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Chapter Seven

An ageing society and a shrinking workforce pool: How Japan is preparing to tackle an impending demographic time-bomb

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Abstract

Based on the findings of two research studies, conducted between 2014-2016 and 2017-2019, this chapter discusses current concerns around an ageing population, and care worker shortages in Japan. It highlights how the Japanese government has foreseen the impending demographic time-bomb, of a shrinking birth rate and an increasing elderly population, and predicted a future workforce crisis.

In 2000, the government of Japan took a radical step: streamlining funding for the elderly and long-term care, and making provision for regulated professional cadres, Certified Care Workers (CCW) and independent care workers to provide long-term care. Since 2008, the country began recruiting foreign care workers under the bilateral Economic Partnership Agreement with neighbouring Asian countries. However, this resulted in only marginal benefits. Japan further expanded its international recruitment policy in 2017, making visa provisions for foreign Technical Trainee students in the care work sector. In 2019, it established another pathway for migrant care workers: a ‘specified skills worker’ visa. Overall, the government’s efforts to prepare adequate numbers of care workers, particularly CCWs and in their long-term care funding scheme, with the commitment of the care home sector, these have become the two major pillars in elderly care provision. This unique model is expected to provide some solutions to the current workforce challenges in Japanese long-term care.
Introduction

Currently, in 2022, Japan has the largest elderly population (classified as people over 65 years old) in the world and has often been described as the ‘super-ageing society’ (GoJ 2014; Muramatsu and Akiyama 2011; Hirano 2017). Ageing people require varied levels of support and care: ranging from needing help with daily activities, to more intensive, long-term care. This increases the demand for more resources, including a larger care workforce. At the same time, the country is experiencing a declining birth rate, which results in a shrinking workforce pool in the labour market. This has become a major challenge in care workforce recruitment and management.

In the past few decades, in order to attract adequate number of workers into the care of the elderly and long-term care sector in Japan, care home managers have been trying to promote long-term care work as a very specialised profession, and an important job. However, the shortage of care workers in general, and more specifically the Certified Care Workers (CCWs) or Kaigo Fukushishi, continues to remain a major challenge.

Japan’s population growth is estimated to have peaked (at 127,319,802) in 2010, and has been declining steadily since. The total population is predicted to shrink further to 82,199,470 by 2050 (World Life Expectancy 2020; Muramatsu and Akiyama 2011). This phenomenon, a huge elderly population, and a shrinking number of younger workers, has been described as a ‘demographic time-bomb’, of an unprecedented magnitude, and is ticking faster in Japan than any other country in the world (McCurry 2015; Muramatsu and Akiyama 2011). This has serious implications, not only for the long-term and elderly care sector, but also on the nation’s whole economy, and on most other service sectors. It is evident that maintaining satisfactory population growth is vital for a country, both to sustain its economy, and also to provide adequate care for its ageing population.

In line with the shrinking birth rate, a shortage of care workers has been predicted to reach a critical stage in 2030. The projection is that people currently in their mid-60s (the first baby boomer generation, or those who were born post WW2, between 1945 and 1964) will become elderly or reach 65 + years of age in 2030 (Muramatsu and Akiyama 2011). Many of them will be responsible for caring for their elderly parents, resulting in elderly people caring for their very elderly parents. More younger care workers will be needed to support these elderly people in their 80s and 90s.
Based on the age profile of the current birth rate and population trends, the number of those who would provide support and care for this group of people is going to become even smaller than it currently is. The Japanese Nursing Association suggests that currently, on average, 2.5 adults support one elderly person, and this stock is predicted to decrease gradually to be 1.5 adults per elderly person in 2060. As the projected birth rate will continue to decline, it is a serious cause for concern, hence its being termed an impending “demographic time-bomb” (Japanese Nursing Association 2014).

The National Institute of Population and Social Security Research (2014, P.1) also reports:

…Japan is the most aged society in the world, with 24.1% of the population aged more than 65 years old in 2012, and this rate would further increase to 40% in 2060, and the increase of “oldest-old”, namely aged 75 and more would be more than double from 11% in 2010 to 27% in 2060. Naturally, the young people (aged 0-19), comprising 40% of the total population in 1960 is shrinking to 18% in 2010, and 13% in 2060 …

In the past decade, Japan has been exploring and adopting possible ways to deal with the care workforce shortage, and very carefully relaxing its immigration policy to invite foreign care workers to the country (Hirano 2017; Song 2015; Ogawa 2012). Along with other local recruitment strategies, one of the most active measures Japan has taken since 2008, as above mentioned, is recruiting foreign care workers (and nurses) from neighbouring Asian countries, under the Economic Partnership Agreement (EPA) Scheme, and including foreign care workers in Technical Trainee and Student Schemes since 2017 (Song 2015; Ogawa 2012; Hirano 2017). In 2019, it also established the ‘Specified Skills Work Visa’ programme, in which foreign care workers need to pass Japanese language and skills examinations prior to coming to the country (Carlos and Suzuki 2020). The government has also been focusing on the ‘care in the community’ option, and making concentrated investments in the promotion of healthy ageing strategies (Song 2017).

