Part 2-CHAPTER 1

Care Workers Migration in Ageing Asia

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CHAPTER 1

Care Workers Migration in Ageing Asia

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Ageing has become one of the most important social concerns not only in developed but also in developing Asia. Lower morbidity and mortality; greater longevity; and changing lifestyles, particularly lower fertility, have increased the proportion of older people more than of any other age cohort. Other social factors such as higher labour participation rates for women; higher mobility brought about by urbanisation, which lowered three-generation cohabitation ratios; and the nuclearisation of families has made it difficult to provide sufficient care within traditional households or within communities. The epidemiological turn has also made providing care more difficult: dementia is as serious as cancer, paralysis, and cardiovascular disease.

Demographic change, mobility, changing families, and an epidemiological turn have given rise to the social challenge of ageing. Difficulty in securing care has triggered a big international movement of many levels of care providers: nurses, care workers, and domestic workers, who are labour migrants; and even marriage migrants, who are non-labour, personal migrants, whose movement is commercialised through match-making agencies.

Migration has been feminised, since most of the workers are women. The huge need for care results from the change of some countries from care-abundant to rapidly ageing societies.

The proportion of older people who are 65 years old or above to the total population was 27.7% in 2017 in Japan (Cabinet Office, Government of Japan, 2018), 15.2% (the denominator is 'Singapore Residents') or 10.8% (the denominator is 'Total Population') in 2020 in Singapore (Department Statistics Singapore, 2020), 18.3% in 2020 in Hong Kong (Census and Statistics Department, Hong Kong SAR, 2020a), and 15.3% in 2019 in Taiwan (National Statistics, Republic of China (Taiwan), 2020). Asian countries are familialistic welfare regimes, where the family is the core provider of care. Care for older people, however, varies across Asia. Japan earmarks more than 20% of gross domestic product for social expenditure but Singapore allots less than that, which does not necessarily mean they have different proportions of care-dependent people but does indicate differences in long-term care policies.

Singapore and Hong Kong have typical familialistic welfare system, where families are crucial in providing long-term care and are encouraged by the governments to do so. As they age, all societies present family care providers with challenges. The rapidly increasing proportion of older people and the increasing number of care-dependent older people create a supply–

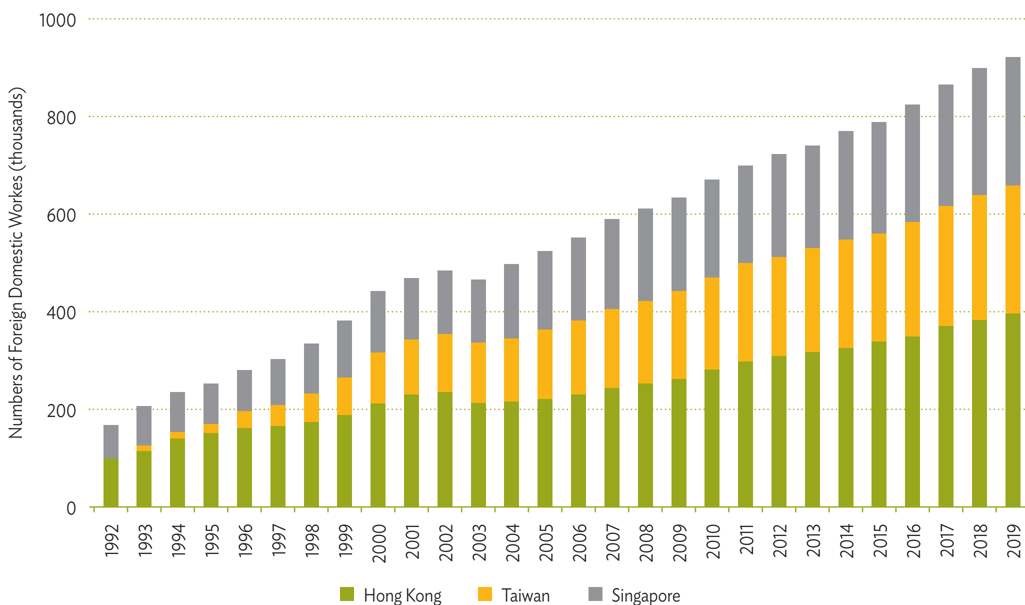
demand gap in long-term care. Rapid economic development has increased female participation in the labour force (whilst leaving the gender division of labour unchanged) and eroded the family's capacity to care for older people at home. Such societies employ a huge number of foreign domestic helpers (FDHs) or foreign domestic workers (FDWs) to supplement family care.

