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The burden of caring for dementia patients often falls on helpers. If ageing at home is the national direction, the helper in the home cannot remain an afterthought, the writer says. PHOTO: ST FILE

As seniors age at home, untrained helpers are figuring out dementia care alone

Migrant domestic workers are becoming front-line carers for people living with dementia. We must help them navigate this complex care better.

Caroline Chong

It is 2am and Fatimah is hiding the front-door keys.

The 90-year-old woman she cares for has dementia and is convinced she must go to her sister's home to bake pastries for their shop. Fatimah (not her real name), who is her domestic helper, coaxes her back to the sofa, turns on the television and waits for her to settle.

These episodes have been going on for months. No one trained Fatimah for this. She figured it out on her own, and she still has to get through the next day's chores on broken sleep.

In many Singapore homes, this is what dementia care looks like now. And this sits inside a much larger national shift.

OUTSOURCING ELDERCARE

More than eight in 10 older adults in Singapore prefer to age in their current homes, according to an ongoing study by Singapore Management University's Centre for Research on Successful Ageing. The Government has invested heavily to support this choice through Age Well SG, in 2024 announcing $3.5 billion set aside over the next decade for more active ageing centres, home and community care, and senior-friendly improvements to homes and neighbourhoods.

The urgency is real. Singapore is now a super-aged society with more than one in five residents aged 65 and above – rising to about one in four by 2030. The Ministry of Health estimates that the number of people living with dementia will grow from about 74,000 in 2023 to 152,000 by 2030.

Meanwhile, family units have shrunk. Average resident household size fell from 3.43 persons in 2014 to 3.06 in 2025.

So households fill the gap with paid help. As at December 2025, Ministry of Manpower figures show 386,900 migrant domestic workers employed here. In many households affected by dementia, helpers are providing much of the day-to-day care.

We did not decide, as policy, that domestic helpers should become front-line dementia carers. We arrived there by default – hire by hire – without building a system to support this social structure we now depend on.

Stephanie Chok, executive director of the Humanitarian Organisation for Migration Economics, puts it plainly: Singapore is "very structurally dependent on migrant domestic workers", yet there is still "very little acknowledgement of them as caregivers".

More seniors want to age in place, and many families cannot do that alone. Yet the workers who make it possible still sit outside the policy conversation.

MERE EXPERIENCE IS NOT ENOUGH

Dementia can mean a combination of memory loss, disorientation, sleep reversal, nocturnal wandering, agitation, suspicion or repeated questioning. A helper who has cared for a senior person before is not automatically prepared to deal with any of the above.

Even families feel unprepared for this. A 2023 survey of 1,500 Singaporeans by Milieu Insight and Dementia Singapore found that only one in five felt prepared to support a loved one with dementia. To then assume that a domestic helper with general eldercare experience can manage this by herself is unrealistic.

The shift towards eldercare is visible from inside the industry. Tay Khoon Beng, owner of Best Home Employment Agency, says eldercare now makes up about half the inquiries his agency receives – up from one in five just five years ago.

But the way helpers are matched to these homes has not kept pace with the requirements on the ground. In practice, the screening process can still be blunt: does she have experience looking after a senior person? Does she seem patient? If she checks both boxes, she can learn the rest on the job.

She does learn. The question is at what cost.

THE CONTINUITY GAP

It would be easy to read Fatimah's situation as a simple training gap. But the problem is larger than that. Singapore already has dementia courses, caregiver grants and community schemes. The difficulty is that families often have to piece the information together on their own to suit their situation at home.

This is what the gap looks like in real life. A family may receive a diagnosis from one doctor, a hospital discharge note from another team, a list of daycare centres from a social agency, and training options from yet another provider.

Months later, when the person living with dementia refuses to shower, wanders at night or becomes agitated, the helper at home may not know what to do, who to call, or what advice still applies. Each service did its part – but no one is clearly responsible for following the household as the condition changes over the months and years.

Asked what single thing she would change about dementia care in Singapore, Nur Farhan Alami, a geriatrician and founder of Alami Clinic, answered in one word: fragmentation.

"So many different providers, public and private, and no one talks to one another," she says. "We are healthcare professionals and we also find it very hard to know what to do. Imagine other people."