EPA candidates have been recruited from the Philippines, Indonesia, and Vietnam, then supported to complete CCW training, and to pass their licensure exams in Japan. On successful completion of both, they can obtain work visas. However, because of issues related to social integration and migrants’ family reunions in Japan, their long-term retention has not been as satisfactory (Hirano 2017; Carlos 2012). Therefore, this has not been seen as a viable solution for the projected long-term workforce shortage.
Based on the lessons learned from the EPA scheme, in 2017, Japan decided to introduce the Technical Trainee and Students’ scheme from a wider number of countries in Asia, as is further discussed below. This too, has been criticised by healthcare labour market experts as a “myopic policy option” (Hirano 2017). The Government has been exploring various workforce management strategies, but a sustained strategy is still to be found.

**Long-term social care insurance**

Since 2000, the cost of “ageing” care (a term often used to describe it in Japan) has been covered by long-term care insurance policies (GoJ 2014; Song 2015). Japan was one of the pioneering countries, in setting up dedicated funding for long-term, and for elderly care (Creighton – Campbell and Ikegami 2000). In this scheme, from the age of 40, people are required to contribute to a compulsory long-term care insurance. While the long-term care costs are covered by the insurance, service users are responsible for co-payment, which is between 10% and up to 30% of the service costs, depending on service users’ incomes and ages.

The local government is responsible for the management of all health and social care sectors, and the policy is to provide a seamless service to elderly people, from home help and support in the community, to home-based long-term care. There is a vibrant private sector involved in the health service and in elderly care provision, as well as offering long-term care insurance. However, according to Japanese social policy, since the institutional care costs are government-subsidised, private sector care providers should not aim to make a profit in running their businesses (NIPSSR 2014). While the Government closely monitors and controls the cost of health and social care, individuals can choose their service providers.

Australia, Canada, and some countries in Europe and Asia, face similar population trends. In order to maintain the labour market, and to address the workforce shortage, in the past decade, many affluent countries have started exploring various workforce management strategies, namely attracting their workforce from international sources, and adjusting their immigration policies accordingly (Song 2015). As such, migrant care workers play an increasingly prominent role in providing care for the elderly population, not only in Japan but also in the wider global context (Cangiano et al. 2009; Ehrenreich and Hochschild 2002). Given this backdrop, this chapter discusses some of the findings of two studies on care workforce management situations in the elderly care sector in Japan.
Research context

Two multi-sited qualitative studies were conducted between 2014-2016 and 2017-2019, looking at the care workforce situation, particularly in the elderly care sector in Japan. In these, nursing and care workforce recruitment and management practices, with a specific focus international recruitment, management and retention of this workforce, were explored.

The research team visited a number of health facilities (large city hospitals n=2; care homes n=6) in central Japan. Key stakeholders in hospitals (Matron n=2) and care homes (manager n=6), EPA candidates, nurses and care workers (n=10) were interviewed. As well as in-depth interviews, interactive focus group discussions (n=3) were conducted with EPA candidates and Filipino care workers working in the care home sector.

Fieldwork was carried out in a number of stages. The first stage provided an opportunity to gain a general overview of the care workforce situation in central Japan. In order to gain deeper understandings of ageing care, and of migrant care workers in a caring context, the second stage of field work focused specifically on care of the elderly in the care home sector. This time a daycare centre for people with dementia was revisited. This was run in a traditional Japanese house, the second floor of which was a dementia café, where traditional tea ceremonies and gatherings were held. A total of six elderly care facilities, where migrant care workers were employed were visited: one in Kyoto, two in Osaka Prefecture, one in Tokyo, one in Nara and one in Nagoya. The research team also interacted with the care home managers of these six facilities, and the migrant care workers working there. Some of the key findings are presented below.

