



Global Alliance Against Traffic in Women



CRISIS IN CARE

HOME-BASED CARE
WORKERS IN THAILAND

Research Paper

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The Global Alliance Against Traffic in Women (GAATW) is an international network of 100 NGOs from all regions of the world that advocates for the rights of migrants and trafficked persons. GAATW members provide direct assistance to migrants and trafficked persons, run information campaigns, and engage in policy advocacy at the national and regional levels. The International Secretariat of the Alliance is based in Bangkok, Thailand and supports its members with research, knowledge building, and international advocacy. We focus on women's rights to mobility and decent work.

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1. Introduction

Globally, women and girls remain the primary caregivers in both paid and unpaid care work. Global time-use data show that unpaid care work totals 2 billion hours daily, with women performing nearly three-quarters of it. International Labour Organization (2018)'s study on care work revealed that no country in the world has an equal sharing of unpaid care work between men and women. It found that women spend 4 hours and 25 minutes per day on this, while men contribute only 1 hour and 23 minutes, meaning women do 3.2 more hours of unpaid care daily. Although both paid and unpaid care work significantly contribute to economies and individual well-being, they remain undervalued, unrecognised, and invisible in society and to policymakers.

Thailand is undergoing a significant demographic and social shift. The country has entered a perfectly "aged society"¹ since 2023. According to 2022 statistics, of its 71.7 million people, 22 per cent were over 60 years old, and it is projected that by 2037, over 30% of Thailand's population will be aged 60 and above, making the country a super-aging society in the near future (International Labour Organization, 2025b). The rise in the aging population is associated with longer life expectancy and a lower fertility rate, both resulting from improved health care systems and government interventions to reduce population growth. Before 1970, Thailand experienced rapid population growth, with a fertility rate of 6.3 children per woman in 1960 (World Bank Group, n.d.). For instance, in 1972, 89 out of every 100 adults were caring for children under 15 years old. Population growth was viewed as a challenge to basic infrastructure, education, employment, and healthcare. In response, the government of Thailand introduced family planning services nationwide in its 3rd National Economic and Social Development Plan, 1972 - 1976, which emphasised bringing down population growth. As a result, the total fertility rate has fallen significantly from 5.6 in 1970 to 2.1 in 1990 (The Office of the National Economic and Social Development Council et al., 2019) and the fall continued to 1.2 children per woman in 2024 (World Bank Group, n.d.), significantly below the

¹ "Aged society" refers to a country where a share of people aged 60 or over is equal or over 20% of total population or where population aged over 65 is equal or over 14%, according to United Nations World Population Ageing as cited by Department of Older Persons. Source: <https://www.dop.go.th/th/know/1/926>

replacement level of 2.1 children per woman, the level needed to sustain the population (Institute for Population & Thai Health Promotion Foundation, 2025). The number of newborns was only around 416,574 in 2025 (The Bureau of Registration Administration, n.d.), dropping from a record high of 1.2 million births in 1971 (Institute for Population & Thai Health Promotion Foundation, 2025). Accordingly, the working-age population is also projected to drop from 42.26 million in 2023 to 36.50 million by 2040 (Office of the National Economic and Social Development Council, 2023). Meanwhile, life expectancy at birth of Thai people increased significantly from 55 years in 1960 to 77 years, the longest among Southeast Asian countries in 2019 (The Office of the National Economic and Social Development Council et al., 2019). While the elderly population is increasing due to increased life expectancy, many are living in a situation of disability and have to be dependent to meet daily basic activities (International Labour Organization, 2025b).

The aging population, combined with declining fertility rates and a shrinking working-age population, places increased pressure on Thailand's domestic labour supply and is driving labour shortages in many labour-intensive sectors, such as agriculture, construction, the fishing industry, and manufacturing. Thailand's unemployment rate, according to the ILO, was 0.6 percent as of 2025 (International Labour Organization, n.d.b). Thailand's labour-intensive sector has relied heavily on migrant workers from neighboring countries for decades. Thailand hosts approximately 5 million migrant workers from neighboring countries, of whom 3.15 million were registered migrant workers as of March 2025. The largest share of registered migrant workers was in agriculture, followed by the industrial sector; migrant workers accounted for around 10% of the total labour force (Sciortino et al., 2026). The changing demographics highlight increased labour demand to support its economy.

In the care sector, Thailand has shifted from being an exporter of domestic workers to an importer (Rattanapan, 2015). ILO's study, Thailand's need for national and migrant labour for home-based care, projected that Thailand will need up to 250,000 additional paid care workers, including 55,000 migrant workers, by 2037 (International Labour Organization, 2025b). This report aims to analyze how care is organized and structured in Thailand and identify the people who perform care work. It also examines the role of the Thai government in financing, regulating, and providing care services. The report also examines the work and migration experiences of care workers in Thailand, including the challenges they face in the

care sector, their needs in performing paid care work, and the role of care workers' activism in shaping the care economy.

1.1 Definition of terms

Care worker: In this research, care workers refer to paid care workers, regardless of nationality, who provide direct care, such as child care or elderly care, and/or indirect care, such as domestic workers, who may or may not be registered as professional caregivers or who may or may not have completed caregiving training for care work.

Care economy: According to the ILO's definition, the care economy refers to paid and unpaid, direct and indirect care work provided through the public and private sectors, and it includes care providers, recipients, and the employers and institutions that provide care services.²

Home-based care work: in this research, refers to direct or indirect care work provided for pay in a private home by care workers.

Elderly care: paid care work provided by care workers to individuals aged 60 or older, whether direct or indirect.

Child care: personal care activities provided to a child, whether directly or indirectly, by care workers for pay.

Caregiver: In the context of Thailand, a caregiver is "a person who has completed at least 70 hours of training in accordance with the curriculum approved by the Subcommittee on long-term care for Dependent Elderly, or other relevant subcommittee under the National Health Security Committee. The CG provides direct care for dependent elderly, including assistance with daily activities, and ensures proper housing."³

² The definition of term provided by ILO, on its website titled "What is care economy", n.d., <https://www.ilo.org/topics-and-sectors/care-economy#:~:text=The%20care%20economy%20encompasses%20care,and%20solidarity%20economy%2C%20and%20households>.

³ The definition of term provided in the National Health Security Office's 2020 e-book on titled Long-Term Care for Dependent Elderly in the National Health Security System Project on Knowledge Management, Lesson Learnt Reflection, and Dissemination of National Health Security Office (NHSO)

2. Understanding Care Work

Discourse around the definition of care work is important because it shapes how care workers are seen, acknowledged, and protected. For example, unpaid care work significantly contributes to economic and social growth, yet it remains largely unseen, unrecognised, and ignored in decision-making or care policies (International Labour Organization, 2018) (International Labour Organization, 2018); in fact, over 70 percent of people who perform unpaid care work globally are women (International Labour Organization, 2024a). ILO's Report VI on Decent Work and the Care Economy at the 112th Session of the International Labour Conference, 2024 interprets care work as: *"activities and relations that ensure the sustainability and quality of life. Care work can be direct and indirect, unpaid and paid."* (International Labour Organization, 2024, p. 20). According to this definition, both paid and unpaid care work count as work. However, the government's care policies in Thailand continue to fail to recognise this unpaid care work. For instance, if female workers stop contributing or co-pay social security for certain years due to taking a temporary break to raise children at home, the years when the insured person is absent from contributions because of child care are not recognised as work and will not be included in the calculation of the old-age pension, under the social security scheme of the Office of Social Security. ILO further explains key terms of direct, indirect, paid, and unpaid work that:

- **Direct care work:** personal care activities, sometimes referred to as “nurturing” or “relational” care, for example, nursing a sick partner, carrying out health check-ups or teaching young children.
- **Indirect care work:** activities that are not face-to-face, but provide the preconditions for personal care, such as cleaning and cooking.
- **Unpaid care work:** activities undertaken without a monetary reward; often this is provided by a family member or by social networks of care recipients.
- **Paid care workers/care workforce:** people who perform care work for pay or profit, including nurses, teachers, doctors, psychologists, childcare workers, early childhood care and education workers, domestic workers, personal care and support workers, long-term care workers, community workers, and social workers. This can also include indirect care."

According to the definition of key terms, the ILO recognises that while direct care involves personal care activities, domestic work, such as cleaning and cooking, falls under indirect care, which provides the preconditions for personal care (International Labour Organization, 2024a). Similarly, the UN Women's glossary of terms paper on defining the care economy also included paid, unpaid, direct, and indirect care activities. It further acknowledges that the two types of care activities—direct care, such as providing personal care like child care or elderly care, and indirect care, such as cleaning, cooking, and other household tasks or domestic work—create the conditions necessary for personal caregiving. It notes that these two types of care activities (direct and indirect care) cannot be separated and often overlap in practice across households and institutions (UN Women, 2023). Holliday (2023), as cited in the International Domestic Workers Federation's Care Policy Mapping in Thailand report (2025), pointed out that domestic workers often have to shoulder two overlapping sets of care work: covering both direct personal care activities and indirect care activities, but they often do not receive the required training for direct care. International Labour Organization (2024a) reported that domestic workers often lack access to labour rights and social protection.

In Thailand's context, home-based domestic workers are not recognised as "workers". The definition of "employee" determines eligibility for Social Security protection. The Social Security Act B.E. 2533 (1990), Section 5 of the Act defines employees as:

"a person agreeing to work for an employer in return for wages, irrespective of designation, but excluding an employee who is employed for domestic work which does not involve business" (Ministry of Labour, 1990a, Section 5)

The Workmen's Compensation Act B.E. 2537 (1994), Clause 5 also defines the same, stating that home-based domestic workers are not considered workers by law (Ministry of Labour, 1994b). This exclusion has a significant impact on the social protection of home-based domestic workers.⁴ Thailand amended the ministerial regulation in 2024 under the Labour Protection Act, expanding labour protections for domestic workers, but it did not

⁴ In writing this report, the Ministry of Labour proposed a draft Royal Decree to bring other undertakings and employees not subject to social security law under the system. In August 2026, the Thai government approved extending social security enrollment for previously exempt groups, such as home-based domestic workers, under the Section 33 (compulsory security) system. The decree would take effect from 60 days to 180 days after publication in the Royal Gazette.

address social protection. The section below further discusses the issues in domestic laws concerning home-based care workers' rights in Thailand.

Moreover, the government's specific care programs shape the legal recognition of care workers. To give a clear example, the Department of Health defines a caregiver as someone who cares for an older person in its manual for the 70-hour training of caregivers of older persons (Department of Health, 2024). Similarly, the Department of Older Persons Regulation on Caregivers for the Protection of Older Person's Rights, B.E. 2568 (2025) establishes a legal definition of "caregivers for the protection of older person" as someone who has completed the prescribed training program for caregivers for older persons and has signed a Memorandum of Understanding (MOU) to undertake care responsibilities in a holistic manner for older persons in the community in accordance with the regulations of the Department and that the caregivers is not regarded as government officials. This definition recognises care work as a role within the elder care welfare system. As this caregiver, who works under the Department of Older Persons' program, is not recognised as a "government official" and cannot enjoy the employment benefits available to government officials (Social Development and Human Security Law, 2025). At the same time, they may not be entitled to labour rights and the Labour Protection Act as general employees while serving under the Department as caregivers.

3. The Structure of Care Work in Thailand

Traditionally, care work in Thailand is mainly performed by family members, with women disproportionately bearing the burden of household care (Bui et al., 2026). Family members' provision of care work in Thailand is influenced by cultural and religious beliefs (Löfstedt, 2025). Thai culture emphasises a collectivist society in which family is prioritised, and selflessness is embraced (Bui et al., 2026; Löfstedt, 2025). This focus on selflessness is also linked to Buddhist teachings that encourage serving others. Therefore, care provision for family members, especially older adults, is motivated by altruistic concern for the parents' well-being and a reciprocal obligation to repay parents (Bui et al., 2026). The study by Bui et al., (2026) on social gender norms on altruistic behaviors in Thailand finds that women are more altruistic than men across all aspects. It also finds that women take responsibility for household care and caring for their families and husbands.

However, changes in family structures from large households to smaller family units with fewer children have shifted women's roles in the economy, with more women working outside the home (International Labour Organization, 2025b) as breadwinners to meet survival needs, especially in urban areas. Despite these changes, cultural norms remain unchanged, and women continue to take on domestic responsibilities (Bui et al., 2026). UNDP's survey found that more than 50% of women in Thailand are doing more care work than men and are more likely to lose their jobs than men (UNDP, 2022). Women experience a significant trade-off between leisure time, paid work, and unpaid care work (Bui et al., 2026). An increase in the number of women entering the labour market, along with a decrease in fertility rates and the adult population, and an increase in the elderly's life expectancy, leads to a crisis in care work. Moreover, increased internal migration, as more adult children migrate to urban areas to pursue their professions, also contributes to labour shortages in care sectors (Pagaiya et al., 2021).

In response to care crises and to ease the burden, some households shift care responsibilities from family members to paid care workers outside the family. Research by Muttarak (2004), as cited in Rattanapan (2015), noted a shift in trends that domestic workers no longer serve only the upper class; the middle class is also

hiring paid domestic workers, both local and migrants to meet the labour-market demand. While middle- and high-class families can ease the burden of care work by outsourcing it, this raises the question of who takes the unpaid care burden for working-class women when they engage in paid care work. The shifting of family-provided, unpaid care to paid non-family caregivers does not remove care work, but rather reorganises it and places a greater burden on working-class women, who must shoulder both paid and unpaid care.

