

Managing Work and Care: Does Employing a Live-in Migrant Care Worker Fill the Gap? The Example of Taiwan

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This article uses Taiwan as an example to examine how families manage work and care when the government and workplace provide limited support. Many Taiwanese households employ live-in migrant care workers to negotiate care responsibilities and adults' paid jobs. Based on interviews with employers of live-in migrant care workers and workers, the findings demonstrate that daughters-in-law and occasionally daughters and sons become employers of live-in migrant care workers because of the limitation of public care services and lack of support they receive in seeking to combine paid work and family care responsibility. Even after employing migrant workers, women retain greater care responsibility in daily practices than their husbands. Hiring live-in migrant care workers also imposes risks to all parties involved in the processes of organising, coordinating, and providing care due to the uncertainty of care quality and the nature of care work.

Keywords: Migrant care workers, care work, Taiwan, marketisation, care and work.

Introduction

Taiwan has experienced an increasing 'care deficit' (Hochschild, 1997) in recent decades. On the one hand, it is ageing even faster than other industrialised countries; for example, the portion of the population over 65 doubled from 7 per cent to 14 per cent in 25 years (1993–2018; Ministry of the Interior, 2020). On the other hand, while women bear the brunt of household tasks in Taiwan, much as they do in many countries (Fuwa, 2004; Knudsen and Wærness, 2008; Baxter and Tai, 2016), social changes are decreasing their availability for informal care labour. These include women's increasing participation in the formal workforce¹ and a decrease in multi-generational living.

Most developed countries have looked to migrant workers to address the need for outsourced care, but the strategies and solutions they have implemented and their approaches to such workers varies widely (Hussein and Manthorpe, 2005; Redfoot and Houser, 2005; Michel and Peng, 2012; Song, 2015). Compared to European welfare states, Taiwan was late to develop centralised long-term care (LTC) services, offering nothing until the initiation of the Ten-Year Long-Term Care Plan 1.0 in 2007.² However, at that time, the elderly already represented almost 10.21 per cent of Taiwan's population. While the government introduced a second version of the plan in 2017, the deficit remains. According to a government report (The Control Yuan, 2018), in September 2017 amongst people receiving official certificates of LTC training, only 21 per cent work as care workers. Unfavourable work conditions, such as low wages and lack of career

opportunities as well as a poor professional image, have made it difficult to attract many workers (Ministry of Health and Welfare, 2013).

Well before the Long-Term Care Plan, the Taiwan government sought to address the gap through permitting the employment of migrant care workers, and the employment of such workers has exploded as individual families embrace what Bettio and his colleagues (2006: 272) called the 'migrant in the family' model. In 2017, almost 17 per cent of Taiwan's elderly with care needs³ received care from live-in migrant care workers (Ministry of Health and Welfare, 2018). Migrant care labour has become a remedy for the crisis in the social care sector (Wang, 2010; Song, 2015).

Some receiving governments (e.g. Singapore) openly describe the admission of live-in migrant care workers to the country as a strategy to facilitate local women's labour participation (Huang and Yeoh, 1996; Yeoh *et al.*, 1999; Oishi, 2005) or allow them to reconcile their obligations to work and family life (Kofman, 2001; Peterson, 2007). But we know very little about the precipitating circumstances or qualitative consequences of this strategy (Degiuli, 2010; Teshuva *et al.*, 2019). For example, why do families decide to employ live-in migrant care workers? Do women experience live-in migrant care workers as helping them balance competing demands of work and family care? What effects might migrant care workers have on the families of their employers?

In this article, I address these questions through interviews with employers of live-in migrant care workers and workers themselves in Taiwan, where the government and workplace provide limited support for family carers. To contextualise this discussion, the next section describes the intersection of the care regime, the migration regime, and employment policies and cultural ideas that shape the employment of live-in migrant care workers. The findings demonstrate that daughters-in-law and occasionally daughters and sons become employers of live-in migrant care workers because of the limitation of public care services and lack of support they receive in seeking to combine paid work and family care responsibility. Even after employing migrant workers, women retain greater care responsibility in daily practices than their husbands. Hiring live-in migrant care workers also imposes risks on individual households and migrant workers due to the uncertainty of care quality and the nature of care work.

