

NipCA Project Public Lecture Series: The Future of Central Eurasia and Japan

Vol.13 Human Resource Development in Asia: Japan's System for Accepting Foreign Care Workers

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Environmental Policy, Okinawa International University**

Supported by  日本財団 THE NIPPON
FOUNDATION

September 2021

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Dr. Kajiyama: Thank you very much for attending the 13th Public Lecture of “The Future of Central Eurasia and Japan” series organized by the NipCA Project of the University of Tsukuba. I am Mr. Kajiyama, a coordinator of the NipCA Project, and I will moderate this lecture today. Thank you very much for your patience.

Before we start, Professor Toshinobu Usuyama, who is in charge of the NipCA Project, would like to explain the purpose of this lecture. Professor Usuyama, I would like to ask for your cooperation.

Prof. Usuyama: Hello, everyone. Thank you very much for taking time out of your busy schedules to participate in this lecture today.

The University of Tsukuba has received a grant from the Nippon Foundation to develop a large-scale project called the “Nippon Foundation Central Asia-Japan Human Resource Development Project.” This lecture is hosted by the NipCA Project and organized with support from the Global Commons, the SGU Project Office, the Social Contribution Committee of the Center for Education of Global Communication, the Area Studies Innovation Program, the School of Humanities and Culture, and the School of Social and International Studies of the University of Tsukuba.

The NipCA Project aims to foster human resources that can serve as bridges between Central Asia and Japan, and play an active role in developing societies in Central Eurasia. We are holding a series of lectures entitled “The Future of Central Eurasia and Japan” to provide Japanese students and international students from Central Eurasia with an opportunity to gain a deeper understanding of Japan’s domestic situation, various issues that Central Eurasian societies face today, and efforts related to the achievement of the SDGs in the region.

Today’s lecture is the 13th lecture in the series. We have invited Dr. Rie Kage of Okinawa International University, an expert in international economics and immigration policy in the context of international labor migration. I believe that Japan’s nursing care system for foreign nationals is an important topic connected to the SDG-3 “Good Health and Well-being” and the SDG-8 “Decent Work and Economic Growth.”

With an aging society and low birth rate in Japan, the acceptance of foreign nursing care workers is directly linked to the country’s major social issue of the shortage of nursing care workers. In addition, I believe that this is an urgent issue that directly or indirectly affects every Japanese citizen and every

person in other countries with similar social problems. I am also interested in learning more about the nursing care system in Japan.

With this brief explanation of the purpose of today’s lecture, let’s get back to the moderator. Thank you very much for your cooperation.

Dr. Kajiyama: Thank you very much, Professor Usuyama. I would like to introduce Professor Kage briefly. Dr. Kage holds a master’s degree in economics from the University of New England, and a Ph.D. conferred at the Graduate School of Engineering of Saga University. Dr. Kage has rich international experience starting from the experience of being an undergraduate exchange student in Thailand, where she studied rural development and agricultural economics. While pursuing her master’s studies at the University of New England in Australia, she researched the international labor force in Indonesia and Malaysia. After completing the doctoral course of Saga University, Dr. Kage examined the situation of female domestic workers in Sri Lanka. Today’s lecture will present some of her field research carried out in Indonesia from 2016 to 2017. Now, Professor Kage, I would like to ask you to start.

Today’s talk will be about one hour. If you are not the speaker, please turn off your cameras and mute your microphones. I am going to give the “host” option to Professor Kage. Professor Kage, can you share your screen?

Prof. Kage: Yes, I can.

Dr. Kajiyama: That sounds good. Please start the lecture.

Prof. Kage: Thank you very much for the introduction, Professor Usuyama and Professor Kajiyama. Thank you very much for this opportunity to speak at “The Future of Central Eurasia and Japan” lecture series organized by the Nippon Foundation Central Asia-Japan Human Resource Development Project.

I want to start my presentation entitled “Human Resource Development in Asia.” This time, I would like to talk about the system of accepting foreign caregivers and its prospects.

I am from a generation of baby-boom juniors, so, in 2040 or 2060, I will be an elderly person. When I think about the future, the current nursing care situation, and social security in Japan, I have a strong sense of crisis. There was a time when I was researching this topic, but I left it for a while later. I recently started to explore this issue again, and I am very grateful to have this opportunity to do so.

Now, I would like to proceed to the lecture. The outline is as

follows. First, I would like to talk about the background to the shortage of nursing care workers in Japan, the current situation, and the efforts being undertaken. Then, I would like to talk about Japan's foreign personnel acceptance in the care system transition and its roles.

On the other hand, we are looking at Asia as an exporting region. In international economics, the term "labor export" describes the export of labor to developed countries and areas in Asia where the demand for labor is high. In this way, we can see the economic effects of this process. In this lecture, I am going to look at why this is happening.

And as you mentioned earlier, I had an opportunity to do a grant-funded study of EPA-certified caregiver candidates in Indonesia from 2016 to 2017 (FY 2016/17 Visiting Researcher, KFAW: Kitakyushu Forum on Asian Women). What results did I get there? And how did I feel about it? At the time, we were still at the blueprint stage before introducing the technical internship system for sending out nursing care workers and establishing the "specified skilled worker" and "nursing care" residence statuses. The survey was conducted while rumors circulated in the nursing care industry about introducing a new residence status. So, the timing of the survey may have had some impact on what we were able to see.

In addition, Asia is beginning to face an aging society with low birth rates. Japan is ahead of other Asian countries regarding declining birth rates and an aging society, and I would like to talk about my thoughts on Japan's roles. Now, let's dive into details.

First of all, I would like to talk about the aging of the world population driven by advancements in medical technology, the development of vaccines, and improvements in living environments. Family planning and other measures, such as limiting the number of children born, have contributed to the declining birthrate and aging population.

The United Nations estimates that in 2050, one in six of the world's total population will be aged 65 or older, or about 16% of the total population, compared with about one in 11 in 2019.

Asia already has a large share of the world's population. Asia already accounts for more than 50% of the world's total population. As a result, the number of people aged 65 and over will exceed 400 million by 2020. In 2010, the number of older adults was 280 million, so we can see that the population is aging rapidly.

In 2025, the baby boomers will be over 75 years old. So,

we don't know how much progress has been made in social security and social welfare, but various reforms are being implemented to deal with this problem. The generation of baby boomers, the baby-boom juniors, will turn 65 and over in 2040. In other words, by that time, about 40% of the population will consist of aged people.

The table on Slide 1 shows the population percentage of older adults aged 65 and over in 2019 and 2050 in Japan and other Asian countries. The exception is Peru in South America, which is included in the chart because Japan has accepted them as technical interns, and they have also come as Nikkei (Japanese emigrants). We have also included Peru in the chart as a reference because some Japanese-Americans have settled in the country working as care workers. Countries with a high aging population are in the table, such as South Korea and Taiwan, and countries where Japan has accepted candidates as care workers or nurses under the EPA program, namely Vietnam, Indonesia, and the Philippines are also shown. In addition, there are countries with which Japan has concluded memorandums of understanding or agreements to accept apprentices as technical trainees. Most of them are from Asian countries. In Japan, as of 2019, more than 28% of the population is elderly, and by 2050, the percentage will increase to 37.7%, which is almost 40%.

出所: UN, World Population Ageing 2019

Percentage of population aged 65 and over in 2019 and 2050)

Country/Year	2019	2050	Country/Year	2019	2050
Japan	28.0	37.7	Peru	8.4	18.9
Korea	15.1	38.1	Indonesia	6.1	15.9
Taiwan	15.1	35.0	Bangladesh	5.2	15.8
Hong Kong	17.5	34.7	India	6.4	13.8
Singapore	12.4	33.3	Myanmar	6.9	13.2
Thailand	12.4	29.6	Nepal	5.8	12.8
Macau	11.2	28.9	Uzbekistan	4.6	12.2
China	11.5	26.1	Mongolia	4.2	12.0
Sri Lanka	10.8	22.6	Philippines	5.3	11.8
Vietnam	7.6	20.4	Cambodia	4.7	11.7

Note: Selected Asian countries with a high level of aging population, and countries that have EPA, technical internship, or signed a memorandum of understanding with Japan for specified skills.