Japan started the Gold Plan in 1989, the New Gold Plan in 1995, and long-term care insurance in 2000, giving the state the major role in providing long-term care. Taiwan and the Republic of Korea (henceforth, Korea) are in between Singapore and Hong Kong and Japan. Korea started long-term care insurance in 2008, and Taiwan launched a 10-year long-term care plan in 2008 and expected to launch long-term care insurance afterwards. The plan was postponed, however, due to the change in government from the Kuomintang to the Democratic Progressive Party, which started a tax-based community care system instead of an insurance system.

Familialism in Asia

Familialistic welfare regimes have a long history of recruiting migrant domestic workers to care for older people. Singapore and Hong Kong started in the 1970s, whilst Taiwan, which had a bigger labour force, opened the labour market to foreigners in the 1990s (Asato, 2010, 2014) . The number of domestic workers has never declined, except in 2003, during the SARS outbreak (Figure 1.1). The constant increase in care workers reflects the constant increase in care demand. The dependency on migrant domestic workers intensifies the familialistic care regime whilst externalising direct care.

Figure 1.1. Numbers of Foreign Domestic Workers, 1992–2019



Source: (Hong Kong) Census and Statistics Department, Hong Kong SAR, 2020b, 2014, and 2008
(Taiwan) Ministry of Labor Republic of Taiwan, 2020 and 2008
(Singapore) Ministry of Manpower Singapore, 2020 (for the data of 2015-19), Wang et al, 2018 (for the data of 2010-15), and author's estimates based on newspaper articles (for the data of 2009 and before)

Liberal Familialism: Contribution of Foreign Domestic Workers

The Hong Kong Research Office of the Legislative Council Secretariat stated in 2017 that FDHs are integral to Hong Kong's community. The 352,000 FDHs represent 9% of the total workforce and work for 11% of local households. Households with children are more likely to employ FDHs, and the proportion tripled from 13% in 1995 to 30% in 2016. Households with children and a working female increased from 23% to 44% during the same period. Strikingly, about two-thirds (67%) of adult members in FDH-employing households did not do any housework in 2013, while 23% of households with members who were disabled or had a chronic disease employed FDHs in 2000. Of married women 25–54 years old with children, if they employed FDHs, 78% of them participated in labour force, whilst if they did not employ FDHs, only 49% of them participated in labour force in 2013 (Research Office, Legislative Council Secretariat, Hong Kong SAR, 2017).

One research in Singapore shows positive effects of hiring FDWs for older people and family caregivers. They report FDWs' support moderated the impairment of physical, memory, and behavioural functions of older people, and sharing the burden of caregiving with FDW could allow family caregivers a more flexible day-to-day schedule although constant caregiving may negatively affect the health and well-being of FDWs (Østbye, et al., 2013).

In Taiwan, the Ministry of Labour surveys employers on the benefits of hiring FDHs. According to the latest survey report, published in 2019, the highest percentage of the respondents (91%) reported that they benefitted from FDHs because FDHs could provide proper care for people who needed it. Other answers were that FDHs could reduce employers' mental stress from caregiving (76%), enable employers to work outside the home (65%), and reduce employers' domestic work (52%) (Ministry of Labor Republic of China, 2019).