Contextualising the employment of live-in migrant care workers in Taiwan

Fiona Williams (2010, 2012) defines 'regime' as the intersections of policies, regulations, discourses, and cultural ideas. She calls for examinations of the relationship between the migration regime and care regime to investigate countries' approaches to the demand and supply of care in the context of globalised ageing. Comparative studies of the integration of migrant care labour in different countries have generally focused on their particular combinations of care, migration, and employments (e.g. Horn *et al.*, 2019; Miyazaki, 2019). Thus they explore typologies of migration and care regimes and the impact of cultural ideas and gender relations in care arrangement and caregiving.

Taiwan uses a great quantity of migrant care labour to address family care responsibilities because of its culture of filial piety, underinvestment in its LTC system, liberal policies toward employers of temporary migrant workers, and limited governmental support for family carers (Yeh, 2020). This section describes the social context for this use of migrant labour.

The reorganisation of the care sector

Taiwan has a familialist welfare regime (Estévez-Abe and Kim, 2013; Asato, 2017) where family acts as the primary actor, bearing principal responsibility for the well-being of all members (Esping-Andersen, 1999). The government only intervenes to provide elder care when family members cannot fulfil their (legal) obligations to care for their relatives. Taiwan's LTC system began to develop in the early 1990s on a small scale (Wu, 2005), but it lacked an integrated national-level funded LTC delivery and financing system (Chiu, 2001) until 2007. At the same time, the government played a significant role in facilitating the use of migrant care workers in lieu of the LTC system through law. Employment of live-in migrant care workers by individual families has become the dominant LTC model (Yeh, 2020).

Legal measures include lessening the cost of hiring live-in migrant care workers by exempting employers from the national *Labour Standards Act*. Live-in care workers are not entitled to the regulations on minimum salaries, days off, or overtime working hours (Liang, 2014; Chen, 2016). The state has also progressively loosened the legal criteria⁴ families that hire live-in migrant care workers must meet (Liang, 2015).

Working women and state policy in Taiwan

Taiwan's tradition based on filial society calls on sons, typically eldest sons, to provide financial support to ageing relatives and on daughters-in-law, unmarried daughters, and occasionally married daughters to perform hands-on care (Li and Chang, 2010). In a study of Chinese immigrants living in California who maintain the traditions of filial piety, Lan (2002) calls this transfer from sons to daughters-in-laws in the Confucian gender regime 'the transfer chain of filial care'. According to *The Report on Family Carers* (Ministry of Health and Welfare, 2018), almost 61 per cent of family carers are women. Among them, 32 per cent have jobs in the formal workforce. In addition, 43.93 per cent of female family carers had resigned from a paying job because of care responsibilities, compared to only 24.47 per cent of male family carers.

Existing policy, notably the 2002 *Act of Gender Equality in Employment*, was instituted 'to protect gender equality . . . implement thoroughly the constitutional mandate of eliminating gender discrimination, and promote the spirit of substantial gender equality' (*Article 1*). It focuses on maternity leave, parental leave, and flexible work hours. The only provision allowing workers time to care for family members other than their children, *Article 20*, states that workers must have seven days per year but that this number comes out of their fourteen-day maximum of unpaid personal leave. Thus workers caring for elderly family members lack the support they need (Lee *et al.*, 2017).

Data and methods

This study illustrates how families utilise migrant care labour to manage work and care, and the unexpected consequences of employing live-in migrant care workers. Relying mainly on interviews and participant observations, I have conducted research on live-in migrant care workers, their employers, and the cared-for since 2008 with different focuses at different times. The data for this article draws upon interviews with 29 employers of live-in migrant care workers who either identified themselves or were referred to by other

family members as the family's major family carer as well as with 25 Indonesian female live-in migrant care workers as supplementary data.

The interviews took place between 2012 and 2014. Among the employers, 23 were women and six were men. All of the men are sons of the cared-for family member. Among the women, 19 were overseeing care for their in-law(s) and four were unmarried daughters caring for their parent(s). Employers' age ranges from 37 to 64. Two of the female employers and two of the male employers were retired, having taken retirement, sometimes significantly earlier than originally planned, to care for their elderly relative. One male employer was working as a freelancer and two female employers had part-time jobs, having changed their work schedules to accommodate elder care. The remainder of the employers had full-time, paid jobs. I excluded employers who had withdrawn from the formal labour market prior to assuming care of the elderly relative (for example, to care for children full-time).