Slide 1. Percentage of the population aged 65 and over (2019 and 2050)

South Korea is the country in Asia that will have the most serious aging society by 2050. In the case of South Korea, the aging rate was still lower compared to Japan at around 15% in 2019, but it is expected to be higher than the aging rate of Japan by 2050.

Taiwan, Hong Kong, Singapore, and other countries have already been actively recruiting maids and domestic workers from some Southeast Asian countries to partially take on the roles of childcare and nursing in the home. Even so, the aging

rate in 2019 will be lower than that of Japan, but it is expected to exceed 30% by 2050.

In Thailand, the aging rate was about 12% in 2019, and it is expected to reach 30% in 2050, the second-highest rate in Southeast Asia after Singapore. The aging rate is still around 11% in China, but it will be 26% in 2050. In 2016, the government stopped the one-child policy and substituted the policy so that the ideal is to have two children, so my impression is that the aging rate in China will be gradually controlled in the long run. In 2050, Sri Lanka will be the country with the highest aging rate among South Asian countries.

Vietnam has already entered the aging society era with 7.6% in 2019, but it will hit 20% in 2050.

In this table, Peru, Indonesia, Bangladesh, and the other countries all have demographics projected to increase to 10% or more by 2050, becoming aging societies.

Next, I would like to talk about the shortage of nursing care workers in Japan, the background, the current situation, and what we are doing about it. In the case of Japan, one of the significant turning points has been the long-term care insurance system, where people over 40 no longer have to pay for long-term care insurance. Initially, it was the Gold Plan, formulated in the late 1980s, and the Ministry of Health, Labor and Welfare (MHLW) set up a task force to deal with the care of the elderly in 1994. The design of the long-term care insurance system began in the mid-1990s.

This happened because in the late 1970s, the rate of older adults living together with their children was high. At that time, these were known as “hidden assets for welfare and care.” In other words, family members were responsible for nursing care, and the burden was especially challenging for wives and daughters-in-law.

However, elderly people are living longer and are living in a bedridden state or with dementia. So, the limits to family care

are starting to be seen.

Please look at Slide 3. The problem of nursing care is becoming much more severe. Of course, this is due to the expansion of the elderly population. The average life expectancy in Japan was generally around 50 years old immediately after the war. Today, life expectancy is higher than 80 years old. I am glad that the average life expectancy has increased. However, the difference between the average life expectancy and healthy life expectancy is about ten years for men, Over a dozen years for women, and about 12 to 13 years on average for men and women.

Until just after World War II, the average life expectancy was in the 50s. But now, as average life expectancy has increased, we face such a problem for the first time in the history of humankind. As the average life expectancy increases, we face the first set of human problems, such as dementia and prolonged nursing care. This has led to the rise in the number of people certified as needing long-term care. As a result, there is a sense of urgency about the super-aged society that will develop when the baby boomers become elderly in 2025 and the junior baby boomers become elderly in 2040.

So, what should be done about social security? Unlike other Asian countries, I believe that the Japanese government is ready to intervene. Since the 1990s, there have been reforms to integrate social security and taxation, but I think the current situation is that taxes cover the costs, and the shortfall is covered by debt.

Changes in the family structure have been the main factor in the worsening of the nursing care problem. Until this century, family care was the primary form of care, but this began to change with the introduction of the long-term care insurance system in 2000. The goal of the long-term care insurance system was to shift care from the family to society and to have society take on the role of long-term care. The introduction of

Changes in the long-term care insurance system	
1989	Gold Plan Formulation
1994	Ministry of Health, Labor and Welfare Establishes Task Force on Elderly Care
1995	Council on Health and Welfare for the Elderly Begins Discussion on Long-Term Care Insurance
1997	Nursing Care Insurance Law enacted
1999	Discussions on postponement and review occur
2000	Long-Term Care Insurance Law enacted
2006	Emphasis on preventive nursing care
2014	Passage of laws related to the integrated reform of social security and taxation - establishment of a fund, regional comprehensive care system, medical and nursing care coordination
2015	Transfer of some services for the mildly-unhealthy aged people to the municipality's own service Increase in user fees for high-revenue elderly (from 10% to 20%)
2018	Reduce user fees to 30% for elderly people with particularly high revenues.
2019	Raising the cost of meals and living expenses at long-term care facilities and raising the amount of the burden (from the 8th long-term care business plan in April 2009)

- The previous system, the "measure system" by local governments, had few financial resources and limited service choices, so the system had to be re-designed as the population aged.
- The intention of the system, the care givers.
- From "family" to "society as a whole"
 - In the late 1970s, the percentage of aged people living with their children was high. It was referred to as the "hidden assets for welfare."
 - Burden on family members living together, especially wives (limited to caring for aged people who are bedridden or have dementia)
 - The problem of care (⇒ S8/9)
- Nursing care insurance system
 - Enhancement of service contents
 - Installation standards
 - Staffing standards (⇒ Affects wages)
 - Increasing the burden on the people with each revision?

Slide 2. Changes in the long-term care insurance system

Aging and changes in family structure and home care	
<ul style="list-style-type: none"> Population aging <ul style="list-style-type: none"> Average life expectancy, post-war 50 years => now 80 years More than 10 years difference between healthy life expectancy and average life expectancy Cognitive disorders Increase in the number of people certified as requiring nursing care 2025 problem (baby boomers), 2040 problem (baby boom juniors) (⇒ S8) The problem of social security funding (taxes and debt) Changes in Family Structure <ul style="list-style-type: none"> Increase in single people, marriage and declining birth rates Women's Advancement in Society Decline in three-generation cohabitation Rapid increase in living alone aged people 	<ul style="list-style-type: none"> Home Care Issues <ul style="list-style-type: none"> People avoid aged care facilities Elderly people care about other elderly Accreditation Annually 100,000 people leaving the workforce Abuse <ul style="list-style-type: none"> ⇒ The burden on the family remains as great as ever

Slide 3. Aging and changes in the family structure and home care

long-term care insurance was intended to help secure social security funds. In addition, with the advancement of women into society, women work outside the home. Also, the number of people living together with three generations is decreasing rapidly. And the number of elderly people living alone is increasing.

The system has been reformed to shift the responsibility for nursing care from the family to society. However, I still have the impression that this has not alleviated the problem of in-home nursing care. People who face home-care problems complain about the inability to be admitted to a home for the elderly because it is difficult to be certified as needing nursing care or because they cannot be admitted to special care facilities.

They may be able to enter a fee-based nursing home, but with a pension of 140,000 yen, it may not be easy to choose a place. In some cases, the caregiver is an elderly wife, husband, son, or daughter. There is also talk of cognitive care, where an older person with dementia is cared for by a family member who also has dementia.

When elderly people have dementia, they gradually become self-centered and ask their sons and daughters who live with them to “quit their jobs and take care of me.” It means that people in their 50s quit their jobs because of nursing care in the prime of their careers. In the workplace, the understanding of taking nursing care leave is still weak, and it is not socially recognized, so they have no choice but to leave the workplace. This situation can lead to poverty problems and worsen the situation. In addition, the stress of caring for the elderly can lead to cases of abuse and murder that occasionally appear in the news. In my opinion, even with the introduction of the social insurance system, the burden on the family remains heavy.

Please look at Slide 4. We have the 2025 and 2040 problems, but in 1990, the baby boomers were in the prime of their

working lives, and the junior baby boomers were still in their late teens. By 2010, the baby boomers were beginning to reach retirement age, and people began to recognize the seriousness of the demographic replacement. And by 2040, the junior baby boomers will be the elderly.