4. Who Performs Paid Care Work In Thailand?

In Thailand, paid care work is provided by registered nurses, nurse assistants, community health volunteers, and domestic workers, including migrants (International Labour Organization, 2025b). National workers are more likely to occupy higher-tier positions, such as nursing and caregiver roles, while migrant workers are likely to be concentrated in lower-tier care work, such as domestic workers. This could be associated with the country's policy, which does not recruit non -Thai nurses or care professionals, including skilled or semi-skilled workers (International Labour Organization, 2025b). For instance, English-speaking foreign nurses who have a license in their home countries are not allowed to work as registered nurses in Thailand, and it is also forbidden for foreign caregivers to work in Thai nursing homes (Wongboonsin et al., 2020). This raises concerns about recognising the skills of foreign workers. Moreover, the Regulation of the Department of Older Persons on Caregivers for the Protection of the Rights of Older Persons, B.E. 2568 (2025), Clause 6 stipulates that one of the qualifications for applying to be a caregiver for an older person is Thai nationality (Social Development and Human Security Law, 2025). This raises another question whether the country can meet future caregiver demands, as it insists on this nationalist approach. In fact, 27 professions are strictly reserved for Thai nationals, according to the Ministry of Labour's announcement dated 21 April 2020 (Ministry of Labour, 2020); however, the nursing profession is not among them. This means that, in principle, non-Thais can work as nurses in Thailand; however, applicants must take a competency assessment and a licensing examination, both of which are available only in Thai (Thailand Nursing and Midwifery Council, n.d.). Thus, it is harder for non-Thais to be employed in the nursing profession in Thailand.

In the context of migrant workers from neighboring countries, they are more likely to be concentrated in domestic worker roles in nursing homes or private homes, as working as a caregiver is not allowed (Wongboonsin et al., 2020). Sciortino et al. (2026) found that migrant workers in Thailand are often expected to perform manual labour with limited career advancement. They have access to semi-skilled and skilled jobs only in eight categories, including construction, farming, mattress making, shoe making, hat making, dressmaking, knife making, and clay pottery

making, but they have to work for an employer and are required to change their work permit from manual labour, which is not a simple process (Sciortino et al., 2026). Moreover, stigmatisation of care workers, such as referring to domestic workers as "servants," persists and thus discourages many Thai workers from entering care work. International Organization for Migration (2021) reported that the number of registered migrant workers entering Thailand's domestic work sector increased from 67,149 in 2019 to 107,357 in 2020. International Labour Organization (2025) reported that domestic workers in Thailand are employed for both direct and indirect care. This may be linked to the high cost of hiring a nurse or trained caregiver, which may be more expensive.

According to the National Statistics Office 2018, as cited by International Labour Organization (2025), there were 1.4 million domestic workers in Thailand as of 2018, of whom 149,000 were migrant workers, while the ILO noted that the officially registered migrant domestic workers with the Department of Employment as of December 2024 were 126,000 workers. In addition, the study of Sciortino et al., (2026) reported that, as of March 2025, the total number of regularised migrant workers from four neighboring countries, Myanmar, Laos, Cambodia, and Vietnam, was around 3.1 million, of whom women accounted for roughly 1.4 million (see Table 1). The study noted that domestic work accounted for 4.81 percent of all regularised migrant workers in Thailand and 8.61 percent of all regularised women migrant workers, representing approximately 80 percent of the domestic work workforce.

Table 1: Total Number of Migrant Workers from Cambodia, Laos, Myanmar and Vietnam Registered in Thailand by Sex as of March 2025⁵

Total Registered Migrant Workers in Thailand			
Nationality	Men	Women	Total
Cambodia	279,958	227,413	507,371
Laos	160,202	206,728	366,930
Myanmar	1,279,556	992,917	2,272,473

⁵ Source: Adopted from *Structural Precariousness: Recruitment and Employment Practices of Migrant Workers in Bangkok Metropolitan Regions' construction Industry* (1st ed., p.19), by Sciortino et.al., 2026, Institute for Population and Social Research, Mahidol University.

Vietnam	2,082	1,578	3,660
Total	1,721,798	1,428,636	3,150,434

Research by Rattanapan (2015) on the employment situation of migrant domestic workers in Thailand revealed that migrant workers are willing to take the job at a wage rate that local domestic workers are reluctant to take. The study further found that employers prefer migrant domestic workers to local domestic workers due to their hard work and skills in housekeeping. Therefore, migrant workers meet labour-market demand in the care economy, especially among middle-class people in Thailand who cannot afford high wages.

5. The Role of the State in Care Services

Long-Term Care

To address the care crisis caused by the shortage of mainstream healthcare personnel and to lessen the government's healthcare burden, the National Health Security Office (NHSO) launched its community-based Long-Term Care (LTC) pilot project in 2016, aimed at providing care to homebound and bedridden elderly persons (Pagaiya et al., 2021). This is to encourage elderly dependents to stay at home rather than in the hospital. Candidates who have completed a 70-hour caregiver training course are recruited to provide paid care services to elderly individuals who need long-term care under the supervision of professional health care officers (Pagaiya et al., 2021). In 2025, the NHSO announced its plan to expand the LTC workforce by employing more caregivers, over 18,000, to serve over 100,000 dependent elderly persons. Candidates must at least 70 hours of complete caregiver training and will be remunerated 5,000 THB per month. The candidate who completes the 120-hour program will be compensated 6,000 THB per month. Individuals in the formal public sector are not eligible for the program (National Health Security Office, 2025), and only Thai nationals are eligible to apply for this workforce.⁶ The work involves 8 hours of work a day and 20 days a month of caregiving within the community.⁷ This arrangement technically violates Thailand's minimum wage law. As of January 2026, NHSO reported that Thailand has 122,240 trained caregivers nationwide (National Health Security Office, 2026). Research by Pagaiya et al. (2021) involving over 300 caregivers found the community-based caregiver model is effective. It increases access to care while reducing costs for the healthcare system, as caregivers do not need to be paid as much as healthcare professionals.

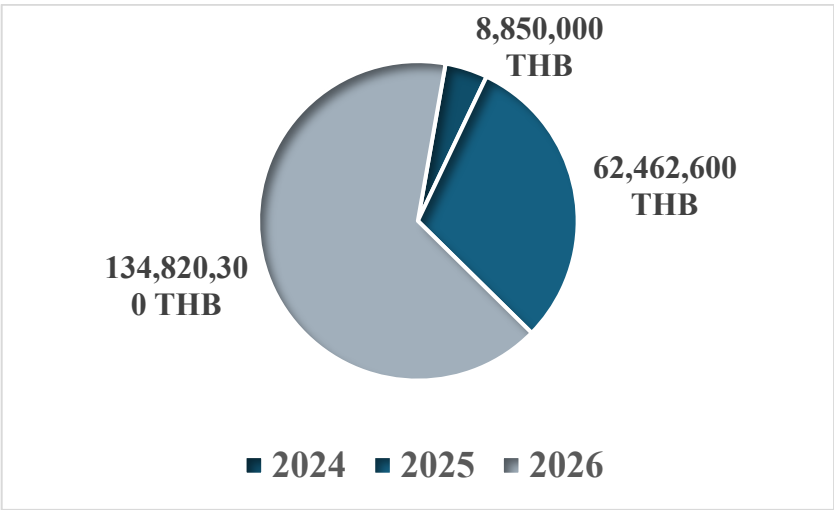
⁶ According to announcement post for recruitment candidates on Facebook page "Thai Khu Far", government organization page. https://www.facebook.com/ThaigovSpokesman/posts/รับสมัคร-ผู้ช่วยเหลือดูแลผู้ที่มีภาวะพึ่งพิง-กว่า-18-หมื่นคนรัฐบาลเดินหน้าจ้างงาน-พ/1188755019953894/?locale=th_TH

⁷ According to Memorandum of Understanding on the Performance of Duties as a Caregiver for Dependent Elderly Persons, caregiver under this program will be provided 1 year contract and will be paid 5,000 THB per month and requires 20 days of work per month and 8 hours of work per day. If caregiver do not fulfill 20 days, compensation will be calculated based on day of work performed (5000 THB divided by 20 days which is 250 THB per day). Reference document: https://drive.google.com/drive/folders/1lJEovaxHmX_BRx-MTCIDQf4sIGiNySq5; and <https://www.facebook.com/nhsonkw/posts/-สปสชเขต-3-ชวนผู้ที่สนใจสมัครเป็นผู้ช่วยเหลือดูแลผู้ที่มีภาวะพึ่งพิงในชุมชน-ในโครก%2F1167069532117375/>

Furthermore, the Department of Older Persons, Ministry of Social Development and Human Security, has initiated a policy to establish "caregiver protection for the rights of older persons" programs that provide holistic care services to older persons in the community. Under this initiative, the government recruits potential caregivers for elderly persons in the community and provides a free 240-hour training course before they begin their roles. The candidate must be Thai, aged between 18 and 65, a local resident, and have completed at least compulsory education or lower secondary education. This reflects the government's effort to provide opportunities for those who did not have the chance to complete tertiary education. It also creates opportunities for community members to serve as caregivers, emphasizing a community-based approach to care provision. Nonetheless, the nationality requirement automatically excludes migrant workers from participating in this training program to upgrade their caregiving skills. Upon completing the training, successful candidates will be registered as caregivers and will receive a caregiver certificate and a caregiver ID card (Department of Older Persons, 2025; Phetchaburi Provincial Office of Social Development and Human Security, 2025).

In 2024, the Department of Older Persons, launched its pilot project for Care and Protection of the Rights of Older Persons in the Community, covering 19 areas across 12 provinces including Chiang Rai, Chiang Mai, Phitsanulok, Suphan Buri, Nakhon Pathom, Phra Nakhon Si Ayutthaya, Sing Buri, Lop Buri, Sakon Nakhon, Ubon Ratchathani, Songkhla, and Pattani where caregivers are responsible for providing care services to older persons in the community. The caregivers under this project are remunerated at 500 THB per working day and are expected to work 20 days per month (Department of Older Persons, 2025). A total of 35 caregivers were sent to the community for elderly care services (Department of Older Persons, 2026), and the project expanded to cover 156 areas across 76 provinces, producing an additional 307 caregivers, for a total of 342 caregivers in fiscal year 2025 (Department of Older Persons, 2026). In 2026, the project aimed to expand further to 268 areas across 76 provinces and to produce 536 more caregivers. Figure 1 displays government spending on this initiative. From 2024 to 2026, government funding for this initiative totalled 206,132,900 THB (approximately 6.6 million USD) (Department of Older Persons, 2026).

Figure 1 Government Spending on Long-Term Care and Protection of the Rights of Older Persons in the Community by Department of Older Persons



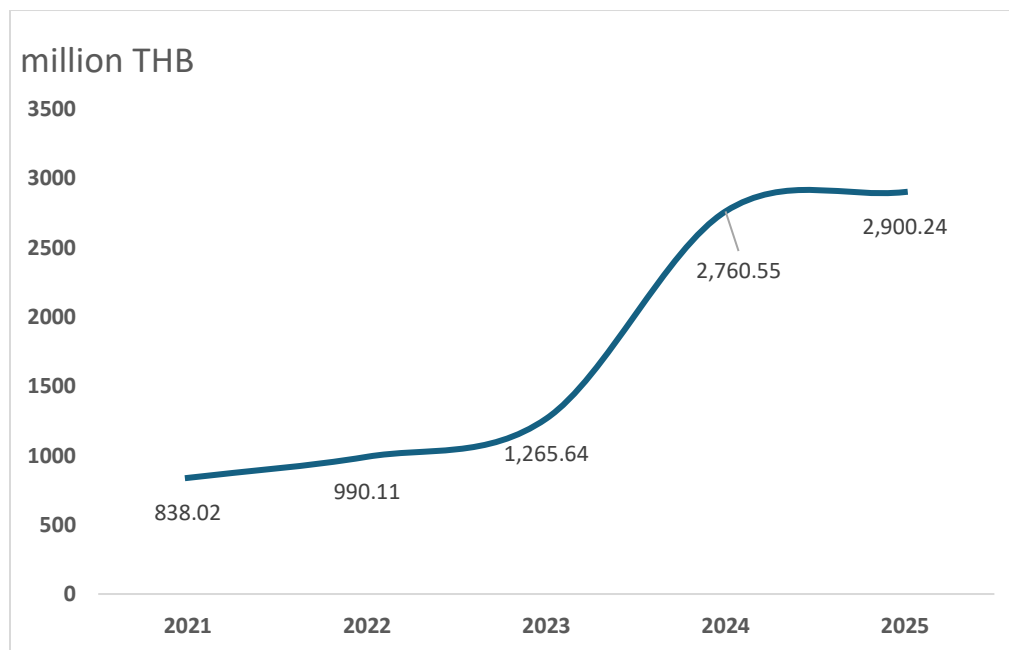
Child Care

The government provides public daycare centers to ease the burden of child care for working individuals; however, these centers remain inaccessible to many households. At present, there are 17,834 daycare centers under the Department of Local Administration, according to UNICEF (UNICEF, 2026). The age limit for public childcare centers starts at age 2 (Office of the National Economic and Social Development Council, n.d.). Meanwhile, the maternity leave law only allows up to 120 days for mothers and 15 days for fathers (The Government Public Relations Department, 2025a), creating a gap for children between 4 months and 2 years who need care but cannot be accepted by public daycare centers. Although there are private daycare centers that accept children under 2 years old, they are largely available in urban and affluent areas, and they are not accessible to individuals with limited financial resources. As a result, many children live with grandparents in their hometown, separating them from their parents. One study reported that over 20 percent of children aged 0-4 live apart from their parents (Office of the National Economic and Social Development Council, n.d.).