Findings

Becoming employers

All employer interviewees played a significant role in deciding that the family would employ a live-in migrant care worker; although in some cases the elderly provided the funds for wages. The sections below describe the logic that prompted the decision.

Inadequate state service

In line with their underutilisation in the country, employers knew little about state-sponsored LTC services. Some had never heard of them; others knew they existed but had no idea where to get information. Two interviewees had direct knowledge of state-sponsored care services.

Lan's family had used government services to care for his mother with dementia before hiring a migrant care worker. He explained:

[W]e thought a day care center may be a choice. But the closest day care center to where we live is about a 40-minute drive. We also tried to use home care service for a while. The home care workers came to our place three times per week in the morning, and two hours each time. [They] cooked lunch for my mother, did some household chores, and provided company But we found that care service was not enough as time went by. My mother's dementia was getting worse. She boiled water but forgot to turn off the stove. She went out by herself and got lost. We went to the police station and spent lots of time finding her. In the beginning, we didn't consider that hiring a migrant maid⁵ was a good choice. But we found that we didn't have any other choice.

Lan and his wife both work full-time. While he has a younger sister, in line with filial piety they are responsible for his mother's care.

Tsai's family considered state-sponsored care but found it would not suit their needs:

The day care center nearby is only open three days a week. They provide services in the morning only. We would need to be responsible for transportation [to the center] But we don't live with my mother-in-law. [They live about an hour away.] How could we bring her to

the day care center every day? We also tried to look at what home care services provides. The hours . . . are very limited, only a few hours per week. There is no care service provided at night. We wanted to find a companion for my mother-in-law. Home care services don't fit in our needs.

Tsai's mother-in-law is in her late 80s and has no medical conditions, but Tsai and her husband worry about her living alone. They hired a live-in migrant care worker to gain flexibility in terms of working hours and services. Interviewees also mentioned care workers were quite affordable, given that they provide 24-hour labour.

Managing work and family care

Women in this study had applied for, recruited, and trained live-in migrant care workers and coordinated their daily work with little support from their partners and other family members. They perceive hiring live-in migrant care workers as the solution to the difficulties they face reconciling paid jobs and family care responsibilities every day.

Wang works as an agent in an insurance company. She, her husband, and their two elementary-school children live close to her in-laws in Taipei. After her father-in-law had a sudden dizzy spell while driving to the grocery store that precipitated an emergency room visit, the family decided to hire a migrant care worker. Suggesting her primary role in overseeing her in-laws' care, Wang said, 'It was the first time I had to think of their age and their need for care'. After a discussion with Wang's sisters-in-law, the family decided to hire a live-in migrant care worker. While the care worker's state-approved contract says that she cares for Wang's father-in-law, in addition to caring for his wife as well the worker helps Wang and her husband with childcare and household chores when Wang requests. Wang explained that many of her friends manage in a similar way:

The maids not only take care of my in-laws but help with cleaning house, cooking, and so on . . . [My husband and I] are so busy with our jobs. I have been eager for someone to help me with household chores for a long time. It's expensive to hire the locals and hard to find locals who will provide care and do the cleaning and cooking at the same time.

This arrangement violates the law, but it is difficult to regulate what happens in the private household and intimate sphere (Pan and Yang, 2012; Liang, 2014).

The fact that Wang lives near her in-laws facilitates her use of her father-in-law's caregiver for household chores and childcare; one-third of interviewees do not live in the same county as the cared-for. This is unsurprising given nationwide trends: since 1960 young Taiwanese have been migrating from the countryside to metropolitan areas, leaving older relatives in rural areas (Mullan *et al.*, 1998).

Ku, for example, employs a live-in migrant care worker for her parents in the rural county where she grew up. She went to Taipei for college and graduate school and then found a job there. The live-in migrant care worker, Umi, has worked for the family for about 10 years, since her father had a stroke. Ku explained:

I don't have any siblings. Taking care of [my parents] is my responsibility. But I didn't want to give up my life in Taipei. I had lived in Taipei more than 10 years, including when I was an undergraduate. My job, friends, and life all were in Taipei.