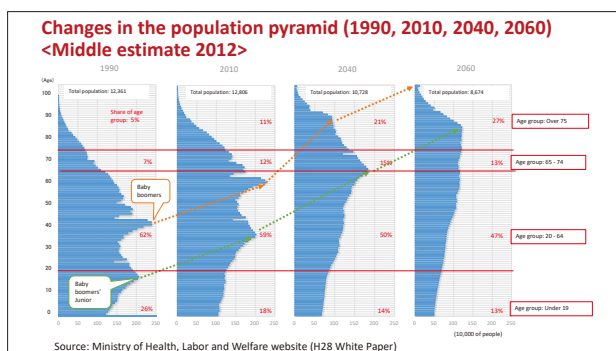
Junior baby boomers experienced a glacial period of employment, and they are marrying later in life and having few baby boomers. The junior baby boomers are not reproducing the next generation very well. In this situation, how to take care of the huge elderly population of junior baby boomers and above is going to be a significant issue in the huge burden on families.

Let's return to Slide 2. The long-term care insurance system had made it possible that before its implementation, there was a system of measures in which the elderly people were cared for mainly with the financial resources of the local government.

However, there were some restrictions on the selection of service. There was a growing awareness that the system needed to be designed following actual conditions, so the long-term care insurance system was introduced. Following actual conditions, the service content has been enriched, and standards for establishing facilities and staffing have been introduced. It would be best if you could talk about establishing such services with an expert. To the best of my understanding, this staffing standard is an essential keyword in nursing care, and it is a rule that three staff members must be assigned to one person. Based on this, the government provides money for wages and salaries in subsidies and so on.

To prepare for the high rate of aging of the population in the future, the government introduced reforms to integrate social security and taxation. The consumption tax was increased every time on the assumption that it would be used for social security. However, we have confirmed from statistical data that while consumption tax has increased, corporate tax has been lowered considerably, and tax revenue itself has not shown any significant changes to date.

In such a situation, it seems that the system is designed so that it is unrealistic to raise the wages of nursing care workers. In addition, what is being done is that some of the services for people with minor illnesses will be shifted to the municipalities' own services. In addition, some of the services for people with low incomes will be transferred to the municipalities. In addition, with each revision, the government has increased the burden of fees for high-revenue elderly users, and raised



Slide 4. Changes in the population pyramid

the cost of meals and living expenses at facilities. In addition, recently, there have been discussions about lowering the age of long-term care insurance from 40 and introducing it for those aged 20 and above.

Now, please look at Slide 5. The Ministry of Health, Labor and Welfare estimated that when the baby boomers reach the age of 75 or older in 2025, the number of people certified as needing nursing care will increase considerably, so the demand for nursing care workers will increase to 2.45 million. Of this number, 2.11 million will be able to be supplied by facilities, etc. The estimate is that there will be a shortage of 340,000 nursing care workers.

I think that is the reason why the burden of family care is not decreasing as there is a shortage of care workers who can be recruited from the public or as an external service. If you want to know why this is the case, please visit (I apologize if you can hear the chimes on campus).

As I have mentioned many times before, the composition of the population by age group is changing. The main reasons are the decrease in the working population due to the declining birthrate and aging society and the increase in the elderly population (see Slide 4).

There is also an increase in the number of people certified as people in need of nursing care. As the number of elderly people living longer increases, the number of people requiring nursing care increases. It is said that the main increase is in the number of people with dementia. The number of people certified as requiring nursing care was 2.18 million in 2000, the year the nursing care insurance system was introduced, but by 2018 it had risen to 6.44 million. It is expected to increase further as we head toward the 2025 problem.

I also think that various policies, social, media, and educational issues related to the nursing care industry and issues related to the nursing care industry as a whole have had

Background of the shortage of nursing care workers in the nursing care industry

In 2025, only 2.11 million nursing care workers out of the demanded 2.45 million workers can be supplied, leaving a shortage of 340,000 nursing care workers (MHLW estimate, 2018).

- **Changes in population composition by age group**
 - Decline in working population and increase in elderly population due to declining birthrate and aging society
- **Increase in the number of people certified as requiring nursing care**
 - 2.18 million (2000) ⇒ 6.44 million (2018) ⇒ expected to increase further
- **Issues in policy, society (media, education) and the nursing care industry as a whole**
 - New industry - Many small and medium-sized companies - Price suppression function of staffing standards (wage increase will not solve labor shortage)
 - Unclear career advancement and salary increase system - Not generalized work "experience and intuition" - No labor unions, etc.
 - Chronic shortage of human resources - No room for human resource development such as training - Inexperienced workers can also work - High early turnover rate (= 51%)
 - 3K, 5K, and 8K (hard, dirty, dangerous, low pay, smelly, no vacation, dark, delayed marriage) images
 - Tend to leave the company due to problems with elder people, their families, or workplace relationships, low income, or dissatisfaction with the managerial position system.
 - It will be difficult to maintain a sense of fulfillment in long-term care work.

Slide 5. Background of the long-term personnel shortage in the long-term nursing care industry

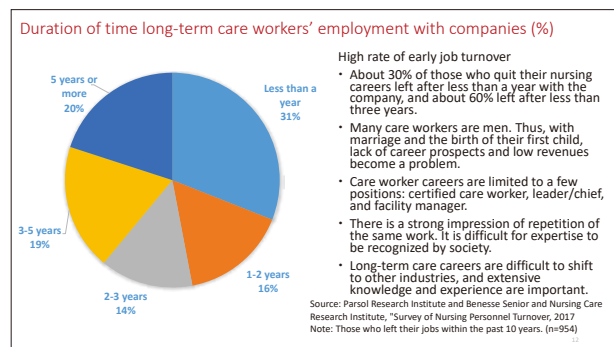
a large or small impact on the current shortage. Please, refer to Slide 5.

The nursing care industry is newly emerging in our society, the first in the history of humankind. Many of the nursing homes are small-to medium-sized companies. It is not an exaggeration to say that the staffing standards are a reason why the wages of nursing care workers are not rising and why there is a shortage of workers.

Another issue that needs to be addressed is the unclear career path and salary increase system in the nursing care industry itself. Also, most of the jobs and tasks in small-and medium-sized companies are based on experience and intuition. It is not generalized, scientifically or theoretically...There are places where care techniques are still done only by experience, intuition, and guts. In addition, there are few labor unions and there has been a chronic shortage of labor for a long time. In addition, there is always a shortage of staff, so there is not much room for training and other human resource development in the facilities and offices.

Also, the industry allows inexperienced people without qualifications to work, and the high early turnover rate is also a problem (see Slide 6). In addition, the reason given for leaving the industry is low revenue and the fact that people leave the sector due to difficulties with users, their families, and human relations in the workplace. In particular, when men reach their 30s and start thinking about marriage or having children, they leave because they cannot envision a future working as a care worker. There is also a tendency to leave these jobs due to dissatisfaction with the managerial position system. I also get the impression that it is challenging to envision high aspirations and fulfillment in nursing care after joining a company. As for the high rate of early job turnover, this does not include the opinions of foreign nationals.

Results of a survey of the actual situation: about 30% of those



Slide 6. Employment periods before leaving workplace

who have quit their nursing care jobs have done so in less than one year. This data came in a survey of 954 people who had left their careers in the past ten years. As I mentioned earlier, marriage and work-life balance are also essential factors. The main reasons for leaving are lack of career prospects and low revenue due to marriage and the birth of their first child.

As for careers in nursing care, after obtaining a care worker license, there is also the recently created certified care worker license. But the number of positions that can be stepped up on the career path, from leader to chief, to a facility manager, is minimal compared to other industries. Therefore, if men cannot become a chief, a leader, or facility manager, they tend to quit because they have no prospects.

In fact, nursing care workers need fundamental specialized knowledge, recognition, and experience in health and nursing care for the elderly, as well as medical care to some extent, such as working with dementia and gastric bandaging. However, if the work involves bathing, toileting, and eating more than three times a day, it is easy to lose one's sense of fulfillment.

Nursing care jobs have knowledge, techniques, and skills specific to this industry only, so it seems quite a hurdle for people who have worked as nursing care workers to switch to jobs requiring office computer work. On the other hand, nursing care workers support patients' lives. It is important to have a wide range of knowledge and experience about the patients' medical problems, health problems, and dementia. It seems to me that this is creating an image that people cannot work as professionals with confidence.