Public Investment in Care

Public investment in care indicates how seriously the government takes care services. On 4th December 2018, the Cabinet resolution declared the issue of an aging society "a national agenda" and assigned key agencies to drive implementation of key measures that promote welfare, health, employment, literacy, and a safe environment for elderly people. Figure 2 shows NHSO's LTC budget allocation for dependent individuals from 2021 to 2025. The budget allocation has increased continuously over the past five years, from 838.02 million THB in 2021 to 2,900.24 million THB in 2025 (Sittirangsarn, 2025). This indicates the government's prioritisation of the issue of aging in the country.

Figure 2: NHSO's budget allocation for Long-Term Care from 2021 - 2025⁸

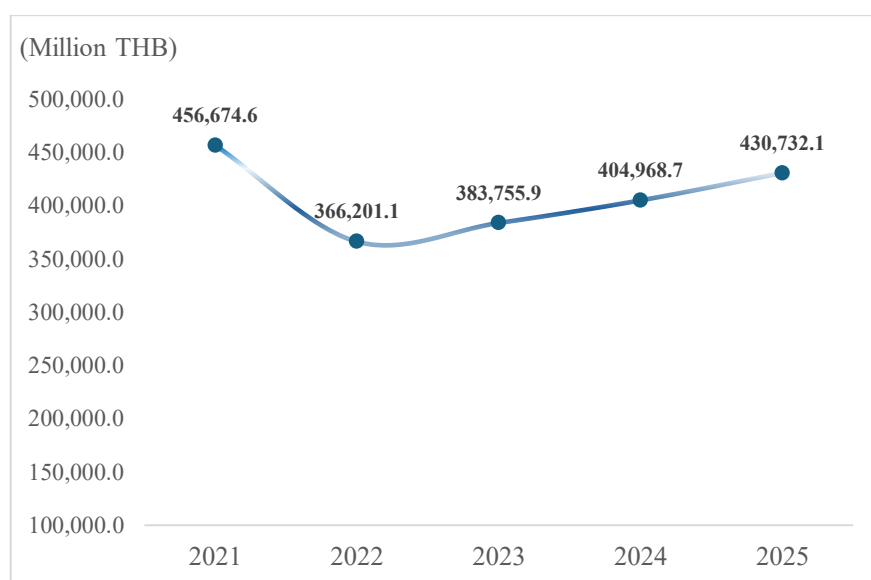


Public spending on social protection has also increased. Figure 3 displays government spending on social protection over the past five years, as reported by the National Statistical Office. The government spent THB 430,732.1 million on the social protection function in

⁸ Source: Adopted from "NHSO supports local administrative organizations with funding to provide caregivers for long-term dependent individuals, granting them the right to hire caregivers in different sub-districts", by Sittirangsarn, W., 2025 (<https://www.hfocus.org/content/2025/07/34650>).

fiscal year 2025⁹ (National Statistical Office, 2025). This accounts for approximately 11% of the total national spending of THB 3,752,700.0 million in fiscal year 2025. Compared with fiscal year 2024, which was THB 404,968.7 million (National Statistical Office, 2024), social protection spending increased by approximately 6% between 2024 and 2025 (National Statistical Office, 2024, 2025).

Figure 3: Government Spending on Social Protection from 2020-2025¹⁰



The government established an old-age allowance (OAA) program in 1993 to provide financial support to Thai citizens aged 60 and older, subject to criteria such as economic disadvantage, abandonment, or lack of a caregiver. In 2009, the policy shifted from assistance for the poor to a universal allowance covering all elderly persons who do not receive a pension from the government or state enterprises. Under this OAA program, elderly people receive a monthly allowance from the government based on age bracket; for example, those aged 60-69 receive 600 THB, those aged 70-79 receive 700 THB, and those aged 80-89 receive 800 THB (Pensaengon, 2023). The Department of Local Administration reported spending 79,390,630,800 THB for Old-Age Allowance in fiscal year 2025

⁹ Retrieved from p.509 of the report, table 19.3 Budget Appropriation by Functions and Objects of Expenditures: Fiscal Year 2025, Statistical Year Book Thailand 2025

¹⁰ Source: Adopted from "Statistical Yearbook Thailand 2021-2025" by National Statistical Office, 2021-2025, (<https://www.nso.go.th/nsoweb/nso/ebook#gsc.tab=0>)

(Department of Local Administration, 2025). While an old-age allowance provides some financial relief, concerns remain about a universal old-age allowance policy, as both poor and affluent individuals could benefit. The concerns, reflected in the study of Pensaengon (2023) on the old-age allowance program in Thailand, are that the growing number of elderly people would require more government budget allocation for old-age allowance, and the government relies on tax financing for this scheme; thereby, if the government cannot generate enough revenue, it could end up with a long-term increase in public debt.

Regarding childcare spending, the government established a child support grant for children aged 0 to 6, providing 600 THB per child per month. The Department of Children and Youth reported spending 16,845,904,525 THB from its allocated budget of 18,488,214,400 THB on this child support scheme in fiscal year 2025, benefiting 2,605,566 people (Department of Children and Youth, 2025). However, these subsidies remain inaccessible to many households because the government sets a criterion that parents' income must not exceed 100,000 THB per person per year (Khonkaen Provincial Office of Social Development and Human Security, n.d.), which is about 8,300 THB per month, while the national minimum wage is at least 300 THB per day, or around 9,000 THB per month (Ministry of Labour, 2025). As a result, only a very limited number of households can access the grant (Office of the National Economic and Social Development Council, n.d.).

6. International Frameworks for The Protection Of Care Workers

Care work remains highly gendered, with women mostly performing it. Thailand is a party to the Convention on the Elimination of All Forms of Discrimination against Women; thus, it is directly related to the protection of care workers, the majority of whom are women. Article 11 of CEDAW requires state parties to take appropriate measures to eliminate discrimination against women in employment, ensuring the same rights for men and women. Paragraph (e) of the Article addressed the right to social security benefits, specifically in cases of retirement, unemployment, sickness, invalidity, and old age (United Nations, n.d.a). General Recommendation No. 26 of the CEDAW focuses on women migrant workers. Paragraphs 24, 25, and 26 of the Recommendation specifically addressed the responsibilities of countries of origin, transit, and destination, respectively, in protecting women migrant workers. Paragraph 26(b) specifically addressed the legal protection of the rights of women migrant workers in countries of destination. It covers the rights to organize and freely associate, ensure a valid contract, labour protection laws in the migrant women-dominated sectors, such as in domestic work and some other entertainment, that cover wages, working hours, health and safety, holiday and leave regulations, and to have a mechanism for monitoring workplace conditions of migrant women (UN Women, n.d.).

The International Covenant on Economic, Social, and Cultural Rights is another international instrument Thailand has ratified, and it is relevant to protecting care workers in many aspects. Article 7 of the Covenant states the right to just and favorable conditions of work for everyone. Paragraph (a)(i) specifically talks about fair wages, while paragraph (d) of the Article states the provision of rest, leisure, and reasonable limitation of working hours for workers, and periodic holidays and public holidays with pay. Furthermore, Article 8 of the Covenant provides everyone with the right to form or join a trade union of their choice, and Article 9 covers the right to social security for all (United Nations, n.d.e). The General Comment No. 23 on the Right to just and favorable conditions of work (Article 7 of the ICESCR) further stated that fair wages should be compensated and is the right of all workers. Paragraph 18 further stated that remuneration must provide a decent living for workers and their

families, and paragraph 35 recommended that states limit daily working hours to 8 hours (United Nations Economics and Social Council, 2016). The following section discusses the domestic legal framework in protecting the rights of care workers and identifies the gaps and inconsistencies in relation to international standards.

7. Domestic Laws and Policies on Workers' Rights and Welfare

Regarding labour protection, Thailand has the Labour Protection Act B.E. 2541 (1998) and its amendments, which provide protection to all workers regardless of nationality. To safeguard care workers, especially in domestic work, Thailand issued Ministry Regulation No. 15 on Domestic Work in 2024, replacing No. 14 (2012) to strengthen labour protections for domestic workers. Under the new regulation, domestic workers are entitled to a minimum wage, a maximum of 8 hours of work plus a 1-hour break, maternity leave, and protections against deductions except for five specific reasons, including provident fund, tax, repayment for damage caused by willful or gross negligence, debt benefiting workers, and trade union dues. Deductions are limited to 10% of salary and cannot exceed 20% in any payment. The regulation also covers the minimum legal age for domestic work, holiday entitlement and pay, leave rights, termination procedures, protection against pregnancy-based termination, and penalties for violations. Additionally, it is illegal for employers to retain the identity documents of domestic workers or to sexually harass or abuse them, according to the criminal code (International Labour Organization, 2025b).

However, gaps persist in labour protections for care workers. The community care workers under the government's community healthcare schemes that are provided with a small compensation are not considered "workers," but rather as "volunteers," and they are not covered by the Labour Protection Act; therefore, they cannot enjoy labour rights such as minimum wage, working hours, or maternity protection. Moreover, the Ministerial Regulation No. 15 still does not cover domestic workers' rights to overtime pay and severance pay upon termination (International Labour Organization, 2025b). Therefore, it could leave workers in a very/vulnerable position in the event of job loss, as there is no financial security provided during the job transition period.

In addition, there is also discrimination regarding the social protection of domestic workers in Thailand. Thailand has established two types of social protection funds, namely the Social Security Fund and the Workmen's Compensation Fund, that provide social protection for workers. Home-based domestic workers remained

excluded from both funds at the time of the research and writing of this report. The Thai government just recently announced approval to extend compulsory social security enrollment to previously exempt groups, including home-based domestic workers, under Section 33 on 25 August 2026 (The Government Public Relations Department, 2026).

The Social Security Fund was established under the Social Security Act B.E. 2533 (1990), (Ministry of Labour, 1990) and the Workmen's Compensation Fund was established under the Workmen's Compensation Act B.E. 2537 (1994), with the Social Security Office, under the Ministry of Labour, serving as the responsible agency (Ministry of Labour, 1994). The Workmen's Compensation Fund covers compensation for injuries, illness, disability, or death at work, and funeral expenses, from the employer. Spouses and children of the affected workers can seek compensation upon occupational-related death (Ministry of Labour, 1994). The social security scheme covers seven types of benefits, including sickness, maternity, invalidity, death, child allowance, old age benefits, and unemployment benefits. Table 2 illustrates different types of social security schemes and the benefits associated with each category. The Social Security Act identifies three types of insured persons: compulsory insured persons under Section 33, voluntary insured persons under Section 39, and voluntary insured persons under Section 40. Social security coverage for compulsory insured persons under Article 33 of the Social Security Act, 1990, originally applies to enterprises with one or more employees and excludes various groups of informal workers, including home-based workers.

Until the government's announcement of the extension of social security coverage in August 2026, home-based care workers could only enroll in the social security program under a voluntary insured persons under Section 40 of the Social Security Act; however, the benefits are significantly different from Section 33 of the Compulsory Scheme, under which insured persons can enjoy all seven above-mentioned benefits; while the voluntary scheme under Section 40 does not cover maternity benefits and unemployment benefits (ASEAN Social Security Association, n.d.) Moreover, the voluntary social security scheme under Section 40 is not available to migrant workers; only Thai nationals and certain non-Thai national groups are eligible to apply (The Government Public Relations Department, 2025b). As a result, migrant care workers in home-based settings completely fall outside the social security system of the government at the time of this research.

There is the Migrant Health Insurance Scheme (MHIS) under the Ministry of Public Health (MOPH), through which migrant workers who are not covered by the Social Security Scheme can purchase a Health Insurance Card (HIC) from certain public hospitals (Chamchan & Apipornchaisakul, 2022). The benefits covered by MHIS, however, are significantly different from those under the Social Security Scheme. The health insurance scheme covers only medical treatment (Migrant Working Group, 2023), whereas the social security scheme provides additional benefits, as discussed in Table 2. Undocumented migrant workers cannot access either the MHIS or the Social Security Scheme because enrollment is tied to a work permit or legal document.

Table 2: Type of Insured Person and Social Security Benefits under Sections 33, 39, and 40¹¹

Type of Insured Person	Section 33	Section 39	Section 40
Status	Compulsory	Voluntary	Voluntary
Eligibility	- Enterprises with one or more employees - Age between 15 - 60	- If compulsory insured person under Article 33 is terminated from employment - Has paid contribution to social security fund for at least 12 months	- Informal worker/Self-employed - Age between 15 - 60 - Must not be insured person under Article 33 and 39 - Must be Thai national or holder of identification number beginning with 0,6, or 7 (excluding identification numbers

¹¹ Source: Adopted from "Social Security System in Thailand", by ASEAN Social Security Association, n.d.
(<https://www.asean-ssa.org/files/Organisation%20Profiles/Social%20Security%20Office-Thailand%20Profile.pdf>)

			beginning with 00) ¹²
Contribution	Co-pay by Employer (5%) and Employee (5%)	Self-contribution	Self-contribution
Amount	5 % of employee's wage per month		3 options 70 THB/ 100 THB/ 300 THB per/month
Benefits covered	1) Injury or sickness benefits 2) Maternity benefits 3) Invalidity benefits; 4) Death benefits; 5) Child benefits 6) Old-age benefits 7) Unemployment benefits	1) Injury or sickness benefits 2) Maternity benefits 3) Invalidity benefits; 4) Death benefits; 5) Child benefits 6) Old-age benefits	Option 1: 70 THB 1. Injuries/Sickness, 2. Disability, 3. Death Option 2: 100 THB 1. Injuries/Sickness, 2. Disability, 3. Death 4. Old Age Option 3: 300 THB 1. Injuries/Sickness, 2. Disability, 3. Death, 4. Old Age, 5. Child Allowance

¹² The Government Public Relations Department. (2025). Social Security Section 40: A guarantee of security for self-employed workers.<https://www.prd.go.th/th/content/category/detail/id/31/iid/431017>

8. Key Initiatives Supporting Care Workers by Civil Society

The role of civil society is essential for exploring and understanding the gaps that government services cannot yet reach or cover, and for the advocacy efforts undertaken by civil society organizations to improve the working conditions of home-based care workers in Thailand. In Thailand, Home Net, also known as the Foundation for Labor and Employment Promotion, has been a prominent local organisation supporting home-based care workers in organising and capacity building. In 2010, it took the key initiative in organising domestic workers and formed the Network of Domestic Workers Thailand (NDWT) to enable both migrant and local home-based care workers to organise and voice their concerns about working conditions and legal changes (Foundation for Labour and Employment and Protection, 2024). As of 2026, the network has over 1,000 members, and around 600 are migrant workers (Sungkate, 2026). The primary advocacy efforts have focused on extending social protection to home-based care workers; increasing legal protections for domestic workers; and calling for the ratification of the ILO's Domestic Workers' Convention No. 189 (International Labour Organization, n.d.a) to align home-based workers' standards with international labour standards.