Ageing in Japan

This section discusses how ageing is perceived, as explained by the care home managers, and the significance of care workers within the Japanese socio-cultural context. In an interview, a care home manager explained, her view of care of the elderly, one which she suggested is believed to be widely shared in Japanese society:

…In Japan, ageing care is perceived to be deeply personal and individual: elderly people are highly respected in society, so providing them care is almost a ‘sacred work’. Also, this is because care workers have to directly deal with another human being, and must touch their bodies, they are thus directly involved in an ageing person’s private life, both by providing physical and emotional care and support – this
all is an intimate and personal experience for both the care providers and the care receivers. People’s individual choice is highly respected, and families try hard to maintain socio-cultural values and norms whilst providing care for their ageing family members… [Interview, Care home Manager, Osaka, October 2014].

As in most societies globally, in Japan, historically, female family members have provided the majority of care to ageing parents, and indeed to any family member living with a long-term condition. However, in recent years, because of changing family dynamics, due to more women entering the labour market (in a variety of employment sectors), and the predominance of the nuclear family, it has been difficult for family members to provide this type of care (Song 2015; Muramatsu and Akiyama 2011; Creighton – Campbell and Ikegami 2000). Therefore, support from the Government and other care institutions, outwith close family and relatives, has been critical to the provision of ageing and long-term care.

**Current ageing care mechanisms**

As noted above, since 2000, ageing care in Japan has been carefully streamlined, with the provision of dedicated financial mechanisms, appropriate cadres of staff (CCWs), and care providers managed by local municipalities.

Health care services are provided by a number of stakeholders: the government of Japan, private companies (such as the Toyota car manufacturing company which has its own hospital), and charity organisations, such as the Red Cross. Ageing and long-term care is not provided in hospitals, or any healthcare institution, by healthcare professionals, but by care workers in social settings (GoJ 2014; Japanese Nursing Association 2012). One of the main aims of the radical reform of the elderly care sector in 2000, with the advent of the long-term care insurance scheme, was to move care of the elderly and long-term care from a “medical model of care” to a “social model of care” (NIPSSR 2014; Creighton – Campbell and Ikegami 2000).

Ageing care needs are categorised at seven different levels, depending on individuals’ physical (in)dependency, and their care needs. Support (at home or day care service) is described as being at levels 1 and 2; whereas institutional care spans levels 1 to 5 (commonly known as care need levels). The transition between the different levels of care needs, for ageing and disabled people, is designed to be seamless, well-coordinated and “joined-up”, and it is vital that all levels of care can be offered by the same group of institutional care provider(s) (Masui et. al 2019; Creighton – Campbell and Ikegame 2000). During the
research fieldwork, study participants suggested that national care guidelines are clear, and are followed strictly by care homes, and care managers in the community. The idea was further emphasised, in simple terms, by a care home manager in his statement that:

… ageing is not medicalised here in Japan, and community-based care is now highly encouraged, as ageing is not a medical condition, but a natural process… (Interview, Care home Manager, Tokyo, Japan, February 2016).

A care home manager in the Kanto region further explained how the elderly care sector works in Japan. She stated:

… Ageing care in Japan comes under social security system, separate from the medical/healthcare system. According to the government guidelines, there are seven levels of care needs. An individual’s care need is assessed by a team of professionals within the municipality, and appropriate action is then decided. Criteria, or guidelines, for assessing individual care needs are clear, and are rigorously followed. There are five major areas to consider while assessing individuals’ needs [The assessment system is revised based on the number of minutes required for care. The initial assessment is also done by computer…

She continued:

…the support system begins with home help and care in the community: illness prevention and the health promotion aspect of elderly care is highly valued and maintained. To begin with, people with care needs at ‘Level One’, would receive a home visit service for basic support with daily living, and the system focuses on delaying individuals’ care needs progressing to ‘Level Two’ and beyond. When someone’s care needs do increase, they are then transferred to a group home, and maintain this level of health and individual independence for as long as possible. In a group home, elderly people will receive appropriate levels of support with their activities of daily living. If and when required, people are transferred from the group home to a nursing home, an intensive care nursing home, or to a hospice for care… (Interview, Care home Manager, Kyoto, Japan, February 2016).

The support system for elderly people begins then with care in the community (support levels of need 1 and 2). It is very clear that illness prevention and health promotion principles are highly valued, and maintained as much as possible. For example, whilst speaking to a care home manager, his short and sharp response, referring to Japan’s ‘Gold Plan’, was:

… in Japan, we focus on healthy life expectancy and healthy ageing and healthy life [with much stress] not just life expectancy… (Interview, Care home Manager, Tokyo, February 2016).
This care home manager was very specific, and emphasised the point that, in Japan, they are “not just interested on how long people live (life expectancy in general), but how healthily people live” or how healthy and fit elderly people are (healthy life).