Umi stayed on when Ku's father died four years later, the family having transferred the contract to Ku's mother. Ku could move her mother to Taipei to care for her, but her job's demands wouldn't allow it. Ku works as an executive manager in a public relations company. She works long hours and sometimes weekends. She visits her mother once a month at most. She described herself as 'blessed' to have Umi.

Lin also lives far away from his elderly parents, as do his two brothers. He and his wife have three children of their own. Lin's parents are in their early 80s and they perceive themselves as healthy. Lin's father, who was a rice farmer, still grows vegetables in the land next to their house. They felt they could take care of themselves, but Lin and his brothers decided to employ a live-in migrant care worker, Milley, after one of the brothers saw a television report about dangers to frail elderly living without help. Lin explained:

The old saying is: 'when parents are alive, we, as children, should not travel far away from them.' Society has changed a lot. These days, many people have moved to the places where they can find jobs. It's not because we don't want to obey filial piety. . . . In the beginning, [Milley] could only speak very little Mandarin. Now she can even communicate in the local Taiwanese dialect. My parents are very close to her. They are used to her company. Because she is there, I feel like I don't have to worry. Sometimes, I joke that [Milley] practices the obligations of filial piety for us.

In Lin's mind, Milley serves as a surrogate family member. This idea of care workers as surrogates practicing filial piety was common.

The continuation of gender division in care work

Ting's husband has five siblings, two brothers and three sisters, but he is the oldest son. Ting's mother-in-law lives with Ting and her husband. They have had a live-in migrant care worker since Ting's mother-in-law had to begin using a walker and, sometimes, a wheelchair six years ago. Ting and Ting's mother-in-law both have a deep trust in her care worker, Andy. Ting emphasised the tacit understanding she shares with Andy and expressed her appreciation of Andy:

I have been a working mother for a long time. There is no one sharing the household chores with me. Since Andy came to our family, she takes care of my mother-in-law and does most of the household chores. She doesn't eat pork, but she cooks pork for us. Now she even brings my in-law [in the wheelchair] to do grocery shopping. When I come home from work, dinner is always already there on the dining table. I don't need to worry about what I should cook and what we are going to eat for dinner.

Ting clearly takes significant responsibility for household chores and family care. On her days off, she usually spends her time cooking in the kitchen along with Andy or cleaning their four-floor house. She also helps Andy with bathing her mother-in-law, but for the most part she does not provide hands-on care. However, she puts great effort into work that supports daily practices of care and sustains the care circle involving all parties (Kittay, 2013; Tronto, 2013). Ting's husband is a construction worker. His work schedule varies, but he often works weekends. Ting organises leisure activities for her mother-in-law and Andy on weekends, while Andy oversees their schedule on weekdays. 'It's boring to stay at home all the time and it's also unhealthy', Ting explained.

Fang's approach is similar. She and her husband are both university professors. Before her father-in-law died, her in-laws lived in the southern region of Taiwan, where her husband was born and grew up, but once widowed her mother-in-law moved to Taipei to be close to Fang and her husband, their oldest son. Anne, a live-in migrant care worker from Indonesia, assists Fang's mother-in-law with activities of daily living. However, as she explained, Fang is still involved deeply in organising care arrangements and daily chores:

I remodeled the apartment to make the environment more friendly for the elderly. I bought new household appliances . . . , and showed Anne how to use the devices. . . . Anne is very good at cooking already. Sometimes when I have found my mother-in-law likes specific dishes, I have taught Anne how to make the food at home. She always picks up new things very quickly.

Fang mediates between her mother-in-law and Anne. She observes the subtle changes in the relationships, finds out what the problem is, and tries to solve the issue:

Once, Anne was in a low mood because she had quarreled with her husband back home in Indonesia. My mother-in-law is an introverted person. It's difficult for her to express her concern to Anne. At that time, she felt that Anne was different from usual. She thought that Anne was angry with her. But she could not figure out the reason.

Acting as the communication bridge for Anne and her mother-in-law requires a great amount of invisible and emotional work.

I know my mother-in-law is very emotionally sensitive. Usually I go to Anne asking what happened to her and take care of her [meaning Anne's] mood. Then I find a way to interpret Anne's words to my mother-in-law. I know what I should say to work out the subtle tension between them.

Fang's husband does not notice this subtle tension and is rarely involved in the coordination of care for his mother. This gender division of care work was common.