Measures against the long-term personnel shortage in the long-term nursing care industry

- Policies to support the employment of unemployed women
- Policies to support employment for senior citizens
- Creation of "assistant" and "care supporter"
- Project to replace scholarship repayments for recently graduated students
- Job training for the unemployed
- Employment support policies for people with disabilities
- Use of staffing agencies
- Creation of "nursing care" status of residence
- Establishment of "specified skilled worker" status of residence (acceptance of foreign workers)
- Scholarship support for international students at training schools (in cooperation with local governments)
- Change of the status of residence as a result of COVID-19 pandemic (international student/technical intern → specified skilled worker No. 1) and support for technical intern to substitute jobs
- Adoption of digitalization, robotization, and AI
- Subsidy support for facilities and establishments that employ senior and elderly people
- Tuition exemption at training schools for care workers
- Scholarships and loan support for Japan Student Services Organization scholarships
- Support the advancement of women and elderly people
- Safety net for unemployed people
- Use of inexperienced staff
- Middlemen exploitation by staffing agencies (400,000-500,000 yen per person)

❗ believe that there will eventually be a limit to the stable recruitment, training, and long-term retention of nursing care workers, but will this be a measure to support the employment of unemployed people laid off due to the Corona pandemic?

❗ New human resources are needed for digitalization. The cost of installing, operating, and maintaining robots is an issue. They do not directly reduce the burden of nursing care work.

❗ However, due to the Corona disaster, foreign workers scheduled to come to Japan in April 2020 were unable to enter the country.

Slide 7. Measures against the long-term personnel shortage in the long-term nursing care industry

There are policies to support women's employment and support the reemployment and employment of seniors and elderly people. In the nursing care industry, we have created "assistants" and "care supporters" so that people with no experience at all can learn the job while working. Also, the

Tokyo Metropolitan Government has introduced a program in which it offers so-called educational loans or scholarships from the Japan Student Services Organization (JASSO) and other organizations to new graduates who have graduated from university but have found employment in the nursing care industry. In addition, there is a program for unemployed people to receive a scholarship at a training school as part of their job training. At the same time, they are unemployed and work toward qualifying as a care worker. There is also a policy to support the employment of people with disabilities, and there is also a policy to utilize temporary staffing agencies, which increased rapidly in the late 2000s.

The situation of non-regular employment by temporary staffing agencies has been created both politically and socially. To summarize, we are taking measures to reduce the labor shortage in the nursing care industry by providing subsidies to facilities and offices that want to hire workers, exempting nursing care workers from tuition fees at training schools, supporting the repayment of scholarships from JASSO, and helping to promote the activities of women and the elderly.

In addition, when the economic situation makes it difficult to find a job, more and more students find employment in the nursing care industry or join the self-defense forces. In a way, the nursing care industry seems to have functioned as a safety net for those who have had difficulty finding work due to economic recession and stagnation.

In addition, the shortage of human resources is so serious that the nursing care industry hires people with no experience as nursing care workers. I have heard that there is a referral commission of 400,000 to 500,000 yen per person, and to make money from this referral commission, unscrupulous staffing companies, for example, make their staff quit after six months and resell them to other nursing care companies. Therefore, I heard a story that temporary staffing companies exploit middlemen from nursing care facilities and offices by deliberately creating a system to make people quit after less than one year. I feel that this is a serious problem that exploits the labor shortage issue.

Regarding the acceptance of foreign nursing care workers, the government finally established the "nursing care" visa status in the late 2010s. And finally, because of the shortage of labor, the government established the "specified skilled worker visa No. 1" status and started accepting foreign workers from 2019. Then, the government started to provide scholarship

support for international students in training schools. This is a joint project with the local governments. This year, the new coronavirus infection, COVID-19 (referred to as “corona”), made it difficult for foreigners to enter Japan. There have also been moves to utilize digitalization, robotization, and AI (artificial intelligence).

First, I would like to discuss initiatives to address the shortage of human resources in the nursing care industry. In terms of securing a stable supply of nursing care workers and developing human resources, under the aging population and the negative aspects of the nursing care industry, e.g., the abovementioned reasons for leaving the workforce, I think that there are many limitations in terms of retention, for example, if you want people to work for more than five years. However, many unemployed people were laid off during the corona period this time, and I think the nursing care industry plays a role as a safety net for people who have difficulty finding work. We expect the nursing care industry to expand as measures to support employment and reduce the labor shortage emerge.

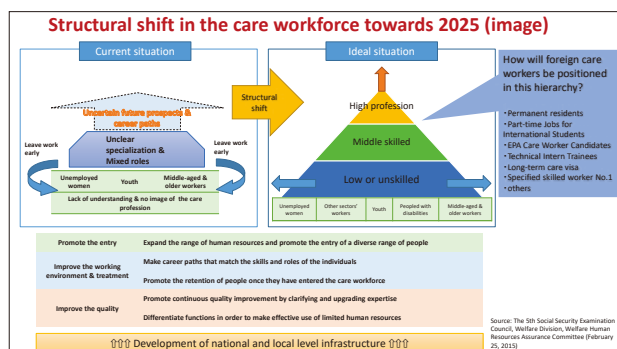
In addition, we are trying to promote digitalization, robotization, and AI. Still, securing new human resources to perform such digitalization tasks amid a labor shortage will be a burden, especially in small-and medium-sized facilities.

The cost of installing a robot itself is quite high, and then there are other cost issues in addition to the workforce, such as operation, maintenance, and managerial position costs. I think this will be a big burden for the service providers. Robots, etc., cannot directly reduce the burden of nursing care work, and human labor will still be needed. There is a shortage of foreign workers in many industries, so we have the “Specified Skilled Worker No. 1” program. However, some technical trainees cannot enter Japan due to corona. Still, from October, Japan will start accepting business-related foreign workers, especially from countries where the infection rate of corona is

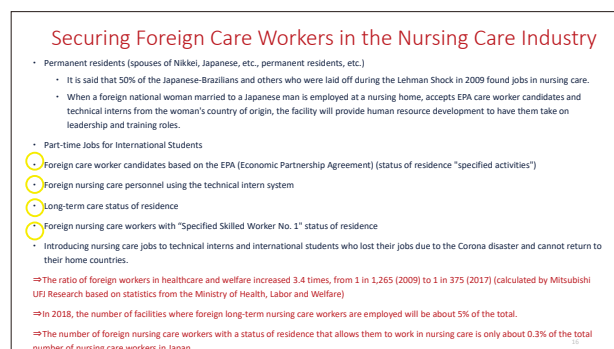
not so high, so I think the situation will change.

Slide 8 presents data from the Ministry of Health, Labor and Welfare. This Ministry has also been concerned about the opaqueness of the career path in the nursing care sector in Japan, and from around 2014, they started to take measures to make the career path clearer. This is often referred to as diversity, and I thought there has been a desire to allow people of all types to participate in society. In the past, specialization was quite unclear, so I think the understanding and image of the nursing care profession in the community was vague and insufficient. There was also the problem of people not having a clear vision of nursing care work, so efforts were made to clarify career paths.

At the bottom of the pyramid, some people are considered as employment support, and all have almost no experience. The Japanese people from Japan form a pyramid in the nursing care field, and the nursing care workers are in the layer where they can qualify, the foreign nursing care workers are placed in this layer. I think there is room for discussion. For example, some are permanent residents or married to Japanese, entering the nursing care industry with a labor shortage. Those who have settled in Japan can fall into any of these categories. However, those working part-time as international students are at the bottom of the list of young people with no experience. Many of the Economic Partnership Agreement (EPA) care worker candidates have qualifications as care workers or nurses in the first place, and they have received a certain amount of training locally. Technical interns will be in the same hierarchy as those under the EPA. The “nursing care” status of residence is for those who have completed a nursing care training school, so I think it will be in the upper tier. In the case of Specified Technical Skill 1, there are some cases of conversion from technical interns to nursing care workers, so I think we can get a particular idea of the level of potential nursing care workers.