One very distinct, and indeed unique, characteristic of the ageing care and social security system in Japan is this emphasis on illness prevention and health promotion activities. In 2000, the Japanese Government implemented the above-cited New Gold Plan 21. A part of the long-term care insurance plan was to increase investing in keeping people healthy in the community (Song 2015). There has been increased state support for the elderly, as regards staying physically active while living at home.

Government policy is to encourage health screening and promotional activities, and is targeted to those who are 40 years old and above. The idea of “healthy living” seemed to have been wholeheartedly adopted by people in the community. For example, during the fieldwork in different cities, it was observed that there were always a significant number of elderly people cycling around the town, a very easily and perceived occurrence, and one not often seen on a similar scale anywhere else in the world.

[Insert Image 7.1: People cycling in a busy street in Tokyo: Copyright Adhikari]

In October 2014, in order to fully understand the country’s nursing and care workforce situation, the research team visited two major teaching hospitals in Kanto region. After discussions with hospital Matrons and managers about the ageing care workforce situation there, and international recruitment practices, if any, in those hospitals, it became very evident that they had not experienced any nursing shortages. They further informed the team that there are neither allocated elderly care beds, or elderly care units, so the hospitals do not have the issues of “bed-blocking”, or of creating hospital waiting lists, a phenomenon commonly known as “social hospitalization” (Holder 2014). This is one of the reasons why healthcare institutions express no major concerns about nursing, or healthcare professional, shortages. However, the elderly care sector reports a very different story, mainly as regards Kaigo Fukushishi shortages.
Care workers and the labour market situation in Japan

There have been serious shortages of care workers, both CCWs and other care workers, in Japan. The job openings-to-applicants ratio, which is often used in Japan as an indicator of such shortages, rose to as high as 4.31 in 2019, in the care work services sector. This means that there are 4.31 available jobs for every care worker seeking it. This is much higher than the average for all other sectors, which was only 1.45 in the same year, table 1, below illustrates this further.

Insert figure 7.1 here

Figure 7.1: Job openings and application Ratio in Japan: Employment Referrals for General Workers in Japan


CCWs are independent practitioners with a professional licence. The licensure examination is administered by “the Social Welfare Promotion and National Examination Center”, and CCWs are regulated by the Ministry of Health, Labour and Welfare. There is an association of certified care workers that helps promote the profession (JACCW nd). The latest survey of Japan’s Ministry of Health, Labor and Welfare (2021) estimated that, in 2020, there were an estimated 1,862,286 care workers, only 918,361 of whom were CCWs, working in the sector at that time.iv

In order to fully appreciate the care workforce situation, the study team visited six care homes in urban, as well as rural, areas of central Japan, where long-term care for elderly and disabled people is offered. All six institutions had struggled constantly with CCW shortages, which they attributed to the areas being not very attractive to the local workforce. Indeed, Care Home Managers in smaller towns and rural areas have found recruitment and retention of CCWs a major challenge in the past decade, and expect it to become worse in the future. Rural areas are less attractive than urban centres for younger people to work as CCWs. A care home manager in a semi-rural area, in Osaka prefecture, shared his experience:
Recruitment of care workers is a major challenge particularly for this company, also in Japan generally. Currently there are 4-5 care workers’ positions vacant in this care home and we have not been able to recruit staff and fill these vacancies. We are compelled to employ bank care workers, and they are more expensive than the regular staff. Vacancy advertisement and recruitment costs are very high. There are many care homes literally within a kilometre radius in this area, so competition [for staff recruitment] is very high. Many new private care homes have emerged in this area recently…

… in a local paper here recently, one in five local job adverts are for care workers. Currently, recruitment situation is definitely worse than it was in 2008, before the global financial crisis. I feel that the economy is improving now (as of September 2014); various other business sectors are growing too, so people are attracted to work in other areas, but not in the care sector. Care work is not attractive in Japan, as it is labour intensive service and still not very well paid. Also, there is general agreement that people consider care work a difficult job, poorly paid compared to jobs in other sectors. So, it has been very hard to find an appropriate candidate, and also it is difficult to retain them… (Interview, Care home Manager, Osaka, October 2014).

Clearly, the care home sector is growing to meet the demand for increasing numbers of elderly people, and there are simply insufficient numbers of younger people entering the care work profession.