The academic community in Thailand has also made efforts to address care workers' needs; Mahidol University in Thailand launched the "Caring for Work/Working for Care: Long-term Care Thai and Migrant Workers in Thailand" project in 2023. The project focused on developing manuals and multimedia materials that demonstrate care practices for providing long-term care to older people while taking migrant workers' rights into account. It also facilitated stakeholder discussions to explore a potential certification pathway for migrant workers engaged in long-term care for older people, taking into account differences in language and culture (Institute for Population and Social Research, Mahidol University, 2023). Although the government is arranging caregiver training under various projects to address the shortage of caregivers, the training is often offered in Thai and subject to nationality and education-level restrictions, leaving migrant workers in the care sector behind. In 2026, Mahidol University organised the training on testing the manual on basic elderly caregiving for care workers, where local and

migrant home-based care workers were able to participate in the training, and they learned basic knowledge of elderly care, the rights of care workers and older persons, effective workplace communication skills, and stress management for care workers (Network of Domestic Workers in Thailand, 2026).

At the international level, institutions such as IOM and ILO in Thailand have also been playing a role in protecting and promoting the rights of care workers. IOM has run the regional program, namely Poverty Reduction through Safe Migration, Skills Development and Enhanced Job Placement (PROMISE), to support migrant workers' access to skills development so as to increase employment opportunities and to improve the protection of migrant workers, in collaboration with both government and private stakeholders, investing 7.5 million USD in program implementation during 2021-2025 (International Organization for Migration, n.d.). Under the PROMISE program, IOM, in collaboration with Thailand Professional Qualification Institute (TPQI), supported professional cleaning training for migrant domestic workers to gain professional skills in domestic work and earn a certificate for skill recognition (Albay, 2022). The PROMISE program also supports Mitr Thai, an inter-agency collaboration to promote protection and skills development for migrant workers from Cambodia, Laos, and Myanmar. The Mitr Thai platform serves as a resource hub where migrant workers, including home-based care workers, can access information on legal matters, advice, policy and regulatory updates, and other services, with content available in Thai, Burmese, Khmer, and Lao. The platform also contains Thai language learning through online video and reading materials that migrant workers can use for self-study to improve their Thai language skills (MITR Thai, 2022).

Moreover, ILO's TRIANGLE in ASEAN program supports domestic workers in various ways. It provides technical advice to the government on revising the Ministerial Regulation for domestic workers in Thailand, which the government later adopted as Ministerial Regulation No. 15 on Domestic Work on 30 April 2024. The program also engages with civil society organisations, collaborating with Home Net for a decade to advocate for enhanced protection and support services for home-based care workers, especially migrant workers. It also developed a training manual on labour inspection of domestic workers and, in 2024, provided training for labour inspectors, with an emphasis on the home-based care work sector (International Labour Organization, 2024c)

9. Research Methodology

This research used a qualitative methodology to examine care workers' experiences in Thailand. The study is focused on women workers in home-based care settings. The research uses both focus group discussions and individual in-depth interviews to collect data.

The focus group discussion method is applied because it is a useful means of assessing the needs, perceptions, and beliefs of the study group; therefore, it enables exploration of meanings and feelings. It also allows researchers to examine divergent and convergent views between participants and shared representations (Leung & Savithiri, 2009; The London School of Economics and Political Science, 2013). Home-based women care workers' backgrounds, how they became involved in care work, training and preparation for work, their perceptions of the value of care work and the perceived social recognition of care work, the main challenges faced by care workers, the support needed, and the changes they hope to see are explored through focus group discussion. Three focus groups were conducted, encompassing one on child care with migrant care workers, one with elderly care with migrant workers, and one with mixed elderly and child care with local care workers. The focus group discussion was facilitated by Home Net.

The in-depth individual interview method is used to explore home-based women care workers' migration decisions and experiences, labour rights violations experiences, responses to these violations, and the impact of care work on the community and family members. This method is suitable for uncovering information that participants may feel uncomfortable sharing in a group setting. The study employs a semi-structured interview technique with open-ended follow-up questions. These semi-structured interviews allow researchers to ask additional follow-up questions or request explanations where more detail is needed. They also give participants the opportunity to share questions or insights that the researcher might have overlooked during the interview. Participants in the in-depth interviews are those who participated in the focus group discussion.

The data were collected from 13th June 2026 to 9th July 2026. The individual in-depth interviews were conducted by phone with 10 home-based women care workers, including 5 migrant care workers from Myanmar and 5 local care workers, while the focus group discussion was conducted face-to-face, and a total of 21 care workers participated. Audio recordings captured all interviews and focus group discussions, with participants' consent. To protect the participants' identities, the researcher used pseudonyms in the report. Table 3 below illustrates the demographic profile of care workers who participated in the focus group discussion, and Table 4 shows the demographic profile of participants who participated in individual interviews.

The research used thematic data analysis to identify patterns and themes shared by migrant and national care workers. The research used the Tagutte tool to assist with qualitative data analysis, in which researchers manually reviewed each transcript and grouped similar themes.

Table 3: Profile of Focus Group Participants

Characteristics	FGD 1	FGD 2	FGD3
Number of participant	8	6	7
Gender	8 Female	6 Female	7 Female
Age Range	33 - 50	43 - 54	47 - 60
Marital Status	3 Married 5 Single	4 Married 1 Widowed 1 Single mother	3 Single, 2 Married, 1 Divorced, 1 Unknown
Years in Care Work	5 - 33 years	6 - 15 years	20 - 45 years
Place of Origin	2 Shan State 2 Kayin State 1 Yangon 1 Kachin State 2 Ayeyarwady Region	2 Shan State 2 Kayin State 1 Pago 1 Unknown	2 Yasothon Province 1 Nakhorn Ratchasima 1 Bangkok 1 Kamphangphet 1 Ubon 1 Surin

Type of Care Work	Child Care	Elderly Care	3 Child 4 Elderly Care
Received Care Training	2 participants	5 participants	5 participants

Figure 4: Place of Origin of Focus Group Participants

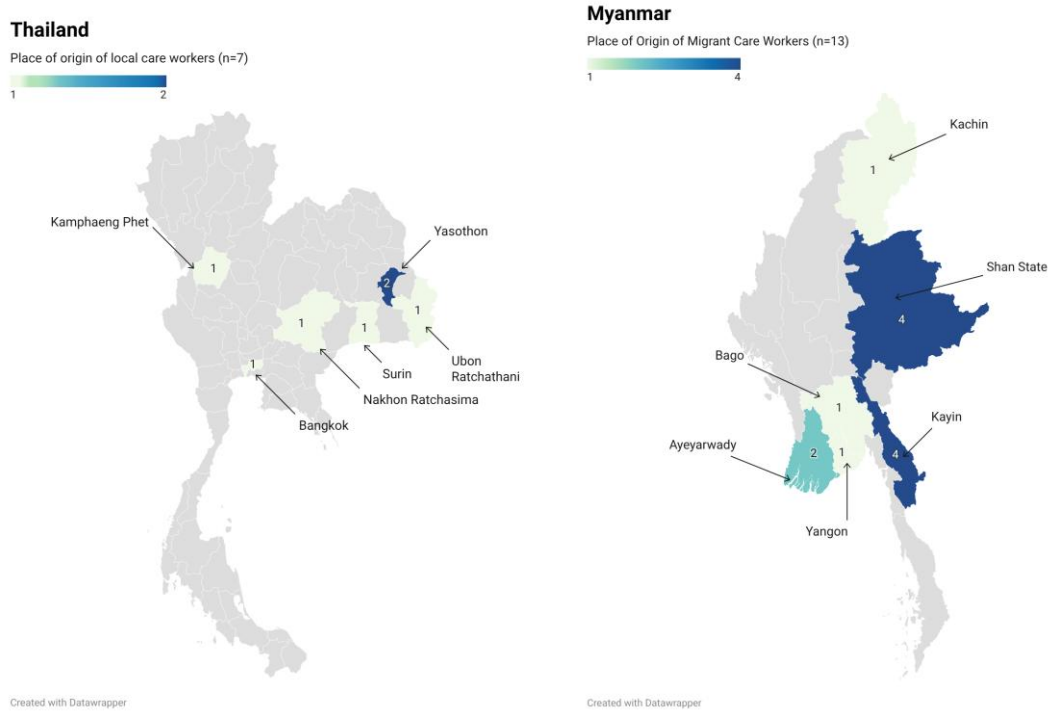


Table 4: Profile of Participants in Individual in-depth Interview

No.	Interview ID	Age	Gender	Nationality	Marital Status	Religion	Education	Year of Care Work in Thailand
1	001MMR	43	F	Burmese	Married	Christian	Grade 10	>10 years
2	002MMR	33	F	Burmese	Married	Christian	Grade 8	4 years
3	003MMR	42	F	Burmese	Single	Buddhist	Grade 10	19 years
4	004MMR	38	F	Burmese	Single	Buddhist	Grade 9	16 years
5	005MMR	50	F	Burmese	Single	Buddhist	Middle School	33 years

6	006THA	57	F	Thai	Widow	Buddhist	Grade 6	20 years
7	007THA	59	F	Thai	Married	Buddhist	Grade 6	47 years
8	008THA	59	F	Thai	Single	Buddhist	Grade 6	40 years
9	009THA	47	F	Thai	Married	Buddhist	Certificate of Vocational Education	23 years
10	010THA	52	F	Thai	Divorced	Buddhist	Grade 9	30 years

9.1 Limitation of the research

All participants in the research are home-based women care workers in the Bangkok area, whereas care workers are spread across the country and take different forms, including community-based, institutional-based, and home-based care work. Also, the migrant workers group that participated in the study includes only Myanmar nationals, while other migrant groups, such as those from Cambodia or Laos, are also present in the home-based care sector. Therefore, the findings cannot represent the experiences of home-based care workers across the entire care sector in Thailand. In addition, individual interviews were conducted by phone, so the research may have missed nonverbal cues that could be useful for interpreting responses. However, to ensure accuracy, the researcher asked participants to explain further on points that required more clarification.

10. Research Findings and Discussion

10.1 Migration Decision

Care workers' decision to migrate is mainly influenced by job scarcity and low wages in their country of origin. The national minimum wage rate in Myanmar is approximately 3.72 USD per working day as of 2025, and this rate applies to employers with 10 or more workers (DFDL, 2025); thus, domestic workers are not covered by the national minimum wage. The trained domestic worker in Myanmar could earn around 200USD-300 USD per month, prompting many women to migrate to Thailand or other countries for better wages (Lwin, 2024). A migrant home-based care worker in the study stated that:

"I lived in Myanmar, and then I could not find a job with good pay,... I stayed home without a job. My sister lived in Chiang Mai, Thailand, at that time. My sister told me to come to Chiang Mai as I did not have a job in Myanmar. So I came to Thailand" (Participant 001MMR, Migrant Care Worker, Interview, June 2026).

Job scarcity is also reported among local home-based care workers from rural areas of Thailand. The local care workers who took part in the research were mostly from northeastern Thailand (see Figure 4) and typically have large families with many siblings. Most of them completed primary school and dropped out to support their families financially. Among the five local care workers in the study, only one reported completing certificate-level vocational education, and the participant was from Bangkok. Three participants reported completing grade 6, and one reported completing grade 9, all of whom are from the Northeastern or Northern regions. The regions host one-third of the country's population, and the per capita income in these regions is substantially lower, three to four times lower than that of Bangkok (Office of the National Economic and Social Development Council, n.d.). The Office of the National Economic and Social Development Council reported that over 30 percent of the intergenerational poor households are concentrated in the Northeastern region (Office of the National Economic and Social Development Council, n.d.). A local care worker stated the problem of job scarcity:

"In the countryside, there was no job to do. Only farming was available, and the job was done once a year. After the farming season, no other jobs were available. Until present, I cannot see any other option to make money in my hometown. Therefore, I decided to come to work in Bangkok" (Participant 010 THA, Thai Care Worker, Interview, June 2026).

This highlights the uneven development between Thailand's urban center and rural areas, where residents in rural regions continue to face a lack of jobs and low incomes, leading young individuals to migrate to urban areas in search of employment and leaving children and older individuals behind.

Migration for care work helps ease the financial burden on family members back home for both local and migrant care workers, and supports the survival of care workers themselves. Remittances from care workers in the study are used to meet daily survival needs, fund education, and cover the medical costs of family members back home; thus, it improves the quality of life of family members back home. A local care worker explained that

"The money I earn from my care work is something I am proud of because it is the career I like... Lately, one of my [nieces/nephews] has just finished studying and graduated from the university. It makes me proud because my money partly helped fund the study." (Participant 008THA, Thai Care Worker, Interview, June 2026).