Slide 8. Structural transformation of long-term care personnel by 2025 (image)



Slide 9. Securing long-term care personnel from abroad for the long-term nursing care industry

Look at Slide 9. I would like to look at the changes in Japan's system for accepting foreign care workers and their roles. As I mentioned earlier, when it comes to securing foreign nursing care workers in the nursing care industry, it seems that those who have settled in Japan were the first to enter the industry.

I think it is wrong to keep referring to these people as foreigners, but I will talk about them as foreigners for convenience. In 2009, when the Lehman Shock hit the economy, there was a story that 50% of the Japanese-Brazilians who were massively laid off found jobs in nursing care.

Filipino women, Vietnamese women, and other foreign women who have married Japanese men are first hired at nursing homes close to their homes and then receive training. Then, later, they are employed as EPA care worker candidates or technical interns. Human resource development is being conducted to have these women take on leadership and training roles.

Some international students are working part-time in nursing homes. Also, some foreign care worker candidates are under the EPA, and their status of residence is "Designated activities."

There are also foreign care workers who have the status of residence "nursing care" and "specified skilled worker No.1" under the technical training system. The industry has been trying to secure nursing care workers by introducing nursing care jobs to technical interns and international students who have lost their jobs in Corona and cannot return home.

According to the statistics calculated by Mitsubishi UFJ Research, the percentage of foreign workers in the medical and welfare field is about as follows. In 2009, when Lehman Brothers collapsed, 1 in 1265 workers was a foreigner, and in 2017, this indicator reached 1 in 375 workers, a 3.4-fold increase in less than a decade.

In 2018, I lost track of the source of the data, so I don't know where it came from, but it is said that the number of establishments where foreign care workers work accounted for 5% of the total. I don't know if it is "still about 5%" or "already 5%" because each person has a unique perception and impression.

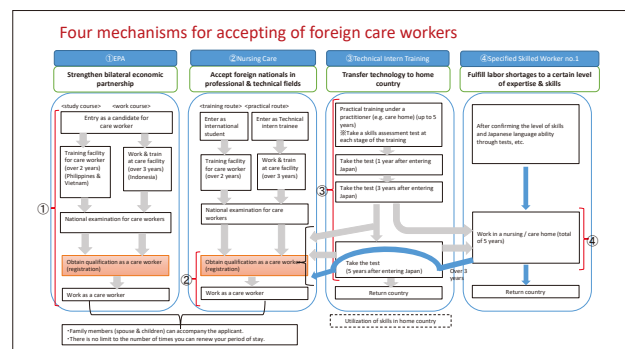
Incidentally, the four systems circled in yellow are residence statuses that allow new foreign residents to work in Japan. I remember that the data was from 2018. Still, foreign nursing care workers employed under the yellow circles account for only 0.3% of Japan's total nursing care workers. As we can see, permanent residents account for a large share.

Next, let's look at Slide 10, Slide 11, and Slide 12. Currently, there are four systems for accepting foreign nursing care workers. This information is copied and pasted from the Ministry of Health, Labor and Welfare's website. As you can see here, the purpose of the systems is to strengthen bilateral economic partnership in the case of the EPA. In the case of the "nursing care" status of residence, it is for the acceptance of foreigners in specialized and technical fields. The purpose of the EPA is to strengthen bilateral economic partnerships. It is only in the case of "specified skilled workers" that the four systems were introduced to address the labor shortage.

If you look at the details of the system, in the case of the EPA, there are graduates of nursing courses in their home countries who do not have qualifications as care workers when they enter the country. When entering Japan from Indonesia, the Philippines, or Vietnam, the Japanese language ability required to obtain a residence status is tested. A long-term stay will be possible after obtaining the status. Support for the period of acceptance is also determined in detail.

There are two patterns in the case of the "nursing care" visa status: the training school route and the practitioner route.

You can work permanently under this "nursing care" status of residence. If you go through a training school, you will need to work with a Japanese language school or a training school.



Slide 10. Mechanisms for accepting long-term care personnel from abroad

Status of residence	Eligibility	Qualifications of Care Workers	Japanese language proficiency at the time of obtaining status of residence	Long-term employment	Support for acceptance	Support for host coordination organizations, etc.
Designated Activities EPA	Graduate of nursing school in home country / certified government caregiver	No qualifications (certification is required) Off-JT-OT	Indonesia: N4 Philippines: N5 Vietnam: N3	Permanent employment is possible after certification (changing this status to specified skilled worker is also possible).	Need to develop training and support for qualification	Acceptance coordination support by JCVWLS
Nursing Care	Graduates of care worker training schools in Japan	Qualifications required	N2	Permanent employment available	Cooperation with Japanese language schools and care worker training schools is necessary	None
	Changing from other status of residence in Japan	Qualifications required	Individual differences	Permanent employment available	Need to improve support for acquiring qualifications that can be transferred to long-term care status.	None
Technical Interns Trainee	Experience in the same type of work in home country, etc.	unqualified	N4 level (N3 level will be required after one year)	Up to 5 years (after the qualification of "care" can be substituted)	At least one instructor per five trainees. Training upon arrival in Japan.	Support for acceptance and coordination by governing bodies
Specified Skilled Worker	Passed domestic and international evaluation examinations	unqualified	N4 or higher	Up to 5 years (after the qualification of "care" can be substituted)	Procedures for joining the Council of Specified Skills	Support from a registered support organization

Slide 11. Mechanisms and requirements for accepting long-term care personnel from abroad

Accepting long-term care personnel from abroad and staffing criteria:
Impact on long-term nursing care fees

- EPA nursing care personnel (those with N2 certification will be calculated from facility employment)
 - Indonesian/Philippine: 6 months of training before visiting Japan, entry into Japan, 6 months of training after entering Japan + 6 months of work afterwards, calculation
 - Vietnamese: 1 year of training before arrival, entry into Japan, 2.5 months of training after entering Japan + 6 months of employment, or later.
- Technical intern trainee "nursing care" (N2 certificate holders are calculated from facility work)
- If workers do not have N2 language ability: Calculated after 2 months of training after arriving to Japan + 6 months of practical training.
- Status of residence "nursing care" ... immediately effective, can be calculated immediately after joining the company
- Specified skilled worker No. 1: Immediate ability to work, can be calculated immediately after joining the company (because nursing care skills are considered equivalent to those of personnel who have completed three years of technical training)

Slide 12. accepting long-term care personnel from abroad and staffing criteria: impact on care fees

Still, if you are a person who has transferred from another residence status, you will be able to work hard on your own to obtain a qualification that will allow you to transfer to "nursing care," and the host company will take care of you. However, there is a difference in the way support is provided.

In the technical internship program, a person is accepted without having any qualifications as a care worker but can stay for up to five years. After obtaining the qualification, the status of residence can be changed to "nursing care." However, in the case of technical training, it was criticized in the past as a tool to make an international contribution. Still, I think it was inevitable from the standpoint of the current situation in Japan and the system.

Also, for the first time, "specified skilled worker" was designed as a system to accept workers to solve the labor shortage. At the university where I used to work, we used to tell international students that they should take the test for specific skills. It was also possible to change from an international student to a "specified skilled worker." In the case of a specified skilled worker, the maximum period of stay is five years. However, suppose an international student obtains a certificate as a care worker. In that case, they can change residence status to "nursing care" and work as an immediate asset at a facility or office. In this way, the current situation of accepting foreign care workers in Japan is that four systems and acceptance mechanisms exist.

The biggest concern from the facility side, corporation side, and business side is how to handle foreign care workers as the staffing standard. In the case of the EPA, it was explained that the program's purpose was to learn and acquire qualifications, and the local applicants seemed to believe this. For people with Japanese language proficiency at the N2 level, the route to receive a residence status is different. Under the EPA system,

foreign nursing care workers will be included in the staffing standards only after completing the training period.

In the case of technical intern trainees in "nursing care," if they do not have N2, they will be included in the staffing standards only after six months of training.