A helper may not know whether a new behaviour is part of dementia, a sign of pain, or something that needs urgent medical review. The doctor, trainer and community care provider may each see only one part of the picture.

Families feel this too. A 2026 Remember.For.Me. survey led by Rosie Ching, principal lecturer of statistics at Singapore Management University, building on earlier surveys with Dementia Singapore, found that dementia awareness has improved, but nearly seven in 10 Singaporeans remain unsure where to seek

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Personalised support needed for families, helpers

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help. Awareness of services also remains limited until crisis point.

That matters for helpers. If families themselves struggle to find their way through dementia support, it is unrealistic to expect a domestic helper to turn scattered information into safe daily care at home. Navigating the system is itself a job: someone has to help the household understand the diagnosis, prepare the helper, connect the family to training, and update the care plan when it needs changing. Singapore has not assigned that job clearly to anyone.

See Yen Theng, chief of the Caregiving and Community Mental Health Division at the Agency for Integrated Care, acknowledges the pattern. In a written response, she said migrant domestic workers "often step into caregiving roles when dementia care needs have already become more complex and demanding", and that many "may not have had the opportunity to receive early orientation or dementia-specific training". She also pointed to the need for "clearer care planning, improved access to training and information, and stronger linkages to community care services".

This absence of continuity is not a soft problem. In a 2023 audit abstract by Institute of Mental Health clinicians, 30 older patients admitted between July and December 2022 who required long-term care placement were reviewed. Of them, 90 per cent had dementia, and caregiver burnout was recorded in 23 cases or 76.7 per cent.

The abstract did not specify whether these caregivers were family members, domestic helpers or both. But the finding still matters here: when dementia care at home becomes unsustainable, the strain can spill over into hospitals and long-term care. The same abstract noted that in 2022, the average length of stay in IMH's elderly wards was 46 days, more than double the hospital's 21-day target.

That is the price of leaving households to improvise: caregivers collapse, patients end up in wards, and beds stay occupied. The cost is not only human. It is borne by the whole system.

A SMARTER SYSTEM

How else can we help households with dementia patients? Here's a better way. It would not require reinventing the system. It would require assigning, for the first time, someone whose job is to stay with each household – and giving that role three connected jobs.

First, make dementia training a default requirement for helpers placed in households with a person diagnosed with dementia. This should be funded and treated as part of the job, not something a helper has to do by giving up her rest day.

Training should also involve the family. Laurence Low, deputy director of the Centre for Seniors, which runs dementia training for caregivers and domestic workers, points out that such courses extend over two days – but many helpers have only one day off a week.

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Second, provide a simple, personalised care profile of the patient at the point of diagnosis or hospital discharge. This should be started by the diagnosing clinic or hospital discharge team, with input from the family and helper, and updated over time by a care coordinator or the family. It does not need to be complicated. A one-page summary would already help when this person usually wakes, what frightens her, what calms her, what has already been tried, which medicines changed recently, and who to call if care becomes difficult.

Without this, every household starts from scratch, and every new helper starts blind.

Third, assign a contact point for continued long-term care support after the training ends or when the patient returns home. This role could sit with a community care coordinator linked to the diagnosing clinic, hospital discharge team, or a pathway supported by the Agency for Integrated Care.

That person or team should help the family know which service to approach, when to seek a medical review, and how to update the helper when care needs changing. This can be done through phone or text-based check-ins, supported where appropriate by simple digital tools that the family and helper can use. What it cannot be is a generic workshop printout or support that is not available at night, on weekends or public holidays.

These are not three separate reforms. They are one practical pathway: train the helper and family, give them a personalised care profile, and make sure someone remains reachable as care becomes harder at home. In short: someone has to be responsible for continued dementia care support for the long run.

HELP FOR THE HELPER

Singapore is structurally dependent on migrant domestic workers for home-based dementia care. We do not say it that way, but the numbers do.

If ageing at home is the national direction, the helper in the home cannot remain an afterthought.

Fatimah should not have to figure out, alone at 2am, how to keep the person she cares for safe.

The question is not whether Singapore has dementia resources. It is whether families and helpers have access to personalised support as dementia care becomes more complex over time.

Ageing at home cannot mean leaving the person closest to the care furthest from the support.

• Caroline Chong is the founder of DementiaCare Connect that provides caregiving support across Asia.