Another care home manager described a further major dilemma, as regards the work of care worker the Kaigo Fukushi. Her main frustration was that CCWs are expected to perform almost a “sacred task,” in providing deeply personal and intimate care for an ageing person, and because, in their work, they are touching peoples’ bodies, but their salaries are low. She commented:

… CCWs are seen as ‘voluntary or at least half-voluntary service providers. Salaries for care workers are not attractive compared to other professionals within the health and social care system. Care work is hard and stressful and very time consuming… (Interview, Care home Manager, Kyoto, February 2016).

In this care home manager’s experience, care work is not sufficiently valued by society. Reported tension between understanding and accepting the meaning of care work was apparent. Discussions highlighted that family, and management, would like care work to be regarded as sacred work, and that it must be carried out without complaining, or expressing any dissatisfaction. It has been viewed almost as charity work.
She also suggested that, modern-day institutional care has replaced what was regarded as “women’s work” within the family in the past, and was not valued at all, hence the lack of credit given to care of the elderly in institutions. Additionally, it is hard work. CCWs need to be skilled professionals, providing compassionate care to the frail elderly.

A trainee foreign care worker working in the same care home with the above manager, stated her view:

… it is much harder than making beds in a hotel, still pays and benefits are not good, I would leave this job if I get a better opportunity… (Interview, trainee foreign care worker, Kyoto, February 2016).

Care work is also very personal, and acknowledged as such in most socio-cultural contexts, and care workers find this profession to be stressful, not family-friendly, and requiring much emotional labour. For care workers have to work unsocial hours, and are low-paid, in comparison to other professionals. The profession therefore has not been very attractive as a long-term career choice. As a result, the retention of care workers (both migrant and local) in this sector has become a major challenge.

**Government strategies to tackle current Kaigo Fukushishi shortages**

As the title of the chapter suggests the shortage of care workers, particularly Certified Care Workers or *Kaigo Fukushishi*, is widespread across the Japanese long-term care sector, and has been recognised by the government. There are a number of strategies the government is currently exploring to tackle the issue. As discussed earlier in this chapter, in addition to the policies at national level, there have been immigration policy adjustments, involving the private sector in care provision. Care home managers are involved in international care worker recruitment and management practices.

**Bilateral Economic Partnership Agreement (EPA) Scheme**

In 2008, after a lengthy policy planning and negotiation with neighbouring countries, Japan recruited its first group of nurses and care workers from Indonesia, followed by recruitment from the Philippines from 2009 (*Song 2015; Carlos 2012*). Since then, there has been regular international recruitment of nurses and care workers in Japan from three countries: Indonesia, the Philippines, and Vietnam. This is a policy initiative, between the Japanese government and foreign government, to recruit foreign care workers (and nurses) to come and work in
Japan as nurse or CCW candidates (or trainees) for four years, with the possibility of one years’ extension. If they pass Japanese professional licensure examination, they can stay longer.

Researchers (Ogawa 2012; Carlos 2012) have commented that this scheme is not entirely just about addressing care workforce shortages, but is also a way of maintaining international relationships with neighbouring countries; and exploring if this scheme offers any long-term economic benefits to both parties: to Japan as well as those countries sending care workforce, and other types of EPA candidates. However, from the engagement with care home managers and EPA candidates, it was found that, among other policy measures introduced to address the shortage of care workers in Japan, this scheme was the most talked about, high profile, and highly controversial (Ohno 2012).

Further, the EPA scheme was the first initiative of the Japanese government to meet labour shortages through the recruitment of foreign workers, and is closely associated with the ageing and long-term care sector in Japan, as it was designed to address the care worker shortage there. Its high-profile status is due to its being a part of a comprehensive trade and investment agreement, and its being highly invested, publicised, and perhaps overly talked about, and researched (for example, Ogawa 2012). When visiting a care home in Tokyo, the care home manager stated “even the Emperor of Japan has become interested in this scheme.” Emperor Emeritus Akihito visited a care home, where EPA care workers were employed, to gauge the success of the scheme. This care home manager was involved in recruiting EPA care workers from abroad, and supporting them to obtain their Japanese CCW license. He commented:

… the Emperor came to our care home to see EPA care work candidates. He [the Emperor] interacted with them too. It immediately became national headline news, which helped us publicise our company and our work as well, we were in national television … (Interview, Care home Manager, Tokyo, February 2016).

The level of public and political attention to the EPA schemes suggests that it is recognised, and valued, as an important policy measure, aimed at addressing the problem of labour shortages in the care home sector.
In all six care homes, and in the two large teaching hospitals, the research team were presented with a large volume of teaching and learning materials, developed to support EPA candidates, and to help them prepare for their Japanese language and CCW licensure exam. It was quite evident that EPAs were well supported in language learning, as well as caring skills, in order for them to pass their exams. There has been significant investment in supporting EPA candidates, and they are very carefully managed.