'I Am Lucky to Have Her': Uncertainties and risks of hiring a live-in migrant care worker

The employers I interviewed are aware that the recruiting agencies provide insufficient training. They also knew that migrant care workers generally do not have relevant work experience. Some nonetheless expect workers to learn how to care without training. Yang said, 'I am very busy. I don't have time to make sure that [the live-in migrant care worker] knows everything. Taking care of my father-in-law is her job. If she has any questions, she can ask me'.

Others find creative ways to get care workers training. Huang and her family decided to hire a live-in migrant care worker to care for her father-in-law when he was hospitalised due to a severe stroke. She explained:

At the beginning, we employed a local care worker to take care of my father-in-law in the hospital. When we realised that he would not fully recover, we decided to employ a migrant maid. The local worker is very expensive. We cannot afford that. We asked the broker to bring

the migrant maid as soon as possible. I arranged for [the migrant care worker] to stay in the hospital [for training]. I asked the local care worker to teach the migrant maid how to care for my father-in-law, especially how to use the nasogastric tube.

This approach, hiring a local worker to train the migrant care worker, was adopted by a few interviewees' families.

Others coach the migrant workers to perform care work on their own. Lily, for example, has employed a succession of three live-in migrant care workers to take care of her husband's mother. Although she and her husband run a restaurant together, Lily said she spent a lot of time and effort transforming the current care worker, Siti, into the 'right' one. She educated Siti about dementia and served as the mediator between her mother-in-law and Siti. She explained:

When Siti was new to our family, she was shocked at my mother-in-law's behaviour and emotionality. It's easy for my mother-in-law to get angry and get depressed. . . . I needed to explain to her. It's because [Lily's mother-in-law] is sick. She does not intend [to get angry]. But Siti's Mandarin was not very good at that time. It took me lots of time to explain and to make sure that she understood. I told her that [my mother-in-law's] brain hurt.

When I met Lily, Siti was in her fifth year of working with the family. Lily remembered Siti's first year of the work contract as a difficult one, but felt that ever since Siti had really lightened her own load. She acknowledged in concluding our interview, 'I am lucky to have her'.

'Luck' was commonly referenced, reflecting the uncertainties and risks employers perceive in the processes of recruiting, matching, and hiring live-in migrant care workers. The employers rely on for-profit recruiting agencies to match live-in migrant care workers for them. However, many employers I interviewed said they had worried about the adaptation of all parties involved, language barriers, care quality, and management of workers, including the possibility that workers will run away.

The two workers who preceded Siti in caring for Lily's mother-in-law both quit. As Lily explained:

The first one ran away after working in our family for a few months. I don't understand why she ran away. We all treated her nicely. My broker said that maybe it's because we were too nice. . . . The second one requested to change to a new employer after finishing only her first week. She complained that it's too hard to take care of my mother-in-law.

These experiences may explain why Lily was willing to put so much effort into training Siti, and her efforts had paid off.

In addition to a dearth of training and a frequent lack of language skills, live-in migrant care workers must adjust to a new environment and work relationships. Many of those I spoke with during the fieldwork referenced nervousness, anxiety, and stress from working in a private household. Even some who had worked for the same family for years experience uncertain conditions due to the power dynamics of employment and care relations. Even those who considered their employers kind were frequently burnt out from providing round-the-clock care.

Discussion and conclusion

Care provision for the elderly has dramatically transformed in Taiwan in recent decades (Asato, 2017), largely because of social and demographic changes, including women's entry into the formal labour market. Women who might have provided unpaid care to their elderly kin are unavailable during working hours. Family care responsibilities conflict with paid jobs, much as they do in many countries in the world, especially when public support is limited (Kröger and Yeandle, 2013). This article uses the Taiwanese case to discuss how family members (in most cases, women) negotiate the responsibilities of family care and paid jobs in the social context where the government provides very limited social care and work support. While economics, cultural ideas, and moral traditions (Degiuli, 2010; Liang, 2018) influence the employment of migrant care workers, such employment also reflects the constraint on public care services available. Family carers explained that public care services were inadequate and that this forced them to employ live-in migrant care workers as a substitute for family carers. However, this solution has limitations.