In the case of "nursing care," the status-of-residence situation is as follows: if the trainee is a care worker, or if the trainee has graduated from a training school and is deemed to have a care worker status of residence until 2022 as part of the transitional measures, the trainee will be counted as a care worker immediately after joining the company.

Since they are counted as care workers, they are immediately effective as personnel who can meet the staffing standards for business establishments and facilities.

In addition, the system is designed so that if a trainee has completed three years of technical training, their nursing care skills are equivalent to those of the person who has completed three years of technical training. By 2019, a total of 5,063 people had been accepted at 968 facilities. As of January 2020, 3,587 EPA nursing care workers were employed at 804 facilities as nursing care workers. The Japanese language requirements are N4 for Indonesia, N5 for the Philippines, and N3 for Vietnam, so the pass rate for care workers is overwhelmingly high for Vietnamese.

Next, I would like to discuss the residence and international students' "nursing care" status. Since September 2017, international students who graduated from nursing care worker training schools have been granted the "nursing care" residence status. As a transitional measure until 2022, even if they do not qualify as a care worker, they will be allowed to extend their stay if they pass the national examination for a care worker by 2022. I don't know if any conditions will be imposed in the future. Still, with the establishment of the "nursing care" visa status, the number of international students enrolled in nursing care training schools has increased dramatically. So, we have seen this kind of change.

The technical intern training system was established in November 2017 to accept nursing care workers. It was also the year when there was a major review of the technical intern training system. Even at this stage of technical training, it is not used to make up for labor shortages but rather for international contribution and technology transfer. So, I think that we cannot accept that many people, but even so, with the establishment of the "nursing care" status of residence, we can accept nursing

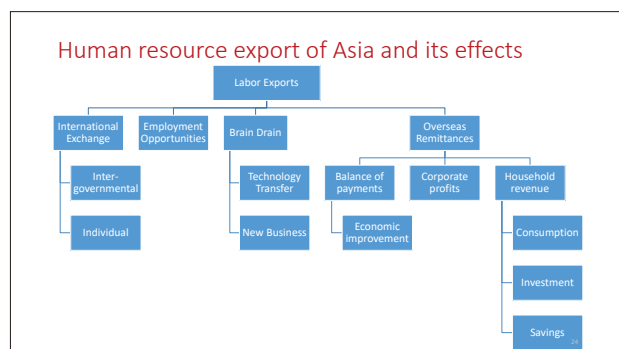
care workers through technical intern training. So, 8,651 applications out of 10,000 were certified. It was approved in January 2020, so I am not sure whether they are coming to Japan in during corona or not, but the number has been increasing steadily. For example, I often travel to Sri Lanka for research, and there is also a system in Sri Lanka to send out care workers as technical interns using this technical intern training system.

The “Specified Skilled Worker No.1” system was designed for the first time to accept foreign workers to deal with the worsening labor shortage, and it came into effect in April 2019. People are supposed to be able to change jobs.

In some cases, it is assumed that those who have completed three years of practical training can change their residence status. We were expecting to accept up to 60,000 nursing care workers in five years. However, there is a problem. Those people with residence status who come directly from abroad may not have practical experience or practical skills. Hence, as I mentioned earlier, those with “specified skills worker” status can be counted as one of the nursing staff immediately after arrival. However, the actual problem is that it is not clear whether the person coming directly from abroad has any practical experience or practical skills.

In addition, by February 2020, there were 2,300 people who have passed the nursing care skills assessment test and 2,400 people who have passed the Japanese language assessment test, so even though we aim for 60,000 people, the numbers have not increased due to a lack of preparation. So, it seems that they are moving to change the status of residence.

Next, I would like to talk about the export of human resources for nursing care in Asia and what the benefits are from the perspective of those who send foreign labor. The figure on Slide 13 needs more study, but I believe that the benefits are as follows.



Slide 13. Human resources export from Asia and its effects

In other words, I think there are four significant benefits: the role of international exchange, the creation of employment opportunities, the “return of brains”, and overseas remittances.

In terms of international exchange, there is a bilateral exchange between countries, such as between Japan and Indonesia, Japan and the Philippines, and Japan and Vietnam. In addition, the opening of these routes, the opening of these gates, will lead to the formation of international exchange between companies and individuals. In addition, it will provide employment opportunities for young people and housewives who cannot participate in economic activities in the countries where the labor force is being sent from so that they can work.

I would also like to talk about the “return of brains”. In the case of technical training in Japan, there is a limit to the period of stay, so when the deadline comes, everyone goes home.

In addition, overseas remittances have a tangible effect. It will positively affect the balance of payments, such as improving the trade deficit and other economic indicators. So, if there are good conditions, the sending country would like to send them somewhere, and the sending country would like to establish friendly relations with them.

However, there is a negative side to this. There is direct damage caused to care workers. I used to research women domestic workers to point out many of these problems as social problems. They are vulnerable to a hostile and poor working environment in the host country. This also depends on the destination. Many restrictions on the living conditions in the destination country, cheap wages, unpaid wages, unfair dismissal, abuse, etc., came to light in my research in Sri Lanka. There is also the problem of exploitation by recruiting and placement agencies in both the host and sending countries.

This is a non-economic issue, but the research also revealed that relationships with family members deteriorate. In addition, reintegration is difficult after returning home. After earning



Photo 1. Interview survey with EPA certified returnee care worker candidates

high wages, once they return to their home country, it is difficult to maintain their desire to work in their home country. I would like to introduce a case study of an EPA care worker candidate from Indonesia.

From February to August 2017, I surveyed EPA care worker candidates. I would like to show you some pictures and talk about them (Photo 1). They are returnees, Indonesian women and men who worked as EPA care workers in Japan. Those wearing scarves were Muslims, and those who were not wearing scarves were Christians. One man also joined us. We were able to hear many stories in a friendly manner. We also visited the only facility for the elderly in Indonesia. It was a high-class payment-style nursing home built by a Japanese company in collaboration with the Indonesian government. At that time, there was only one user.

This is the building of the nursing department of a medical university called Medisutra University in Medan, Sumatra, Indonesia (Photo 2). It was a very magnificent building.

I also visited the hospital owned by the university. Please look at Photo 3. These two people were working at the facility as Japanese EPA care workers. The woman was working in the Tohoku region. She said she went back after one year as it was freezing and lonely in the deep snowy area. There were only two foreigners, so she felt very lonely and couldn't stand

it any longer. Indonesia has a hot and humid environment. The difference in climate seems to have an effect.

These photos were taken when we held a study session on the EPA caregiver system with university members and more than 200 students.

My co-researcher and I were also asked to lecture on nursing homes, training schools, and the EPA system in Japan. After the briefing, lecture, and photos, we took a tour of the university facilities and were treated to some delicious durian. We also had the opportunity to meet the President of Medistra University.

When I visited Indonesia, the Japanese government organized a job fair for Japanese companies through the Japanese Embassy in Indonesia, gathering EPA caregiver candidates and EPA nursing candidates who had returned to their home countries. At this job fair, we asked the participants, "Why don't you work in Japan? There will be a shortage of nursing care workers in Japan, so there is a place where you can play an active role." In this way, we matched returnees with facilities and offices in Japan. Many companies and returnees participated in the event.

Photo 7 shows an interview with current EPA care worker candidates. This photo was taken when we approached EPA nurse candidates and care worker candidates working at a corporation that operates a hospital and a nursing home in



Photo 2. University of Medistra, Indonesia (Faculty of Nursing)



Photo 3. Explanation by the returnee EPA certified care worker



Photo 4. Academic staff of the Faculty of Nursing



Photo 5. Students of the Faculty of Nursing



Photo 6. Job matching between Japanese companies and EPA certified returnees



Photo 7. Interview survey with active EPA certified care worker candidates

northern Kyushu and talked with them about various topics over dinner. I got the impression that the chairperson of the facility that accepts them has a strong interest in international contribution, and that the organization itself is huge and has a certain level of environment where they can accept foreigners and provide them with training, courses, and human resource development.

