1996, 2020 Revised Edition, ss 2, 3, 9 and 10 [online]. Available at: https://sso.agc.gov.sg/Act/AMDA1996

Employment Act 1968, 2020 Revised Edition, s 2 [online]. Available at: https://sso.agc.gov.sg/Act/EmA1968

Employment of Foreign Manpower Act 1990, 2020 Revised Edition [online]. Available at: https://sso.agc.gov.sg/Act/EFMA1990

Employment of Foreign Manpower (Work Passes) Regulations 2012, S 569/2012, Fourth Schedule. Historical text: MOM informal consolidation in force on 1 October 2020 [online]. Available at: https://www.mom.gov.sg/-/media/mom/documents/services-forms/passes/wpspassconditions.pdf.

Maintenance of Parents Act 1995, 2020 Revised Edition, s 3 [online]. Available at: https://sso.agc.gov.sg/Act/MPA1995

Mental Capacity Act 2008, 2020 Revised Edition, ss 3–5, 11–14 and 20 [online]. Available at: https://sso.agc.gov.sg/Act/MCA2008

Austria

Bundespflegegeldgesetz (BPGG), BGBl 110/1993 [online], as amended, especially §§ 1, 4, 13, 20, 21a and 21b. Available at: https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10008859

Gewerbeordnung 1994 (GewO), BGBl 194/1994 [online], as amended, §§ 159–161. Available at: https://www.ris.bka.gv.at/GeltendeFassung.wxe?Abfrage=Bundesnormen&Gesetzesnummer=10007517

Hausbetreuungsgesetz (HBeG), BGBl I 33/2007 [online], as amended. Available at: https://www.ris.bka.gv.at/eli/bgbl/I/2007/33

2. Erwachsenenschutz-Gesetz, BGBl I 59/2017 [online]. Available at: https://www.ris.bka.gv.at/eli/bgbl/I/2017/59

Standes- und Ausübungsregeln für Leistungen der Personenbetreuung [Care Rules], BGBl II 278/2007 [online], amended by BGBl II 396/2015, especially §§ 1–2. German consolidated text dated 19 February 2016. Available at: https://www.wko.at/oe/gewerbe-handwerk/personenberatung-betreuung/bgbl.-ii-nr.-2782007.pdf. Chamber-published English translation [online]. Available at: https://www.wko.at/oe/gewerbe-handwerk/personenberatung-betreuung/bgbl.-ii-nr.-2782007-en.pdf

Standes- und Ausübungsregeln für die Organisation von Personenbetreuung [Agency Rules], BGBl II 397/2015 [online], amended by BGBl II 168/2024, especially §§ 2, 5–7 and 9–10. Original enactment. Available at: https://www.ris.bka.gv.at/eli/bgbl/II/2015/397. English translation of the 2015 rules [online]. Available at: https://www.wko.at/oe/gewerbe-handwerk/personenberatung-betreuung/bgbla-2015-ii-397-en.pdf. Amendment effective 1 September 2024 [online]. Available at: https://www.ris.bka.gv.at/eli/bgbl/II/2024/168/20240628

European Union

Consolidated version of the Treaty on the Functioning of the European Union (TFEU), *OJ* [online], C 202, 7 June 2016, 47–200, arts 49 and 56. Available at: https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:12016E/TXT

Directive 2004/38/EC of 29 April 2004 on the right of citizens of the Union and their family members to move and reside freely within the territory of the Member States, *OJ* [online], L 158, 30 April 2004, 77–123, art 7(1)(a) and arts 27–29. Available at: https://eur-lex.europa.eu/eli/dir/2004/38/oj

International Labour Organization

Domestic Workers Convention 2011 (No. 189) [online], adopted 16 June 2011, entered into force 5 September 2013, preamble and arts 1, 9, 10 and 13. Available at: https://normlex.ilo.org/dyn/nrmlx_en/f?p=NORMLEXPUB:12100:0::NO::P12100_INSTRUMENT_ID:2551460

Domestic Workers Recommendation 2011 (No. 201) [online], adopted 16 June 2011, especially para 25(1)(a). Available at: https://www.ilo.org/media/346671/download

Spain

Real Decreto 893/2024, de 10 de septiembre, por el que se regula la protección de la seguridad y la salud en el ámbito del servicio del hogar familiar. *BOE-A-2024-18182* [online], arts 2–6 and final provision 5. Available at: https://www.boe.es/buscar/act.php?id=BOE-A-2024-18182.

Real Decreto-ley 16/2022, de 6 de septiembre, para la mejora de las condiciones de trabajo y de Seguridad Social de las personas trabajadoras al servicio del hogar. *BOE-A-2022-14680* [online], arts 3 and 5. Available at: https://www.boe.es/buscar/act.php?id=BOE-A-2022-14680