James (1992) proposes a formula to define the components of care, including organisation, physical labour, and emotional labour. The formula highlights that care involves nurturance and the mental work required for planning, arranging, and coordinating care work as well as reproductive labour. James's work draws our attention to the invisible labour involved in organising and providing care work. Feminist scholars have taken several approaches to conceptualising care. One camp focuses on the nurturance dimension of care to highlight care value (e.g. Fisher and Tronto, 1990; Tronto, 1993; Cancian and Olicker, 2000). Another pays more attention to reproductive labour; this camp focuses on bringing bodywork back to the analysis on care work (Twigg, 2000; Wolkowitz, 2002). Fisher and Tronto (1990) point out that the dimensions of nurturance and bodywork are intertwined rather than distinct.

The Taiwanese government, in permitting the employment of live-in migrant workers, frame it as a way to facilitate local women's labour participation. This research suggests it serves that purpose without changing the gender division of labour within households (Lan, 2006). Employing a live-in migrant care worker creates a new form of care labour division: between migrant workers and their female employers (Ayalon, 2009; Degiula, 2010; Iecovich, 2011; Liang, 2018). This division parallels reproductive labour vs. emotional labour and bodywork vs. nurturance in care work. However, daughters and daughters-in-law not only act as care managers (Degiula, 2010) but act as care providers from time to time. Most female employers interviewed assist migrant care workers with care when needed and perform the emotional work involved in organising and coordinating care and sustaining care relations. Their experiences also reveal that the components of care and care work, such as physical work and emotional work, are difficult to divide.

Without disputing that employing a live-in migrant care worker benefits both the cared for (Bilotta and Vergani, 2008; Bilotta *et al.*, 2009; Østbye *et al.*, 2013) and their families (Di Rosa *et al.*, 2012; Chiatti *et al.*, 2013), this study calls attention to the uncertainties and risks all parties organising, coordinating, and providing care confront (Christensen and Manthorpe, 2016) in relation to quality of care and workers' well-being. Illustrating how the nature of care work and limited training provided to migrant workers

creates barriers in the process of care coordination amongst different actors, this article suggests that live-in migrant care workers are a poor substitute for public support.

Taiwanese culture considers elderly care workers to be companions or servants rather than professionals (Lan, 2016; Liang, 2018). The government's loose regulations of live-in migrant care workers in terms of their care skills and ability in local languages, which contrast sharply with Japan's (Ogawa *et al.*, 2018), reflects this view. Migrant care workers must complete at least 90 hours' vocational training in long-term care before departing for Taiwan, but the government does not regulate the content of the training. According to past research (Liang, 2011), recruiting agencies provide basic Mandarin teaching and training courses on how to use home appliances and cook Taiwanese/Chinese food. Live-in migrant care workers' experiences show that taking care of the elderly is quite difficult and much different from what they learned about in the training centres. They mentioned physical labour and care knowledge and skills. Liang (*forthcoming*) examines the work conditions of live-in migrant care workers and demonstrates how the lack of proper occupational training affects their mental health and well-being. Relevant here, the dynamics and complexities of care work and care relationships compound the challenges face.

In the context of globalised aging, outsourcing of elderly care through marketised provision via migrant workers has become a strategy to address the care deficit in many developed countries, including Taiwan. This study demonstrates that women use it to reconcile work demands and care for elderly. Future research might address the impact and the unexpected consequences of marketising of aged care on live-in migrant care workers.

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Notes

1 The participation rate of women aged from eighteen to sixty-four in Taiwan was 39.13 per cent in 1988 and increased to 51.14 per cent in 2018.

2 In 2000, the central government approved a three-year project, the Pilot Program for the Development of Long-Term Care. Chia-Yi City, and the San-Yin Townships of Taipei County were selected as experimental settings.

3 In this report, the government defines the elderly with care needs as 'having at least one difficulty in activities of daily living or instrumental activities of daily living.'

4 The government requires applicants seeking to hire live-in migrant care workers to submit proof of the patient's score on the Barthel Index: a physical-function-oriented instrument, developed to assess a patient's level of functional independence in ten activities of daily on a scale of 0 to 100. In 2000, the year the government adopted the measure, all care-receiving individuals, regardless of their age, had to score 20 or less to enable their families to hire a migrant care worker. The required score increased to 35 in 2006. The qualification has loosened over time, and since 2012 patients who score as high as 60 qualify if they are over eighty.

5 Although the legal term is 'live-in migrant care worker', most employers I interviewed use 'migrant maid' (外傭).

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