In the case of Indonesia, there were many cases where the elite who had graduated from nursing colleges, as I mentioned earlier, came to Japan as EPA care worker candidates. Perhaps because of this, they came to Japan as an extension of their studies, but they had not much time to study once they entered the facility. However, in Japan, they were not allowed to experience any medical treatment because they were candidates for care workers, which was frustrating. In the case of men, they had the freedom to join drinking parties after work and travel around on holidays. But in the case of women, especially Muslims, there were various restrictions, and they sometimes felt a little lonely.

Next, Slide 14 shows the reasons for returning: I wanted to work as a nurse; to get married; I wanted to take care of my parents; because I had accumulated a certain amount of savings; because I wanted to return to Indonesia; because

Reasons of Returning of EPA Certified Care Worker Candidates to Their Home Countries

- I wanted to work as a nurse.
- I didn't want to be past the marriageable age.
- I wanted to get married.
- I wanted to take care of my aging parents.
- I was able to save some money.
- I wanted to go back to Indonesia.
- I couldn't pass the caregiver's exam.
- The climate was not right.
- I hated my workplace.

Slide 14. Reasons of returning of EPA certified care worker candidates to their home countries

Status of EPA Certified Care Workers after Returning to Their Home Countries

- Nurses at a clinic for Japanese people
- Nurses in general wards and other facilities in Indonesia
- Rural clinics in Indonesia
- Interpreter for a Japanese company (not using any nursing/nursing skills)
- Business of nursing care personnel sending organizations and training institutions for technical training to Japan
- Business of sending organizations and training institutions for domestic workers and care workers for Middle East and East Asian countries
- On maternity/childcare leave
- Housewife (husband not allowed to work)

Slide 15. Situation of EPA certified care workers after returning to their home country

I couldn't pass the national exam for nursing care workers within the time limit; because the climate was not suitable, and I didn't like my workplace.

After returning to Japan, what happened to them? "What happened after I returned From Japan was that I started working in a clinic for Japanese people as a nurse, or in a rural community" ... "In Indonesia, there is a shortage of doctors, so nurses can take the place of doctors and play a very active role in rural areas." "I am also working as an interpreter for a Japanese company." Some of them were on maternity leave, some were on parental leave, and some were housewives because their husbands did not allow them to work.

Let's look at Slide 16. In the future, Asia as a whole will be facing an aging society. I believe that we should not accept foreign care workers just because there is a shortage of nursing care workers in Japan due to the declining birthrate and aging population. Still, at the same time, we should improve the working environment and facilities in the nursing care industry in Japan and provide policy. The same is true for foreigners and Japanese human resources. Still, there is a need to develop the Japanese long-term care industry while being aware of human resource development and enhancing specialization. I would like to see Japan's nursing care industry develop with



Slide 16. Cooperation to overcome the declining birthrate and aging society in Asia: relationship between human resources development and technology transfer

an awareness of the need to develop human resources and expertise. And as Japan's aging population accelerates ahead of Asia and the rest of the world, I would like to see Japan take on the role of transferring the know-how it has gained in the nursing care industry to Asia, intending to build cooperative exchange relationships between Asia and Japan. I think it is desirable to build a relationship that compensates for each other's deficiencies and develop this relationship sustainably to build peace.

In recent years, Japan's nursing care business has become more active, with JICA and other organizations using ODA funds to support small-and medium-sized Japanese companies and export Japanese nursing care to Asia. I think it would be ideal if the nursing care and welfare industry could develop further, and the people who work in it could develop with pride and confidence, establishing their expertise.

Thank you very much for your kind attention.

Dr. Kajiyama: Thank you very much, Dr. Kage. In the first half of your speech, you talked about the problems in Japan from the perspective of the long-term nursing care insurance system and the background of the shortage of nursing care personnel, based on detailed data. In the latter half of the presentation, you discussed the merits and demerits of accepting foreign nursing care workers and the issues in easy-to-understand manner. There were many stories that were interesting to everyone who joined this lecture. Now, I would like to move on to the Q&A session in the remaining time.

If you have any questions, please turn on the video and unmute your microphone, if possible. There is also an opportunity to ask questions using the chat box. So, feel free to type your question if you find it difficult to talk due to various circumstances.

A: Yes, thank you very much. There are so many questions

that I wanted to ask you, and the one that bothered me the most was that the EPA only accepts about 300 people a year from one country.

Prof. Kage: Right now, there are more than 900 people.

A: That's right. Among them, I took the exam for care workers. The exam is given in the Japanese language, precisely the same exam as for Japanese people. I know that there is a problem with the pass rate, but those who have tried many times and failed to pass the exam cannot stay in Japan, so I would like to ask what they do after that.

Prof. Kage: Yes. If they don't pass, they go back to their home country, and after about four or five years, most of them reach the age where they can get married. In the case of women, their parents always wanted them to get married, and they were often told, "Hurry up and go home." She said she really wanted to stay in Japan for a while, but she couldn't go against her parents. Some of them returned because of marriage even though they had passed the entrance exam.

On the other hand, I got the impression from the interviews that many people thought, "I've worked in Japan for four or five years, I'm done with Japan now" and returned.

Suppose an EPA care worker or nurse candidate fails the national examination. In that case, there seems to be some talk about the possibility of transferring to a "specified skilled worker" introduced in 2019.

Regarding former EPA care workers and nurse candidates who have returned to their home countries, as shown in the picture above, the local Japanese embassy is holding a job fair to promote matching with Japanese companies. This is to encourage returnees to take an active role again.

A: Thank you very much. I would like to ask you one more question. When technical intern trainees and international students come to Japan, they have to borrow money from an intermediary, and they have to pay it back while they are studying or working in Japan. But with the EPA, is there any such thing as coming here with debt?

Prof. Kage: No, not at all. If anything, they are already lucky. 2 to 3 million yen per person is spent.

A: So, is the system set up so that once they come to Japan and finish their training and start working, they can immediately start earning money?

Prof. Kage: Yes. According to the facility, it takes about six months to a year to become a full-time employee. I believe they receive a salary from the first year.

A: That is one of the reasons why many people want to come to Japan through the EPA.

Prof. Kage: I think it is because they are close to the elite. In the case of Indonesia, many people had graduated from nursing colleges and came to Japan with nursing qualifications. In the Philippines and Vietnam, the situation is different. I have the impression that their parents' homes were not that poor to begin with.

A: Do they have a genuine desire to learn the advanced skills of Japanese nursing care?

Prof. Kage: No. The Japanese passport is powerful, and for its holders it is easy to travel abroad for sightseeing. But with the passports of many Asian countries, the number of countries where you can travel freely is quite limited. Therefore, they come...to see the world and experience life in a different country. Rather than wanting to earn money, I get the impression that they really want to experience living and working abroad and see the world outside.

A: I see. Thank you very much. I was also a little surprised to read that the percentage of people aged 65 and over in Indonesia is still 6.1%. The life expectancy is about 15 years different from Japan's, so the age of care for them is probably younger. Is that the case?

Prof. Kage: I don't think so. The situation is still not as serious as it is in Japan. Family care is the mainstay. I think there are many families where children and grandchildren are helping to take care of the elderly. Unlike in Japan, when a person's legs and feet become weak, they accept aging as it is, and they don't proactively give life-prolonging treatment to the elderly. Therefore, Indonesia does not have as many problems with nursing care as Japan does at this stage.

However, some elderly people with high incomes cannot take care of their elderly parents because their children have gone abroad or are working in distant urban areas. Some high-income earners are using nursing homes and high-class homes for the elderly. But I think it is still quite small.

In Sri Lanka, some of the most expert people and professionals have settled in the United States or Australia. When their parents become elderly, they put them in a nursing home or use a 24-hour visiting nurse service. Even in Sri Lanka, where the aging rate is in the 10% range, the nursing care problem is not that serious.

In Indonesian and Sri Lankan hospitals, nurses don't take care of toileting or taking care of small things. One of the

family members stays with the patient and takes care of him/her. The nurses do not take care of the patient's daily life at all.

A: Thank you very much. That was very insightful.

Dr. Kajiyama: Thank you very much. Now, Professor B, please unmute your microphone.