CCW licensure exam consists of a Japanese language test as well as a caring skills test. However, most EPA candidates expressed their concerns that the CCW licensure exam pass rate is low, requiring multiple resits. Almost all informants suggested that this is due to the taught Japanese language test, as they have found it very hard to learn Japanese.

It was evident from the discussion that EPA candidates are carefully managed by the Japanese Government. For instance, one of the informants, who was an EPA candidate, a Filipino care worker, explained that he was not able to pass his CCW licensure exam within the given time frame, and he had to return to the Philippines. On arrival home in Manila, he realised that his circumstances were not unique and that there were many other EPA candidates in the same position. Within a month of his return, all returnees (those who had not managed to pass their CCW licensure exam on Japan) were invited to the Japanese Embassy in Manila, and met by the Ambassador himself. He discussed their circumstances, and they were given one more opportunity to go to Japan, and he encouraged them to resit their CCW licensure exam. The care worker recollected:

…The ambassador asked us if we wanted to come back to Japan and try our CCW licensure exam again. We were given options – to work in a Japanese company in the Philippines or to come to Japan as a Japanese language student. I wanted to have an intensive language course, which I felt was important to pass the exam, so I came back as a Japanese language student… (Interview, Filipino care worker, Kyoto, May 2017)\[vii\]

Following the second attempt, this care worker passed his CCW licensure exam and, started working in a rehabilitation hospital services facility (in the home care sector) in Japan. However, in a subsequent meeting, he indicated that he was not planning to continue in this post much longer. He found social integration in Japan very challenging, and he did not feel that he was fully accepted there. Eventually, he transferred to a nursing home in Yokohama that employs many Filipino care workers.
One of the major criticisms of the EPA scheme is the low retention rate, the key reason being Japan’s very strict language and immigration policy (Villog, Arroyo and Raquinio 2020). The professional licensure exams for CCWs and nurses are conducted in the Japanese language. Most migrant care workers and care home managers commented on the extreme difficulties EPA candidates face in order to pass these exams. If they are not able to pass their exams within a given time frame, their work visas are not renewed, and they have to return to their home countries. Having made a major investment in their recruitment and training, their return is a loss for both the Government and their employers.

Despite considerable publicity and government efforts, this initiative has proven to be not fully successful in retaining migrant care workers in Japan. Poor retention appears to have been for two reasons: 1) low pass rates in the CCW Licensure exam, and 2) there is no clear family reunion provision for foreign care workers, and EPA candidates. Initially, EPA candidates are given two opportunities to take their CCW licensure exam. If they are not successful, they will not be eligible for visa extensions. Therefore, they will have to return home or go elsewhere to work. Some of those who have already passed this exam have also left, because of various other reasons, both those that are common among care workers, such as poor working conditions, low pay (compared to other affluent countries), and those specific to foreigners, such as deskillings, lack of support for family integrationviii and lack of career progression.

Attracting Foreign Technical Trainees (students)

Since early 1993, Japan has been attracting workers, technical trainees, and students, from neighbouring countries in Asia, under a technical training programme, with aims of transferring skills to, and promoting international cooperation with, developing countries and other regions (JITCO nd). This scheme, however, is highly criticised as a means of securing cheap labour in selected industries, such as agriculture, hotel management and tourism (The Manichi Newspaper 2018). In 2017 the Government decided to open up this opportunity for foreign technical trainees in the care work sector too, and introduced the relevant immigration provisions (Hirano 2018).

During the final stage of research fieldwork, the Technical Trainee in care work scheme was still very new on the ground. Some of the concerns about the technical trainee scheme, where foreign students would come to Japan to learn about, and work in, the ageing care sector, was
about its long-term sustainability, and the attendant socio-cultural and language challenges, as had been experienced by EPA candidates. Study informants frequently suggested that, if the government is to consider this option, or explore, or even pilot this strategy, these important factors of long-term sustainability, language support and socio-cultural integration, immigration, and issues of family reunion for the migrants, should also be considered (Villog, Arroyo and Raquinio 2020; Carlos and Suzuki 2020; Carlos and Adhikari 2017).