A migrant care worker also shared the impact of her remittance on her family:

"I did not get a chance to study high school, but my sister did. My nephew graduated in Bangkok, Thailand. My niece finished high school." (Participant 005THA, Migrant Care Worker, Interview, June 2026).

The study by the International Food Policy Research Institute (IFPRI) on remittances to Myanmar found that Thailand was the largest source of remittances to Myanmar (53%), followed by Malaysia (22%) in 2022 (ASEAN+3 Macroeconomic Research Office, 2024). International Organization for Migration (2024)'s study on cross-border remittances between Myanmar and Thailand, with 1,108 respondents, found that women accounted for a higher share (75%) of remittances back home than men (70%). Liu (2025) stated that remittances from care workers abroad also served as a critical source of immediate relief for

affected families in times of emergency, such as during the 2025 earthquake in Myanmar, before formal assistance was delivered. Sustainable Development Goal number one calls for reducing poverty by at least half, across all ages and genders, by 2030 (United Nations, n.d.b). SDG number 4 on quality education, target 4.3, aims at access to tertiary education (United Nations, n.d.c). The remittances from care workers fit into these international efforts, contributing to poverty reduction and increasing access to family members' education.

10.2 Migration Experiences of Home-based Care Workers

The migration experiences of local and migrant care workers differ significantly. Internal migration of local workers involves lower costs and movement is more accessible. For instance, one care worker reported paying 200-300 THB to travel from her hometown, Kamphangphet to Bangkok.¹³ Another care worker reported that the employer arranged a minibus to pick up her cousin to work as a domestic worker in Bangkok, where she later joined her cousin.¹⁴ This ease, however, has also left a gap for young individuals vulnerable to exploitation in the care economy. Four of the seven local care workers who participated in the focus group discussion reported starting care work at ages 12, 13, 14, and 15, and they were from Thailand's northeastern region. The participant who began care work at age 12 said she was brought by a middleman who visited her village in search of someone to work in Bangkok. Her mother allowed her to follow the middleman, and she earned 400 THB per month, with the middleman taking 100 THB. Most of them start with domestic work in Bangkok and later shift to child or elderly care, but one began directly with child care at age 14, having previously raised her siblings back in her village. Her first paid care work was when she had to look after an autistic child while she was also young and remained childlike. Then, at the age of 15-16, she changed jobs and had to take care of 4 children alone.¹⁵

Cross-border labour migration of migrant home-based care workers, on the other hand, entails higher financial costs and greater risks. A regular migration pathway to work in Thailand remains largely inaccessible to many migrant workers, including care workers, leading them to choose irregular routes and informal referral channels to enter the care work sector. Thailand serves as a migration hub in Southeast Asia, both a destination and a

¹³ Interview with Thai home-based care worker 006THA, The ceiling price 200-300 THB was over 30 years ago; thus, it may not accurately reflect current internal migration cost.

¹⁴ Interview with Thai home-based care worker 007THA, June 2026

¹⁵ FGD 3, Thai care worker, June 2026

transit point for migrant workers from neighboring countries, driven by economic and humanitarian factors (Sciortino et al., 2026). Thailand has established a migration governance system with three main pathways for migrant workers from neighboring countries to obtain legal status.

The first pathway is the Border Pass scheme, regulated by Section 64 of the Royal Ordinance on Foreign Workers Management Emergency Decree B.E. 2560 and its amendment (Sciortino et al., 2026). This scheme allows only Myanmar and Cambodian workers to apply for day and seasonal work in Thailand and to work in restricted border areas; therefore, it does not really serve the needs of care workers, especially those who wish to work in Bangkok and non-border areas.

The second channel is the bilateral Memorandum of Understanding (MOU) pathway, signed by Thailand and the governments of migrant-sending countries, particularly Myanmar, Laos, Cambodia, and Vietnam, to import workers into Thailand (International Organization for Migration, 2023). The MOU is a formal mechanism that allows migrant workers to seek employment in Thailand in specific low-skilled jobs for up to 4 years, with a 2-year extension option. Workers must return to their home country after completing their contract (Sciortino et al., 2026). The MOU serves as a channel for migrant workers who have just arrived in Thailand. It provides orientation on workers' rights and duties, introduces Thai culture and etiquette, and provides information on the assistance channel, if needed (International Organization for Migration, 2023).

The drawbacks of the MOU pathway are that the process remains complicated and time-consuming, delaying recruitment and discouraging many migrant workers and employers in Thailand from using the MOU channel (Sciortino et al., 2026). This is evident in the statistics on migrant worker registrations in Thailand, where only about 23 per cent of the 3.1 million registered migrant workers were imported through the MOU channel as of March 2025 (Sciortino et al., 2026).

Another significant problem with the MOU channel for care workers from Myanmar is that the Myanmar government banned recruitment agencies from deploying domestic workers abroad so as to prevent women migrant workers from abuse and exploitation in 2014 (UN Women, 2017), and it was lifted in 2019 but remains strictly regulated (Asia Times, 2019; The Straits Times, 2019). This ban was inconsistent with several international legal

frameworks, including CEDAW, ICRMW, and the ILO Domestic Workers' Convention (No. 189), which address the state's responsibility to ensure individuals' freedom of movement for domestic work (UN Women, 2017). General Recommendation No. 26 on Women Migrant Workers, paragraph 24(a), specifically recommended that the state of origin lift discriminatory bans or restrictions on women's migration for work (UN Women, n.d.). The military coup in Myanmar further makes the official labour migration process harder to access. In September 2023, the junta issued a law requiring the forcible remittance of at least 25% of the income of Myanmar workers going overseas through agencies, with failure to remit resulting in consequences for passport renewal (Business and Human Rights Centre, 2024). In 2025, the junta government imposed strict quotas on deploying workers overseas and overhauled procedures for the Overseas Workers Identification Card, which prevented nearly 50,000 workers from departing the country (International Labour Organization, 2025c). The ban on deploying domestic workers abroad, along with stricter regulation by the junta government, has led to irregular migration of workers and unregulated recruitment practices (International Labour Organization, 2025c; UN Women, 2017). Another factor worth mentioning is that migrant workers originating from the border area with Thailand, such as Karen State, find irregular border crossing easier and save both time and financial resources than coming through the official employment channel. For example, one migrant care worker from the Myanmar-Thai border area reported that

"no one in my area went to Thailand through a legal channel. It was also because I lived in Karen State, in Hpa-An, so people in that area mostly use the natural border crossing. At that time, I had never heard of people traveling to Yangon, applying for a visa, and entering the country by plane (Participant 003MMR, Migrant Care Worker, Interview, June 2026).

Irregular migration, which often places migrant workers in even more vulnerable positions during the migration journey and in the country of destination, where they are more likely to be exploited. One of the migrant care workers retold her experience of migration with a broker that *"It cost me 17,500 THB. The broker found me a job and took my 6 months' salary in advance, so I worked for 6 months without pay. The broker took my money. I did not have income."* (Participant 004 MMR, Migrant Care Worker, Interview, June 2026). Another migrant care worker added that:

"At that time, it was very hard for me to get to the border because I was underage. I could not easily reach the border area. I had to try 2 - 3 times to reach the border area. I was stopped several times along the way to

the border. I had to try hard to reach the border area" (Participant 003MMR, Migrant Care Worker, Interview, June 2026).

Similar to UN Women (2017)'s findings, this study finds that recruitment of migrant care workers in Thailand often occurs informally, facilitated by friends, family, employer-to-employer arrangements, or brokers, this practice remains unchanged over time, and is connected with the migration pathway that workers choose to enter the country. For instance, a 50-year-old migrant care worker who arrived in Thailand 30 years ago reported that she relied on a broker to enter Thailand for care work.¹⁶ Another migrant care worker who entered Thailand 15 years ago reported that she came to Thailand through irregular cross-border migration and got the job in care work through a family member.¹⁷ Another migrant care worker who entered Thailand after the military coup in Myanmar reported that she entered legally but without a work visa and later obtained a work permit through the Cabinet resolution channel after getting a job in the care sector through her friend.¹⁸

The Cabinet resolution channel, enabled by Section 17 of the Immigration Act, is the third pathway for migrant workers to obtain legal status in Thailand, and the main pathway for migrant care workers to obtain legal status to work in Thailand. The pathway allows migrant workers from Laos, Myanmar, Cambodia, and Vietnam who are already in the country without legal status to be granted amnesty for temporary stay and work in Thailand (Sciortino et al., 2026). Thus, migrant care workers who enter Thailand through an irregular pathway can obtain legal status through this channel, but the pathway requires migrant workers to have an employer who agrees to register them in the system (International Organization for Migration, 2023). Migrant workers in the study obtain legal status through this channel. The Cabinet resolution pathway is criticized in some literature as one of the driving factors encouraging irregular migration. Thongjen, (2015) argued that the regularization of undocumented migrant workers in Thailand could create a "magnet effect," attracting more migrant workers to enter the country irregularly if they know that they can obtain legal status later, when the periodic regularization of migrant workers under the Cabinet Resolution opens for registration. The positive side of the scheme is that it paves the way for migrant workers in irregular situations to obtain lawful status; thereby, gain better access to workers' rights and welfare through registration.

¹⁶ Individual Interview, migrant care worker, 005 MMR, June 2026

¹⁷ Individual interview, migrant care worker, 001 MMR, June 2026

¹⁸ Individual interview, migrant care worker, 002 MMR, June 2026

While national care workers reported paying a few hundred Thai baht for migration from the rural areas of Thailand to Bangkok, migrant care workers reported paying a cost ranging from 2,000 - 3,000 THB (approximately 60 USD - 100 USD), the ceiling cost 30 years ago, up to 15 lakh (approximately 23,000 THB or around 700 USD), according to migrant care worker who arrived after the military coup in Myanmar.

The study found that migration costs are paid in four ways. The first method identified in the research was that care workers pay a middleman from their own savings to assist with the migration. Only one migrant care worker reported this option, and they had previously worked abroad before coming to Thailand as a care worker; as a result, they had savings to pay the migration costs. The second pathway is when the broker brings the care worker to the employer and deducts the migration costs from the care worker's advance salary, with the care worker required to work for 6 months for the employer to pay off the debt. This method happened to a migrant care worker who entered the country many years ago. The third method is when the employer directly arranges the care worker's trip and covers the costs. The employer was a Westerner who wished to take the migrant care worker from Myanmar to the US but had to leave the care worker in Thailand due to visa disapproval. Only one migrant care worker is reported to have this arrangement. The last method is that family and relatives of migrant care workers who live and work in Thailand pay for the migration costs first, and the care workers repay later after entering the workforce in Thailand. Similar to the findings of Sciortino et al. (2026), family and friends provide essential financial and informational support for the cross-border migration of care workers to Thailand. They help newcomers to find potential trust brokers. After their arrival, they found jobs and settled in; the care workers further facilitated newcomers' migration.

10.3 Reorganisation of Care Work as a Result of Migration

Women's labour migration for care work has led to the redistribution of care responsibilities within some households. This shift is driven by gender norms that assign women the primary caregiver role at home. Orozco (2011) agreed that men's migration does not lead to a significant redistribution of care work in the country of origin, whereas women's departure does. In interviews, women reported taking on household chores, cleaning, raising their own children or younger siblings, and caring for elderly grandparents at home before migration. It is important to note that many women themselves embrace the

notion that they can better perform care work than their spouses. Consequently, women continue to bear the burden of unpaid care responsibilities at home. To give a clear example, two married migrant women participants in the child care focus group reported that they do most of the caregiving and household chores in their families. They expressed that they are not confident in their husbands' ability to care for children or handle household tasks. As a result, they have to manage both paid and unpaid care work.¹⁹ These gender norms established at home can be passed down to children and from one generation to the next, reinforcing unequal care duties within families between women and men.

When women migrate to enter paid care work, these responsibilities are often transferred to relatives and extended family members, who are often female. One local care worker specifically shared that when she first started care work as a babysitter, she was caring for a baby in a wealthy family while her own child was just about one month old. She asked her mother to look after her child so she could care for her employer's baby and earn money.²⁰ As discussed by Yeates (2005) this phenomenon can be understood as "the global care chains," in which women in developed countries enter paid employment, leading to the purchase of labour from women in poorer countries or households to fulfill their care responsibilities. This then results in the transfer of the poorer woman's care responsibilities at home to another, and often the chain's final link involves unpaid labour. While women who can afford to pay for labour to ease their caregiving responsibilities and create some free time for themselves avoid gender conflicts over domestic work (Yeates, 2005). Women from poorer households who do paid care work—especially those who migrated from their country of origin—must bear the emotional burden of leaving their home and family members behind, leaving them with feelings of loneliness. One local care worker who went to work overseas as a care worker shared that

"In Italy, I lived alone in a house, so I wanted to come back. It was lonely. That's why I understand the migrant workers here. At that time, I lived alone in the house with a dog. During the day, everyone in the house went to work, so only the dog and I were left at home. It was very lonely. It was like the entire world was only the dog and me." (Participant 010THA, Thai Care Worker, Interview, June 2026).

¹⁹ FGD 1, Migrant Child Care Worker, June 2026

²⁰ Individual interview, Thai care worker, 009THA, June 2026

A crisis in care in one country creates job opportunities for women in other countries; however, it is crucial to recognise that women's labour migration for care also leads to the transfer of care work within households to another individual, often another woman, who may be paid little or not at all, and can sometimes create a crisis in care or a care deficit in migrant family households in the sending countries, especially if there are no human resources to substitute for care work or limited financial resources for outsourcing. Thus, care should no longer be viewed as a private matter but as a public responsibility for caring for the family members of those who provide care work services.