B: Thank you very much for your presentation. I have listened with great interest. As you mentioned earlier about the appropriate age for marriage, I felt that the future plans of people coming to Japan from Asia and the working environment in Japan and each country's intentions when sending out care workers are still not fully aligned. In particular, I wanted to ask you about your thoughts on how well Japan's current system fits with the plans of the caregivers coming to Japan.

Prof. Kage: Yes, I heard from one of the EPA returnees that she was dissatisfied because she was often forced to help with bathing at the facility. The Japanese bathing system is not available in Indonesia. Even if they acquire such bathing skills, they cannot use them in Indonesia, which is sometimes pointed out as a problem in technology transfer. I also think this is a problem in technology transfer.

As for the plans of foreign caregivers who come to Japan, some people want to see the world, save money for their marriage, go to Japan for a while, or gain experience working in Japan and save money. Many of the returnees I interviewed said that they had been exhausted both mentally and physically while working at nursing homes in Japan, and they wanted to take their time and rethink what they were going to do.

There were stories of people who worked in Japan and could save money, which they used to buy a Japanese car or build a house. I think it was a good experience for them, but it is difficult to say what they will do in the future because most of the people I interviewed were in a state of mind where they also wondered what they would do in the future.

B: Thank you very much. In addition, I would like to know if you could tell us, for example, if you have a practical goal of saving money, there are cases where it does not work and cases where it works. I was wondering if you could tell us, within the limits of what you have learned from your research, how well their plans and prospects are working or the opposite.

Prof. Kage: That's right. There is a big difference between those who have been able to save enough money and those who have not, depending on the country and the region where they went to work and what kind of work they did there.

In my research in Sri Lanka, I found that if you went to work

as a domestic worker, for example in the Middle East Gulf countries...When they send money overseas, their families in their home countries spend most of it on living expenses. About 40% of them experience migrant failure, such as unpaid wages by their employers. Even in the care workforce, at the lower levels of the hierarchy, salaries were minimal for jobs that, unlike nursing, were not socially recognized as a specialty.

If it was an industrial job or if the destination was a factory of a good small-or medium-sized company in South Korea or Japan, it was possible to save 2 to 3 million yen during the period of their stay, or even 3 million yen for technical intern trainees. I think they were rather satisfied when they could save that much.

In the case of working in Japan, the most common cause of failure is the study abroad course at a Japanese language school. They thought they were going to be technical trainees, but in fact, they had to study Japanese for two years at a Japanese language school, earn money by working part-time during that time, and then find a job on their own after graduation. It is difficult to say how many of these students failed.

B: Thank you very much.

Dr. Kajiyama: Thank you very much. Now, given the remaining time, is there anyone else who would like to speak? Does anyone have any other questions?

C: I'm sorry. Is that all right?

Dr. Kajiyama: Yes, please go ahead.

C: I'm sorry. My field of specialization is Japanese language education, so my research field is completely different from yours. I am an outsider, so I am very sorry to ask you questions. So, I would like to ask you some questions from the perspective of a foreigner.

I would like to thank you very much for giving us a lecture with a lot of content despite your busy schedule. Thank you very much.

First of all, I would like to ask you about your research methods because I was also an international student. In the latter part of your presentation, you talked about the life stories of foreign caregivers. I wonder if there were various reasons, such as returning to Japan because of marriage. Have you been conducting observational surveys?

Prof. Kage: Professor C., thank you for your question. The method was an interview survey.

C: So, interviews one by one... How many years do you observe one subject?

Prof. Kage: In the long term?

C: Yes.

Prof. Kage: No, we don't have any plans to do that, and we are only talking about the subject's life history up to the point when we surveyed in 2017. We have not decided whether we will conduct follow-up surveys in the future.

C: Thank you very much. I think there may have been a part of your talk that I missed, but when foreign caregivers choose to stay in Japan or return to their home country, or when they decide to change their lifestyle, there is a change in the consciousness of the caregivers. I would like to know what you think is behind the shift in attitudes. If you know of any, could you tell us about them?

Prof. Kage: Yes, that's an excellent question.

"Do you want to go back home or stay?" As I mentioned earlier in the report, even for Japanese care workers, according to the data of those who left their jobs, 80% of them left the facility or workplace after less than five years. So the reason for this is whether they can make a living on that salary. They think, "I wonder if I will be able to move up the career ladder, or if I will be able to make a good career path." When they start to worry about the future and wonder if they will always be just another care worker, there is a possibility that they may decide to leave.

If they choose to stay, they may be in an environment where it is easy to draw a career path, such as becoming a qualified care manager, a unit leader, or being promoted to a leader. Especially for foreign nationals married to Japanese people, it is easy to stay in Japan because they have already established their livelihood in Japan.

Also, there may come a time when they want to do something other than nursing care, so there is a possibility that they may choose to return to their home country at that time. How do you think?

C: Thank you very much. I learned a lot. Lastly, may I ask you one more question?

Prof. Kage: Yes.

C: I'm sorry. I often hear from people around me that caregiving is a tough job that requires a lot of physical strength. Still, I wonder if there are any cases where caregivers are sincerely happy to be caregivers or find fulfillment in their job and continue to do it. Or are there more cases where it is challenging work, and they become mentally exhausted?

Prof. Kage: I think more people complain. I don't know

because I'm not that familiar with the situation. Many people in the nursing care industry feel that it is difficult to continue working because salaries do not increase quickly. They are worried about the financial aspect when they get married and have children.

It seems that there are various advanced nursing care technologies, such as body mechanics. Also, if more care robots are introduced in the future, there may be more possibilities in the future. I think that nursing care is a gratifying job, but in reality, I have the impression that it has not developed well for various reasons.

People often ask what the difference is between a caregiver and a nurse. In the case of caregivers, even those with no experience can work in the nursing field. Even if you have no qualifications at all, you can be hired as a care worker. However, nurses cannot work in hospitals and facilities as nurses unless they graduate from a training school and obtain a national qualification. And the labor union is functioning well. In the nursing care industry, there seems to be no organization

like that of nurses. Because of these differences, I think people in the nursing industry are having a hard time. Is that a good answer?

C: Yes, thank you. It was very informative. Thank you very much.

Dr. Kajiyama: Thank you very much. I am sorry to say that we have reached the end of our time. Let's stop here. This lecture will be available on the Manaba platform but only within the University of Tsukuba. If you would like to listen to the lecture again, or if you know someone who could not attend it live, please make use of this service. For more information, please visit the website of the Nippon Foundation Central Asia-Japan Human Resource Development Project. Professor Kage, thank you very much for taking time out of your busy schedule to speak with us today. Thank you very much for taking time out of your busy schedule for today's talk, and thank you very much to everybody who attended it.

Prof. Kage: Thank you very much.

第 13 回「中央ユーラシアと日本の未来」公開講演会

アジアの人材育成

-日本の外国人介護人材受け入れ制度について-



2020年

日時 **9月29日(火)**
14:00~15:30

会場 **Zoom Meeting**

対象 **本学学生・教職員、一般**



鹿毛 理恵氏
准教授
経済学部経済学科
沖縄国際大学

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Supported by  日本 THE NIPPON
財団 FOUNDATION

NipCA Project Public Lecture Series:
The Future of Central Eurasia and Japan
Vol.13 Human Resource Development in Asia: Japan's System for
Accepting Foreign Care Workers
Rie Kage, Associate Professor, Department of Economics, College of Economics and
Environmental Policy, Okinawa International University

September 30, 2021

Chief Editor Toshinobu Usuyama
Editorial Board Yuji Kajiyama, Yukiko Yamamoto, Shoko Tanikoshi
Translated by Leslie Tkach-Kawasaki, Mivegozel Gerdieva
Published by University of Tsukuba "The Nippon-Foundation Central Asia-Japan
Human Resource Development Project (NipCA Project)" 1-1-1 Tennodai,
Tsukuba, Ibaraki, 305-8571, Japan
Phone: +81-29-853-4251
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URL: <https://centralasia.jinsha.tsukuba.ac.jp/>
Printed by INEXT Inc.



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