**Attracting local candidates into the ageing care sector**

Interaction with the elderly care providers, particularly private care home managers during the fieldwork, indicated that they have made major coordinated efforts, and investments, to attract the younger generation, and more specifically males, into care work. Care home managers disseminate positive messages and images of young men working in the ageing care sector. During the fieldwork, the study team witnessed some advertisements, and promotion materials, of positive case studies, alongside photographs depicting male care workers in their workplaces, looking after elderly people. Such materials were also displayed in public places, such as University and college reception areas, and care home reception areas, and information booklets were distributed to the general public, and to university students. Care home managers reported that some major companies, involved in providing elderly and long-term care, have borne the production costs, and also been involved in the design of the written materials, and the care workers’ recruitment campaign. The profession appears to be almost glamourised in these books. Given that it was a new initiative, care home managers further commented that its impact was still to be seen.

Some other smaller scale and local initiatives include care managers recruiting foreign residents living in Japan for a long time, the majority of them being foreign women, married to Japanese men, and living locally. One of the care home managers in a rural area, having employed almost all of the above strategies, was also trying this approach, and reported this “a partial success”, as these women lived locally and were usually looking for a job. For the past few years, the manager has trained about 20 such local women and offered them jobs. However, both the manager and the trainee care workers stated that it takes a very long time to learn the language and local culture, in order to become fully accepted by the recipients of the care. Overall, it can be said that in Japan, the attempt to solve the labour shortage in the care sector has become a joint effort of the Government and the private sector.
Improve technology and services to meet the need of elderly people

Commonly known as a “silver service business”, that is one dedicated to senior citizens, both in Japan and globally, these improvements have been perceived as a panacea for the current workforce challenges faced by the care of the elderly sector (Masui 2016). One of the study participants reported that the concept of silver service is quite vague, and covers a wide range of services. Some of the most common applications of modern technology seen in Japan today are designed to help people with various activities, and interact with elderly people who feel lonely. This includes the use of robotic devices, such as Pepper-kun developed by SoftBank Robotics Corporation, and technology assisted care (Foster 2018). Robotic devices were noticed to be stationed around in various places in care homes in Osaka prefecture. During the field work, these were being tried as to their effectiveness, in supporting the needs of the elderly residents.

Further, care home managers reported the development of pre-packed single portion meals and meal box lunches, by some Japanese small businesses, and indeed in the food industry, with the older citizen in mind. Widely available in supermarkets, and convenience stores, this is a rapidly growing business in Japan (Nippon.com 2015). Care home managers reported further examples of commercial products designed to assist elderly people. Car manufacturers, such as Toyota and Subaru, are exploring the possibility of designing a driverless car for elderly people (the Japan Times 2021). Other silver service businesses cited by participants include the design of holiday and leisure activities tailored to the needs of elderly people. Care home managers reported that Japanese businesses, such as the Panasonic company, are exploring healthcare technology. Hoists, and other lifting aids, have been piloted and tested for their suitability and benefit for this client’s group. These were currently being trialled in care homes. Such business trends are increasing. In order to tackle the care workforce shortages, it is also worth noting that those Japanese companies, specialising in modern technology, would appear to have conveniently vested interests.

Conclusion

This chapter illustrates that, over the last two decades, the ageing and long-term care sector in Japan has received much-needed policy attention and political commitment. The government
has been proactive in addressing the increased ageing care needs in the country, and has taken a comprehensive approach, that focuses on two key areas: 1) the provision of long-term care insurance (or financial planning) for the elderly and people with long-term care needs, and 2) the exploration of various workforce recruitment options, nationally and internationally, to ensure the current and future workforce gap is adequately addressed. Private sector care providers are actively involved in the provision of long-term care insurance and services. The care home sector is also involved in the international recruitment and management of care workforce, in exploring the possibility of modern technology. Meanwhile the manufacturing sector is exploring the uses of modern technology in long-term care and support provision.

As regards the first key area, since 2000, the ageing care sector has been streamlined by the government to ensure adequate financial support is available to cover the long-term care costs. Currently, this sector has a dedicated funding mechanism, which is independent of the funding available for the actual health care. The fees or the service costs are covered by the insurance and, as the Government establishes the rates, care costs are uniform or standardised in all care homes. However, as in other countries with a fast-increasing elderly population, the burgeoning benefit payments are depleting the funds, previously largely dependent on contributions from the working generation. As the number of workers, or active economic contributors, decreases, and non-payments or defaults increase, how Japan will sustain increased ageing care provision remains of great concern (Masui et al. 2019).