10.4 Working Conditions of Home-based Care Workers

Care workers involved in the research were found to work without a formal employment contract that clearly defines the scope of responsibilities, welfare, benefits, and wages; therefore, when violations occur, they are not fully protected under labour laws. Care workers tend to enter the field through a verbal agreement made during the job interview. Over time, some employers failed to comply with those agreements and violated labour rights. Long hours of work, inadequate holidays, and unpaid overtime are major problems faced by home-based care workers in the study, leading to stress and physical health issues, as well as a lack of time for personal growth. Ministerial Regulation No. 15 on Domestic Work stipulates 8 hours of work per day plus 1 hour of break. Workers are also entitled to a minimum of 1 day of rest per week, 13 days of paid public holidays a year, and 6 days of paid annual leave upon completion of one year of work (International Labour Organization, 2025a).

In practice, the majority of care workers reported working over 8 hours, and the working hours are often unclear. For instance, one migrant care worker from the child care focus group reported that *"working hours are very long, and we have to tolerate this. No time to eat. I started my work from 5:45 AM to 5 PM"*.²¹ The majority of participants across all three focus groups reported that, even though they were recruited for a child care or elderly care role, the scope of work in reality extends beyond direct caregiving to include domestic work. Local child care workers from FGD 3 described their responsibilities as including feeding care recipients, managing medicine, dropping off and picking up children from school,

²¹ FGD 1, Migrant Child Care Worker, CCMMR007/2026, June 2026

helping with homework, cleaning the house, caring for the family pet, preparing meals, going to the market, and taking care of care recipients during their physical activities, thus performing a dual role. Migrant elderly care workers in FGD 2 discussed a wide range of responsibilities that go beyond basic assistance, including physical, emotional, and health-related care. This dual role combining domestic work and caregiving increases the burden and leaves little time for rest. Inadequate rest hours is more concerning among the care workers who live in with the employer. One migrant care worker from the elderly care focus group stated that *"My working hours are 24 hours, 31 days."*²² This problem stems from the lack of a written employment contract that clearly outlines the terms and conditions of the work. This indicates that the labour law on the protection of domestic workers has not been enforced effectively.

The long hours of work and lack of holidays shape how care workers seek medical help when they are sick. Almost all migrant home-based care workers who participated in the research reported having migrant health insurance (MHIS), which cost them only 30 THB per visit to the registered government hospital. Local care workers have a gold card or the voluntary social security scheme under sections 40 or 39 for social protection. However, care workers, especially migrant workers, reported using shortcuts when they are sick, such as buying medicines from a store or going to a nearby clinic rather than going to the hospital, where they can use their 30 THB health insurance card. This is because they are scared of the consequences when they cannot finish their work, or if they leave their job for a day. The limitation of MHIS is that it can be used only at designated hospitals, which are located far from some care workers' workplaces. Moreover, the slow service, which can take up the whole day and involve long waits at the hospital, further discourages migrant workers from using the MHIS, as they fear it would impact their work. One migrant care worker reported that

"For care workers, when we are sick and want to go out, we have to take leave, which makes us feel we have to ask [for permission from] our employer for time off to go to the hospital. Instead, I would take shortcuts, such as buying medicine at 7-Eleven, because I couldn't leave the children I was taking care of. (Participant 003MMR, Migrant Care Worker, Interview, June 2026).

²² FGD 2, Migrant Elderly Care Worker, ECMMR001/2026, June 2026

It appears that migrant workers purchase MHIS for emergency purposes and for psychological safety in case of serious illness, but they are not utilising it. Purchasing medicines or going to clinics appear to be the main methods of seeking treatment when they are sick. This adds up to more financial cost for care workers.

10.5 Inadequate Social Protection

Home-based care workers are not enrolled in the government's mandatory social security scheme under the social security fund, and they also cannot seek compensation for work-related injuries from the Workmen's Compensation Fund; thus, they face additional financial burden when they have workplace accident. Also, they cannot enjoy the guaranteed financial security that workers in the formal sector enjoy when they become unemployed or retire. Target 1.3 of Sustainable Development Goal number 1 specifically requires establishing social protection systems and measures for all, including a minimum level of social protection that everyone can access to achieve significant coverage of the poor and the vulnerable (United Nations, n.d.b). A strong social protection system can prevent poverty and mitigate its effects (United Nations, n.d.d). Care work, both paid and unpaid, is highly feminised, with the majority of women concentrated in the sector. The state's obligation to eliminate discrimination against women in terms of employment is enshrined in CEDAW, to which Thailand is a party. Article 11(e) of CEDAW specifically addresses women's right to social security, including in cases of retirement and unemployment (United Nations, n.d.a). The research finds that all care workers in the study expressed a desire to be enrolled in the compulsory social security scheme under section 33. Participants from FGD 2 expressed concerns about discrimination in the Thai government's social security enrollment policy. They pointed out that a cleaner working in an office can enroll in the government's social security scheme and enjoy its benefits. However, paid care workers working in an employer's household cannot enroll in the same scheme, even though they do similar work and are treated differently. According to one participant from FGD 2:

"I work in my employer's house as a care worker, but I cannot enroll in Social Security; however, the other cleaning workers at my employer's office can enroll in Social Security. Why is that? I do care work at home, and the care workers at the office also do care work there. We do the same care work, but why do I not have Social Security?" (Focus Group Discussion 2, Migrant Elderly Care Worker, ECMMR001/2026, June 2026).

While local home-based care workers in the study are enrolled in voluntary contributions under Sections 40 or 39, migrant home-based care workers cannot enroll in either scheme due to their immigration status, raising concerns about their retirement security. Another participant added that

"The employer prefers young employees for child care, and when I was younger, I also enjoyed working in childcare. But now that I am 50, I am starting to dislike it. I can't keep up chasing after children, and I am thinking about my uncertain future, especially since there's no Social Security for me." (Focus Group Discussion 1, Migrant Child Care Worker, CCMMR006/026, June 2026).

For migrant care workers, the migrant health insurance scheme (MHIS) (Chamchan & Apipornchaisakul, 2022) is the only social protection option available to them; migrant workers have to pay 2100 THB per year to purchase the MHIS (Chamchan & Apipornchaisakul, 2022); however, it does not cover old-age benefits, unemployment, maternity, child care, or disability benefits (Migrant Working Group, 2023), which can reduce care workers' financial dependency on others. In addition, MHIS does not cover occupational-related accidents, death, or funeral expenses. Research by Sciortino et al. (2026) found that enrollment of eligible migrant workers in the social security scheme remains low, with only around 50% enrolled out of 2,544,671 eligible migrant workers as of 2023. Language barriers and difficulties accessing the fund when needed are among the challenges faced by migrant workers, which may discourage migrant workers and employers from contributing to the fund. This may raise the question of whether migrant workers truly desire enrollment in social security. This study found that enrollment in compulsory social security was the most prioritized issue among the care workers. It also revealed that despite political instability in Myanmar, some migrant care workers expressed hope of retiring back in their home country. One migrant care worker expressed that

"For me, from the bottom of my heart, is to return to Myanmar one day. It is not because I do not want to live in Thailand. In Thailand, without a job and money, it is hard to survive because we have to buy everything, even water. If I can no longer work, I do not have anyone to look after, and it would be hard to survive in Thailand. (Participant 005 MMR, Migrant Care Worker, Interview, June 2026).

Ensuring that social security contributions made by migrant workers are portable to their home countries upon leaving Thailand is another key step toward enabling migrant workers to truly benefit from social security. One participant from FGD 1 raised that

"I want social security and social protection. We are not Thai people, and we will not live in Thailand for the rest of our lives. We will go back home someday, so I want a type of social security program, maybe a short-term retirement savings plan, or some fund that guarantees we can take those savings with us when we go back home. (Focus Group Discussion, Migrant Child Care Worker, CCMMR008/2026, June 2026).

Therefore, in addition to the required legal changes to extend home-based workers' rights to the social security scheme, it is important to ensure that migrant workers can claim social security benefits as soon as they leave the country, so that contributions made from their wages are not forfeited.

10.6 Occupational Stress

Work-related stress is another key problem reported among care workers, which impacts their physical health, including reduced sleep and difficulty falling asleep at night. In addition to long hours, the work environment and a lack of skills for care work are two main factors contributing to stress. Regarding the work environment, care workers who live with the employer report a lack of privacy. Some have to share space with care recipients and be with them 24 hours a day. For example, one care worker from the child focus group expressed that

"My work does not finish until the kids fall asleep. I have no privacy for myself. I have to take the kid along with me when I go to the toilet because I am afraid that the kid would fall off, so I take the kid with me to the toilet." (Focus Group Discussion 1, Migrant Child Care Worker, CCMMR001/2026, June 2026).

Moreover, care workers must deal with both the care recipient and the care recipient's family members and relatives, who often intervene in their care work. Stress resulting from family members is more pronounced among elderly care workers. One participant from a focus group mentioned that *"...In the past, several nurses came, but they*

could not stay because of a problem with a relative, so they quit. The relatives are fuzzy. I work here without a holiday" (FGD 2, Migrant Elderly Care Worker, ECMMR003/2026, June 2026). Care workers often face doubt and little trust from the care recipient's family members, and it takes time to build trust. One elderly care worker who also completed nurse assistant certification training shared how she is monitored: *"I am under constant watch. There is a CCTV. They might be afraid that I would do something. This is stressful. It is not heavy work, but it is pressured and stressful."* (Participant 010THA, Thai Care Worker, Interview, June 2026). Concerns over the child's safety are a psychological burden that child care workers have to bear, contributing to stress. Child care workers in the focus group reported having to watch kids constantly to ensure their safety, including monitoring the food they eat to prevent allergic reactions and to prevent them from falling into the pool or off somewhere. Some participants reported that children do not heed their safety warnings, and parents question them if a child has any safety problems. One migrant child care worker expressed that:

"The child does not listen and sometimes gets hurt, which stresses me out. I told them not to climb, but the kid doesn't listen. When I take the kid to the toilet with me, the kid plays with the door by opening and closing it, and I worry fingers might get pinched, which makes me stressed" (Focus Group Discussion 1, Migrant Child Care Worker, CCMMR005/2026, June 2026).

Despite stress and exhaustion, care workers in the study reported tolerating it because the family members they care for rely on them for survival and other needs.

10.7 Insufficient skills and training for care work

The majority of care workers in the study do not receive sufficient training before entering care work, and this is linked to the job search channel. During the focus group discussion with migrant child care workers, only 2 out of 8 reported receiving child care training, and the majority of the participants are single women who do not have children. All care workers in the study entered care work through word of mouth from friends or relatives or through an employer's recommendation to another employer, rather than through the official government channel.

The Department of Employment has established the platform "Thai Mee Ngan Tham" (Thais have jobs), where job seekers can search for jobs online (Department of Employment,

n.d.a). The DOE has also established 87 Thai Employment Service Centers nationwide to provide job search services and counselling to job seekers in the country and overseas (Department of Employment, n.d.b; Ministry of Labour, 2017).

The Department of Employment's employer's manual for hiring Thai workers overseas includes a provision stating that when workers need additional training in any skill, the Department of Skill Development will be called upon to provide it to workers going to work overseas (Royal Thai Embassy in Helsinki, Finland, 2024). Some Thai care workers reported that they were unaware they could find a job through a government channel, while others said they were aware of the service but tended to use an informal channel. One local worker who reported not knowing about the government's overseas recruitment service and went to work as a care worker in Singapore shared her experience of forced labor conditions. The employer met her informally in Phuket and promised 650 SGD, but once she arrived in Singapore, she was paid only 450 SGD; the employer confiscated her passport, and she worked without a contract, and she was threatened with arrest by police if she tried to leave the area. After 9 months of work, she finally escaped from the workplace after repeated appeals to the employer's husband, who worked as an ambassador and had personal relations with the Thai ambassador.²³

There are also privately run caregiver training centers that assist with job search upon completion of the caregiver training course. One local care worker reported entering the elderly caregiver profession through the training center, where she completed a 6-month nursing assistant training that cost her 15,000 THB.²⁴ The shortcoming of job search through this training center is that not every care worker may be able to leave their current work to attend the 6-month training and afford the training fee. According to one child care worker in the study, employers find care workers recommended by another employer more trustworthy, and this method helps screen workers' backgrounds to some extent. Three care workers reported that they had tried to find care jobs through an agency but were subjected to unfair deductions. In addition to paying a service fee for job searching, the agency made monthly wage deductions. One Thai care worker shared her experience working under an agency that deducted 10% of her salary every month. She described that:

²³ Individual Interview, Thai Care Worker, 008 THA, June 2026

²⁴ Individual Interview, Thai Care Worker, 010THA, June 2026

It is like growing rice on people's backs (Note: an idiom referring to making money by taking unfair advantage of others). I received my wage via the agency. That's why the agency can deduct money from my wages. Sometimes the agency delayed transferring my wages. I had to report to my employer that the agency had paid late. I asked my employer if I could be paid directly, but [the employer] said I could not because they had already agreed with the agency to pay me through the agency (Participant 007THA, Thai Care Worker, Interview, June 2026)

Another care worker added that

"I once used the agency service, but I felt it wasn't right. The agency collected 40% of [what I earn]. Also, the agency made the terms and conditions [with the employer], it was not me. There was no contract as well. I felt I was taken advantage of...I worked for 3 months and then quit" (Participant 008 THA, Thai Care Worker, Interview, June 2026).

The informal job search channel through friends, family members, or employer-to-employer recommendations seems to be a more trusted way for care workers in the study to find jobs, as it is more convenient and less costly than job searches through an agency or a government office. As a result of entering care work through informal channels, most did not receive caregiving training and knowledge before entering care work. One child care worker raised that *"training is important for care workers. Before I came to work in Thailand, I knew nothing about care work, and I faced hardship"* (Participant 005MMR, Migrant Care Worker, Interview, June 2026). Some care workers were shifted from domestic work to caregiving as substitutes when former workers left their jobs, and others entered care work drawing on their experience raising siblings or children, or caring for elderly parents at home.

Beyond lacking the skills training required for care work before entering the care sector, some employers failed to disclose or inform care workers about care recipients' health conditions or care needs during job interviews. Some care workers in the study encountered elderly patients with Alzheimer's or children with autism, but they reported discovering care recipients' care needs on their own after some time on the job, and the employer revealed them only after the care workers questioned them. This problem was reported by both migrant and local care workers. This may be because employers fear care workers might refuse the job if it is revealed. As a result, care workers face challenges at

work, especially when caring for people with certain health conditions, because they lack sufficient skills training before entering the workforce. One migrant participant from the elderly focus group shared that *"I want to receive training. I am afraid to do suction for my elder. Feeding also takes a long time. It takes hours, so I want to receive training so I know how to do suction and learn some skills."* (Focus Group Discussion 2, Migrant Elderly Care Worker, EC004/2026, June 2026). Another child care worker mentioned that she has to take care of an autistic child, and she has never received training in her entire life for caring for the autistic child.²⁵ Care workers looking after Alzheimer's patients reported that they are frequently asked questions by their care recipients, who also often become irritated. One participant from the elderly care migrant focus group described her past experience of physical abuse by her elderly care recipient, who suffered from Alzheimer's, including being bitten and sometimes beaten.²⁶ This adds to their stress. Another elderly care migrant worker shared that:

"When she goes to the hospital for dialysis, other patients are quiet, but the grandma [care recipient] I take care of would make a fuss a lot, ask me nonstop when her son would come and pick her up, ask me nonstop questions for 4 hours. It makes me really tired and stressed" (Focus Group Discussion 1, Migrant Elderly Care Worker, ECMR004/2026, June 2026).

The lack of certified training and knowledge in care work also affects care workers' ability to negotiate for better pay and working conditions. For instance, the local care worker who attended nurse assistant training reported earning 1,000 THB per night for elderly care,²⁷ and a migrant care worker from the elderly care focus group reported earning 12,500 THB per month for both elderly care and a domestic helper role.²⁸ One migrant participant from the elderly focus group raised that *"I am not receiving overtime pay for overtime work. I want training and have a certificate so that I can bargain with my employer for overtime pay."* (Focus Group Discussion 2, Migrant Care Worker, ECMMR006/2026, June 2026). Some participants from the elderly care focus group reported receiving a short caregiving training course from Mahidol University after they began working in care, and they found it very helpful in their careers. For instance, one participant in the elderly care workers focus group

²⁵ FGD 1, Migrant Child Care Worker, CCMMR006/2026, June 2026

²⁶ FGD 2, Migrant Elderly Care Worker, EC001/2026, June 2026

²⁷ FGD 3, Thai Care Worker, ECTH003/2026, June 2026

²⁸ FGD 2, Migrant Elderly Care Worker, EC004/2026, June 2026

shared that she learned techniques for talking to and greeting her elderly care recipients with Alzheimer's every morning, and she passed these techniques to her employer after training; the employer followed her advice.²⁹ However, most child care workers in the study continue to work without training, and some must care for two children alone.

10.8 Wages

In terms of wages, the research found that wages received in the care sector by local and migrant workers are not significantly different, and most are paid above the national minimum wage. The national minimum wage rate which took effect on July 1, 2025, for the Bangkok area, covering all types of work, is 400 THB (Ministry of Labour, 2025). Table 5 illustrates wages earned by care workers classified by nationality. It can be seen that the majority of care workers in the study earn between 15,000 and 35,000 THB per month, which is above the minimum wage. The focus group discussion with elderly migrant care workers yielded similar findings. Participants reported earning between 12,500 THB and 20,500 THB.

Table 5: Monthly Wage of Local and Migrant Home-Based Care Workers

Monthly Wage	Type of Care	Myanmar	Thai
>20,000 THB (part-time)	Child care	1	
15,000 THB	Child care	1	
17,000 THB	Elderly care		1
20,000 - 30,000 THB (part-time)	Child care	1	
25,000 THB	Child care		1
26,000 THB	Child care	1	
28,000 THB	Child care		1
33,000-35,000 THB (part-time)	Elderly care		1
8,000 THB	Child care	1	
30,000 THB	Elderly care		1
Grand Total		5	5

²⁹ FGD 2, Migrant Elderly Care Worker, ECMMR003/2026, June 2026

This reflects the care workers' demands in Thailand and employers' willingness to pay above the minimum wage. However, their working hours often exceed legal limits, and some report not receiving overtime pay. One migrant care worker in the study reported earning below the legal minimum wage; she earned only 8,000 THB and quit the job as a result.³⁰ This shows that some care workers still earn below the national minimum wage in Thailand. While most care workers' minimum-wage rights in the research were not violated, it is important to assess whether they find their wages fair for the work they do. Just remuneration is a fundamental human right that can ensure a dignified life and serve as a tool for achieving social justice. The preamble of the ILO Constitution identified an adequate living wage as one of the conditions for achieving universal and lasting peace (International Labour Organization, 2013). ILO indicates a living wage as

"the wage level that is necessary to afford a decent standard of living for workers and their families, taking into account the country circumstances and calculated for the work performed during the normal hours of work"
(International Labour Organization, 2024b, para 4).

The researcher asked participants about their opinions on fair wages, and they responded with 15,000 THB, 20,000 THB, and 25,000 THB. The majority of workers who responded in the 20,000 THB - 25,000 THB range were local care workers, while migrant workers reported around 15,000 to 20,000 THB. Some also believe that care workers who live out should earn more, or that employers should help cover food and daily transportation costs. The current monthly wage rate earned by the majority of care workers does not appear to violate the minimum wage, and some receive more than they believe is a fair wage rate. However, the ILO's definition of an adequate living wage does not cover overtime work, and neither does the national minimum wage law, which is supposed to be within 8 hours of work. Any overtime work beyond normal working hours should be compensated.

10.9 Handling violation

³⁰ Individual Interview, Migrant Care Worker, 001MMR, June 2026

Resigning from a job is a common response among care workers when violations occur. Violations faced by care workers in the study included attempted physical violence for refusing to work on a holiday, sexual harassment, refusal to pay wages, or give holidays. In most cases, both national and migrant care workers in the study reported that they tended to quit their jobs rather than file a complaint with government authorities seeking a remedy for past labour rights violations. One migrant care worker shares her experience that

"When I first started my care work, I was only 17. It was my first care work when I arrived in Thailand. The violation I faced was sexual harassment...his hand that had touched my head slowly moved down to my back, and then he pulled my bra strap from behind. I felt something was wrong, so I ran to the toilet. Then I left the job without even taking my wage. (Participant 005 MMR, Migrant Care Worker, Interview, June 2026).

Many explained that they quit because, in the past, they had not joined HomeNet yet and were unaware of their labour rights and the available complaint mechanism or organization to which they could seek help. The Department of Labour Protection and Welfare within the Ministry of Labour has established a national hotline at 1506, where workers can file complaints of labour rights violations for 24 hours (Sciortino et al., 2026; Winrock International, 2020); however, the information appears to remain inaccessible to workers. At the same time, the same hotline number is also used to report illegal employment of migrant workers or work outside the scope of a work permit, raising concerns about trust in approaching the government (Sciortino et al., 2026). A study on labour abuse complaint mechanisms found that without a personal relationship with local civil society organizations (CSOs), migrant workers are unlikely to access the government's complaint mechanism. This study finds that the situation also applies to local care workers who are performing low-tier care work (Winrock International, 2020). One national worker who faced unfair dismissal from work shared that *"I did not know much about my rights at that time. I was not yet connected to HomeNet. I talked to my friends and researched online what I could do with this"* (Participant 009THA, Thai Care Worker, Interview, June 2026). In addition, the lack of a proper employment contract and a system for registering home-based domestic work is another factor discouraging care workers from filing complaints with government agencies, as it places the burden of proving the employment relationship and alleged labour rights violations on the workers. In the context of migrant workers, they are required to apply for a work permit to legally work in Thailand; thus, employers' information is recorded on workers' work permits, allowing the authority to track their employment.

However, employing local home-based care workers does not require employment registration, and the employer is not required to register home-based domestic workers with the social security office. One national care worker shared that *"home-based care workers are not in the system like office-based domestic workers, and there is no record of us, no contract, or evidence to present to government authorities to fight the employer when disputes or violations occur."* (Participant 009THA, Thai Care Worker, Interview, June 2026). Workers bear the burden of proof for the employment relationship, which is another obstacle to using the government's complaint mechanism.

Furthermore, in the case of migrant workers, the use of nominee employers on legal documents is another factor that makes migrant care workers hesitant to approach the government when facing violations. Thailand's work permit system ties workers to their employers, with conditions for changing employers (Sciortino et al., 2026), giving migrant workers limited freedom to leave their jobs. For instance, migrant workers must find a new employer within a specific period of 30 or 60 days, depending on the type of legal document, after leaving their job; otherwise, the work permit becomes invalid, and they lose their legal status (Passport Visa Workpermit, 2020). One way to avoid being bound to an employer is to use nominee employers on legal documents, which allows migrant workers to leave their jobs freely if issues arise. The downside of a nominee employer arrangement is that, if a violation occurs, workers may be reluctant to approach the government for fear of prosecution for failing to meet work-permit conditions. For instance, a migrant care worker shared her past experience that *"my employer's name on the work permit may not match the actual employer. Therefore, if there is a mismatch in the employer's name, the problem will fall back on me. I did not want to mess with them. If I face a problem at work, I just quit."* (Participant 004MMR, Migrant Care Worker, Interview, June 2026). While a nominee employer arrangement gives migrant workers some level of freedom, it also leaves them in a vulnerable position when a violation occurs.

10.10 Perceived Social Recognition of Care Work by Care Workers

Care work, especially domestic work, is often devalued and unrecognised by Thai society. Research by Yau et al., (2024) stated that long-term care work is socially constructed as "dirty work" with low pay, work overload, and limited career advancement opportunities. The 2023 study by International Labour Office and Asian Development Bank (2023) on

childcare in Asia and the Pacific stated similarly that the childcare sector is often labeled as precarious work, with low pay, limited prospects for career development, and a lack of social protections. This study finds that local home-based care workers' experience of social recognition of care work tends to be negative in Thailand. Local care workers in the study report that Thai society does not see them as equal human beings and looks down on them. Participants noted differences in work experience between working with Thai and foreign employers, reporting negative attitudes from Thai employers and being treated with more respect by foreign employers. According to one participant from the focus group discussion with Thai care workers: *"For foreign employers, they would respect us, but in Thai society, there is an underlying term "คนรับใช้" (meaning servant). The society still views us as having low status and does not see us as equals if it is Thai society"* (Focus Group Discussion 3, Thai Care Worker, ECTH001/2026, June 2026). This social stigma and social stratification toward care workers may be why care work is not attractive to general Thai workers. The belief that care workers have a low status also leads to discrimination against care workers in terms of treatment. One local care worker illustrated her experience of being treated discriminately:

"There was one time when my employer went to Chumphon. My employer was a foreigner, and they allowed me to sit in the same role with them at the restaurant. However, when my employer took me to their friends' house, the friend treated me differently. They separated me from the food and then gave me leftover food. I did not eat it, and my employer also told me not to. This shows that they separate us and treat us differently. My employer does not discriminate against me, but the Thai people discriminate against me" (Focus Group Discussion 3, Thai Care Worker, June 2026).

Some participants noted that society grants slightly more respect to roles such as childcare or elderly caregiving, which are viewed more positively than domestic work, which society often looks down on. One elderly care worker who attended caregiver training reflected that

"If we just do housekeeping work or do elderly care, our status will be low, but if we study to be caregivers and wear a caregiver uniform, our status goes higher, ...when I go to work and wear a caregiving uniform, everyone shows me respect, so it depends on the knowledge and skills we have learned." (Focus Group Discussion 3, Thai Care Worker ECTH003/2026, June 2026).

This reveals layers of respect and recognition of skills, with domestic workers often considered unskilled and of the lowest status. According to the International Standard Classification of Occupations (ISCO)-08 structure, a domestic helper is categorized as a Skill Level 1 (Elementary skill level) occupation, and direct care work, such as personal care work, is categorized as a Skill Level 2 (Medium-skilled occupation) (International Labour Organization, 2025b). The study results based on local care workers' experiences show that society has not recognised care work, especially domestic care work, as a skilled occupation.