Secondly, realising the gradual shrinking of the workforce pool, and the increased demand for care workers, the Government has become proactive as regards to projecting future needs, and exploring various options to secure the current and future workforce supply in the care sector. Unfortunately, although international recruitment under the EPA and TT arrangement might appear a simple process, the long-term retention and management of a migrant workforce has proven to be complex. As argued in the literature, and discussed in this chapter, the longer-term retention of internationally recruited EPA candidates has not been as successful as expected (Carlos and Suzuki 2020; Carlos and Adhikari 2017).

As well as international recruitment, there are local recruitment and retention initiatives, albeit on a smaller scale, that have been perceived as successful to a certain extent. Some of the positive moves have been in encouraging younger men to join this sector, in local recruitment and retention initiatives. However, it has also been evident from the discussion
above that younger people do not consider this sector as a long-term career option, due to the nature of the work, the long and unsocial working hours, the poor salaries and lack of other benefits, even though care of the elderly has been seen (and been promoted by some care home managers) as a very special and as “a sacred” job in Japan.

There are key factors in the successful retention of care workers in a country. A country’s professional licensing regulation and immigration policy is one such factor, including opportunities for family integration for migrant workers (Carlos and Adhikari 2017). It is very evident from the discussion throughout this chapter that Japan, in comparison to the UK and the US, has remained fairly conservative in its immigration policy, and migrant management style, throughout its history. As a result of its strict immigration policy, particularly regarding migrant workers’ family integration, many EPA candidates return home to be with their families, or move to another destination country such as Canada, even those who have successfully passed their CCW licensure exam (Carlos and Adhikari 2017). Yet, Japan has not developed a clear policy as regards to family integration for its migrant workers (Nakamura 2013). It is important also to appreciate that most migrants in Japan appear to be a group of young people. They look for jobs that offer them better salaries and other benefits, with professional development opportunities, nationally or internationally (Carlos 2012). Based on the discussion above, this chapter proposes that the Japanese government should explore, and adopt, a more liberal policy in terms of the international recruitment and management of its care workforce, and crucially also develop and implement a family integration policy, which will support the retention of a migrant workforce in Japan.

One of the key messages of this chapter is that the small-scale local recruitment and retention, in rural as well as urban areas, has become a success story in some parts of Japan. The care home managers’ meticulous approach to workforce planning, recruitment, and retention of the local workforce, appears impressive but, as highlighted above, many challenges remain. While such care workforce recruitment and retention strategies are very contextual in Japanese society, some of the positive lessons could be adopted by other healthcare systems facing similar challenges globally.

In terms of the international recruitment and management of care workers, initially, the labour market in Japan was managed and controlled by the Government authority, using a bilateral Economic Partnership Agreement, which has proven successful in protecting migrant workers’ rights, and avoiding exploitation in recruitment and employment processes.
However, with the limitations of the scheme, particularly in terms of meeting the increasing demand for care workers at home, to what extent the Government can monitor the new recruits, and ensure their welfare, remains a considerable challenge (Carlos and Suzuki 2020).

In conclusion, if care work is considered as a valued, and almost a “sacred profession”, then care workers’ views should be considered and translated into policy. Increasing salaries, improving working terms and conditions, and creating long-term career pathways for this workforce, and family integration facilities for migrant workers, will attract candidates to this sector, and promote staff retention. This would elevate the social status of this profession and acknowledge the valuable contribution of foreign care workers to the care sector in Japan.
References:


Holder H. (2014) Japan’s solution to providing care for an ageing population, the Guardian, 27 March. Available online at: http://www.theguardian.com/social-care-


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End Notes

i It was revealed in our discussion with care home managers that dealing with the human body, and supporting people in intimate and personal care, as almost a sacred job. This is further discussed below.

ii Ethical clearance was obtained from each individual institution we visited, and the informants we met during data collection. The purpose of our research and the aims of our visit to these ageing care institutions were fully explained to all appropriate authorities, and consent was obtained before we interacted with each migrant care worker, or local care and health service managers. The research team crosschecked the research data for its validity

iii There is also called the ‘Orange Plan’ now, to take care of elderly with dementia within the community.
This care home manager further explained the situation. He reported that there was a general shortage of care workers (not only CCWs), although the shortage is worse for CCWs. While there is a preference to employ CCWs, it is difficult because of the required education and licence. As a result, CCWs are still a minority in many care homes, with most of the staff receiving only minimal training, and being uncertified.

However, the local news or press articles were not available to include in this chapter.

At that time, there was no visa issued to care workers other than via the EPA, but, since 2018, the government introduced a Technical Trainee Student Visa for foreign care workers.

For example, the dependent of an EPA certified care worker can only work for a maximum of 28 hours a week.

Interview with care home manager in Kyoto, in November 2016.