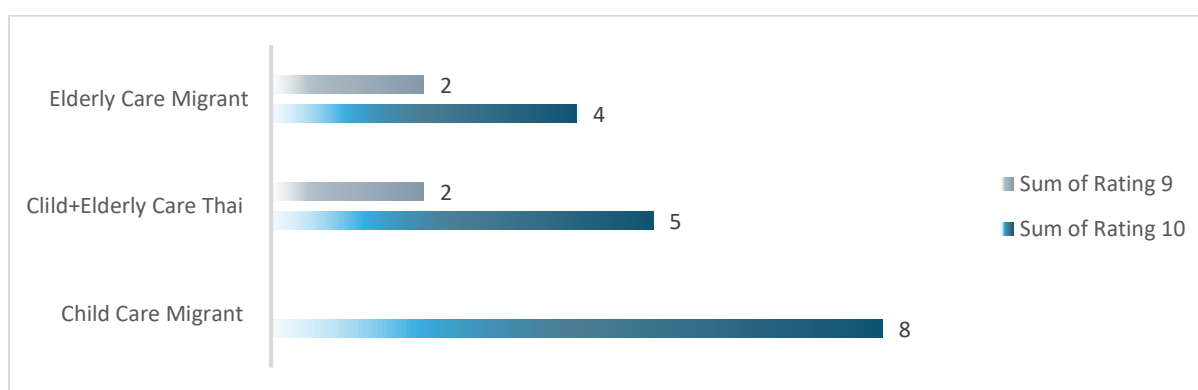
Migrant care workers in the study have different narratives about the social recognition of care work when the topic of its social value arises. Two participants in the elderly care workers focus group noted that society views caregiving, especially elderly care, as a virtuous occupation associated with compassion, patience, and merit-making. Cultural and religious beliefs of the Myanmar people may shape society's perception of care work. They reported receiving positive comments from the people who viewed care work as morally rewarding. In Myanmar culture, showing respectful deference to the elderly is a key practice that signifies affection and reverence (Global New Light of Myanmar, 2025). It is important to note, however, that framing care work as morally rewarding and virtuous risks leaving care workers to accept unfair work conditions and undervaluing care work. For instance, during the focus group discussion, some participants acknowledged that recognition does not always translate into material support, while others believed that doing good for others would be rewarded someday. This belief could potentially pressure workers to accept unfair working conditions in the name of doing good for others. The differences in perceived social recognition between migrant care workers and local care workers are that migrant care workers did not raise the issue of social stigma in Thai society. This could be because they have lower expectations of social recognition and may view it as a part of the conditions of migrant employment in Thailand. For instance, one interviewee stated that *"I realized that if we live in another country, we would have to be humble toward the host community"* (Participant 005MMR, Migrant Care Worker, Interview, June 2026). This statement reflects different social positions as a migrant in Thailand and indicates acceptance of a subordinate role in a foreign country.

10.11 Perception of Care Work by Care Workers

While international institutions and domestic legal frameworks provide interpretations of care work, it is equally important to understand how care workers

construct the meaning of care work and how they see themselves because they are the rights holders with lived experiences; therefore, they are better positioned to advocate for the recognition of their work. To explore perceptions of the value of care work, participants in each focus group were asked to rate the value of their work on a scale of 1 to 10 (1 = lowest, 10 = highest). The study found that caregivers place a high value on their work. Figure 5 illustrates the rating score each home-based care worker rates themselves. The result shows that 17 of 21 workers rated 10, and 4 rated 9.

Figure 5: Care Workers' Rating of Value of Care Work



Care workers express great pride in their caregiving work and recognise its importance. They see care work as more than just "work" done for pay; they see themselves as fulfilling the recipient's unmet care needs. Participants from the local care workers focus group reported managing emergency situations involving their care recipients, keeping them safe while intimate family members were away. Those incidents make them proud of the work they are doing. One participant from the child care focus group shared that:

"I give myself a 10 because during my child care experience, I do more than just what the child's biological mother does. I am not simply carrying out my responsibilities; I go beyond that. At one point, the child I cared for had to be hospitalized. I felt pity for the child's mother, so I went and waited at the hospital with the child. At the same time, I was caring for another child too and had to do the cooking. I told my employer we could switch turns to look after the child in the hospital. I start working at 5 AM. I prepare food for the hospitalized child, then send the meal to the hospital. Afterward, I return home to clean the employer's house, go to the market, and cook lunch. I give

myself a 10 because I do more than just a babysitter's role." (Focus Group Discussion 1, Migrant Care Worker, CCMMR008/2026, June 2026)

Care workers in the study are found not only to be providing physical care needs but also emotional and social support. For instance, one migrant care worker from an elderly care focus group mentioned that she lives with her care recipient, and the two are the only ones at home. She provides companionship to her elderly care recipient and accompanies him to shopping and outdoor exercise activities, as he lives alone and is being ignored by his adult children, who visit only once a day.³¹ Research by Phuangcharoen and Thayansin, (2021) found that older adults who live alone had the highest level of loneliness, while those who live with family had the lowest. Some elderly care workers in the study help address that loneliness. As a result, some care workers developed emotional bonds with care recipients, as they live closely with them and fulfill roles typically performed by family members. One child care worker from the child care focus group shared that her employer described her as a "second mother".³² This shows the dedication and care that care workers make to their care work.

However, that recognition is rarely reflected in material rewards or fair compensation, as some care workers reportedly work overtime without overtime pay, and many others work without holidays. During a focus group discussion with elderly migrant workers, participants agreed with the statement of one care worker that most employers know how hard care workers work for them, but very few have said care workers should be paid double or more than what they are earning, because the employer knows that telling workers that message would mean they have to pay more and increase wages. Therefore, employers generally avoid discussing wage increases but thank workers verbally.³³

10.12 Experiences of Workers' Organising

Care workers in the study believe that joining an organized group can help them solve workplace problems and improve their working conditions. In Thailand, migrant workers

³¹ FGD 2, Migrant Elderly Care, ECMMR002/2026, June 2026

³² FGD 1, Migrant Child Care, CCMMR006/2026, June 2026

³³ FGD 2, Migrant Elderly Care Worker, ECMMR001/2026, June 2026

are not allowed to form their own labour union, but they may join a labour union formed by national workers. The 1975 Labour Relations Act of Thailand, Section 88, explicitly states that a union promoter must be a Thai national (Legal Affairs Division, DLPW, 2019). Even for national care workers, officially establishing a labour union in Thailand is not easy, as the law only facilitates union formation in the enterprise setting, leaving many informal workers, including home-based care workers, unable to register a labour union.

Despite this legal limitation, care workers continue their activism for decent working conditions through an alternative form of organized group. HomeNet has been active in supporting home-based care workers, both migrant and local care workers, in Thailand to organize and build advocacy capacity, with the primary aim of changing laws to improve their working conditions (International Labour Organization, n.d.a). Care workers in the study are members of the Network of Domestic Workers Thailand (NDWT) organized by HomeNet. They reported a greater understanding of labour rights after joining the organized group; as a result, they learned to demand their rights at work. One local care worker shared her experience of joining HomeNet:

"...In the past, I did not know about my rights. I did not know what my entitled rights are. In the past, I just followed whatever the employer said. Later on, I learned that there are ministry regulations that protect workers. I realized that if a worker is brave enough to call for their rights, there is a chance. It is not like there is zero chance. But some workers, they are afraid to demand this or that. Some employers listen to us. It is not like they do not listen to us at all" (Participant 007THA, Thai Care Worker, Interview, June 2026).

Even though care workers cannot enter into a legally binding collective agreement, like enterprise workers, to bargain for fair wages and welfare, they support each other by sharing information on labour laws and labour rights in Thailand that they receive through training and activities organized by HomeNet. Moreover, HomeNet serves as a trusted platform for home-based care workers, especially for migrant care workers, to seek consultation and report violations they face. Membership growth is evident. An interview with a child care worker noted that when she first joined HomeNet, there were only about 7 or 8 Thai care workers, and around 7 more migrant workers joined in 2014³⁴. Membership

³⁴ Individual interview, Migrant Care Worker, 005MMR, June 2026

then grew from about 591 in 2017 (Socioeco.org, n.d.) to over 1,000 in 2026 (Sungkate, 2026) with migrant membership increasing significantly from 198 in 2017 to over 600 in 2026 (Sungkate, 2026). One child care worker from the interview shared the reason she joined HomeNet,

"for the majority of migrant workers, when something wrong happens to us, we do not have a place to approach or to make a complaint...I can call HomeNet for suggestions on how to deal with it. I joined as a member after learning that the organization is good for women and helpful to migrant workers." (Participant 001MMR, Migrant Care Worker, Interview, June 2026).

More importantly, the organised group provides care workers with a "space" to connect with other home care workers who are often isolated. Unlike workers in other sectors, care workers are frequently isolated from each other because of the nature of their work, and they also experience work-related stress from long hours and a lack of skills in caring for care recipients. Participating in activities through HomeNet gives them a safe space to share the challenges they face at work, talk about their rights and welfare, listen to others' experiences, and receive peer support. One participant from the focus group discussion reflected her feelings about joining FGD activities with HomeNet:

"I had the opportunity to share experiences, exchange views, and listen to peers' stories. After hearing others, I realize that our responsibilities, roles, and scope of work vary, which gives me new perspectives. The part I like most is the chance to come together, have space for discussion, and engage in conversations with other care workers" (Focus Group Discussion 1, Migrant Child Care Worker, CCMMR001/2026, June 2026).

Another key finding from the study is the sense of belonging and collective identity that care workers develop by joining organized groups. Their shared work experiences and concerns, along with having a space to share and address those concerns, foster a sense of belonging. The collective identity as "care workers" and shared work experience provide a ground for connection and solidarity between local and migrant care workers. One migrant care worker from the interview shared that

"One thing I liked about what the former president of [HomeNet] said was, "You guys and we need to join hands together to fight for the care

workers' rights." At that time, I understood that we were Myanmar and we had to depend on Thailand. I feel like we share the same problem as care workers, so we can share each other's problems" (Participant 005 MMR, Migrant Care Worker, Interview, June 2026).

This statement indicates that care workers recognise the importance of solidarity in advocating for their rights. Another local care worker shared that *"the value that I see for joining HomeNet is caring for one another"* (Participant 009 THA, Thai Care Worker, Interview, June 2026). According to an interview with a local care worker, the information they receive is shared not only with workers of the same nationality but also with migrant care workers in the same compounds³⁵. This shows recognition of themselves as care workers with shared interests.

³⁵ Individual Interview, 009THA, Thai Care Worker, June 2026

11. Way Forward

Care workers are expected to remain in demand in Thailand's care economy. However, their skills are often unrecognised, and many face labour rights violations, particularly related to working hours. Most care workers in the study are working without a formal employment contract and report working over 8 hours, while the Ministry Regulation No. 15 on Domestic Work mandates a maximum 8-hour workday. Excessive working hours leave them little time to rest and increase stress, which could eventually affect the quality of their care work. Home-based care workers in the study demand for effective enforcement of regulations on working hours, in line with Ministry Regulation No. 15 on Domestic Work. To ensure adequate rest hours and weekly holidays for care workers, employers should arrange a substitute, such as hiring a freelance caregiver on weekends, so that permanent care workers can rest. Also, the government should require employment contracts for home-based care workers and register both local home-based care workers and employers in the system to regulate and ensure the rights of home-based care workers and legal protection.

Moreover, skills development training for care work is another change care workers hope to see. Many care workers in the study perform both domestic and caregiving tasks, and many lack the necessary caregiving skills before entering the sector. They are often paid for one role while working in a dual capacity. The inadequacy of skills needed for care work faced them with challenges in engaging in paid care work, and this led to stress and affected their physical health. It is important to realize that when care workers' emotional well-being is poor, it can also affect the care services they provide to care recipients. Arranging certificate-level caregiver training before entering care work and continuous training during care work could help care workers provide higher-quality care services and enable them to negotiate better working conditions and fair wages with employers. Although the government's caregiver (CG) training program for elderly care is provided at no charge, the eligibility criteria indirectly exclude migrant care workers from receiving training for care work. The government should recognise migrant home-based care workers' skills and contributions to the care economy by reassessing the government's caregiver training program to account for cultural and language differences and

redesigning the CG certification training program to be inclusive, so home-based migrant care workers can also participate, earn a certificate, and upgrade their skills to expand their career opportunities. Furthermore, migrant home-based care workers also raised the issue of language barriers upon first entering the care sector and a lack of knowledge of Thai culture, both of which impact their ability to perform their work. Thus, language training and cultural orientation programs for home-based care workers are also necessary.

In addition, simplifying and streamlining official labour migration channels, particularly the MOU channel, in both migrant-sending countries and migrant-receiving countries, specifically Thailand, is another key action needed to close gaps in irregular labour migration to Thailand, which places migrant care workers in a vulnerable position. As migrant care workers in the study entered home-based care work through an unofficial labour migration channel, they did not receive the necessary skills training and cultural orientation before beginning their care work in Thailand. The government of Thailand should enter into a bilateral labour memorandum with migrant-sending countries to implement a pre-departure caregiving training program for imported migrant care workers who will perform care work in home-based settings in Thailand.

In addition, enrollment of home-based care workers into a compulsory social security scheme is another key demand made by home-based care workers in this research. While the Royal Decree has been passed and will take effect in 90 days, the government should facilitate effective enforcement to ensure that all care workers, both local and migrants, are securely included in the system. Moreover, home-based paid care workers should also be covered by the Workmen's Compensation Fund so that, when they face an occupational accident at work, they can seek remedies from the fund, which provides them with financial security. The process for accessing compensation funds or pensions, whether from Social Security or Workers' Compensation, should be simple and accessible to home-based care workers, and portable to their country of origin whenever they leave the country.

11.1 Recommendations

- Review Ministerial Regulation No. 15 (2024) on Domestic Workers and extend the coverage of compensation for overtime hours, severance pay, and other labour rights to the same standards as workers in other sectors, in line with the Labor Protection Act B.E. 2541 (1998).

- Include home-based care workers in the workmen's compensation program under the Workmen's Compensation Act B.E. 2537 (1994), and ensure the portability of compensation upon the return of migrant workers to the country of origin at any time.
- Effective enforcement of the Ministerial Regulation No.15 (2024) on working hours and holidays for home-based care workers.
- To recognise migrant care workers' skills and contributions and reassess the criteria and design of the government's caregiver (CG) training programs to include migrant workers and enable them to receive the government-provided caregiving training.
- Requiring the employer to provide a formal written employment contract that clearly outlines the scope of rights and responsibilities in language that is understandable to home-based care workers.

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