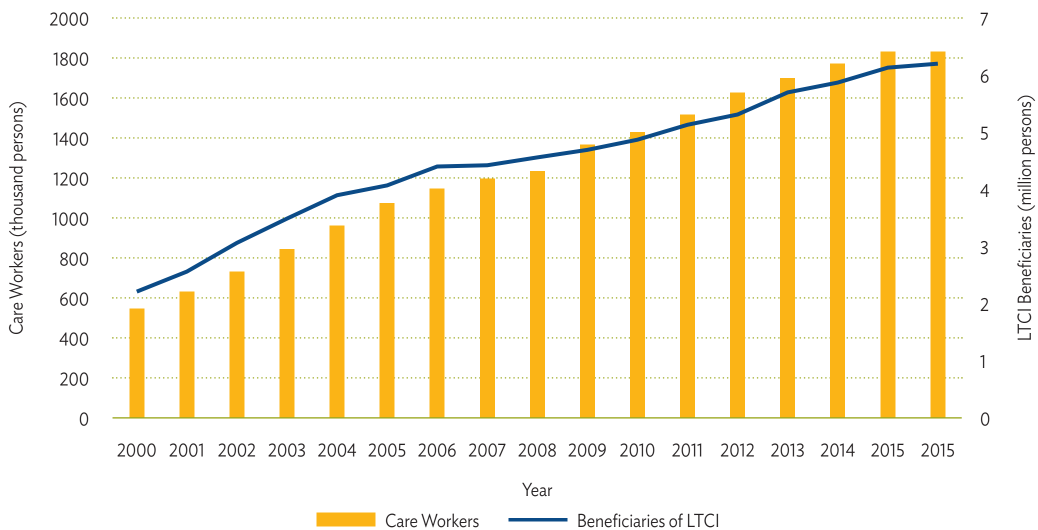
Taiwan is a striking example where hiring FDHs is in principle approved only for households with family members dependent on care. In Singapore, a system of preferential tax treatment is in place for hiring FDHs, which applies to households with members aged 65 or older. The presence of a large number of FDHs supports the continued employment of women outside home whilst securing family care providers.

This liberal familialistic welfare model with migrant workers has the following characteristics: (1) a huge number of migrants are recruited, with more than 900,000 in Hong Kong, Singapore, and Taiwan, almost all women; and (2) women are assumed to have "natural skills" in caring for older people. Therefore, migrants are not required to have specific skills. The model has nothing to do with redistribution. The state's role is not to provide services or cash but to open migration channels and provide employment permits to care-dependent households.

Japanese Long-term Care Insurance and Migration

When long-term care insurance started, Japan had only 549,000 care workers, in the facilities which were accredited by long-term care insurance system, such as long-term care institutions, day service centres, or home-care providers (Figure 1.2). The number more than tripled to 1.83 million in 2016. Long-term care insurance, which aimed to provide the whole country with equally distributed and standardised services, rapidly increased service usage and the number of care workers.

Figure 1.2. Numbers of Long-term Care Insurance (LTCI) Certified Beneficiaries and Care Workers in LTCI-accredited Facilities



Source: Ministry of Health, Labour and Welfare, 2019a.

Care for older people as social rather than individual or family responsibility is supported by a qualification system. One of such qualifications systems is the establishment of the certification system of care workers. Japan's national compulsory long-term care insurance system is designed to provide better payment to the LTCI-accredited facilities which have more certified care workers or *kaigofukushishi* (介護福祉士). Candidates of *kaigofukushishi* have two pathways to be certified: 1) at least 2 years (1,850 hours) of education at accredited care-workers-training school (national examination will be required since 2022), or 2) pass a national examination after at least 3 years of care work experience. Reliable qualification and accreditation of workers and facilities is indispensable to ensure the accountability of the long-term care insurance system, which was established to relieve the burden of family responsibility and to promote the paradigm shift to social responsibility for long-term care. Even though demand for care workers was high, the stringent requirements as well as conservative migrant labour policy of Japan had not allowed recruitment of foreign care workers until 2008, when Indonesian care workers were officially allowed to come into Japan under the Indonesia-Japan Economic Partnership Agreement (EPA). Even though the Japanese government insists the acceptance of foreign

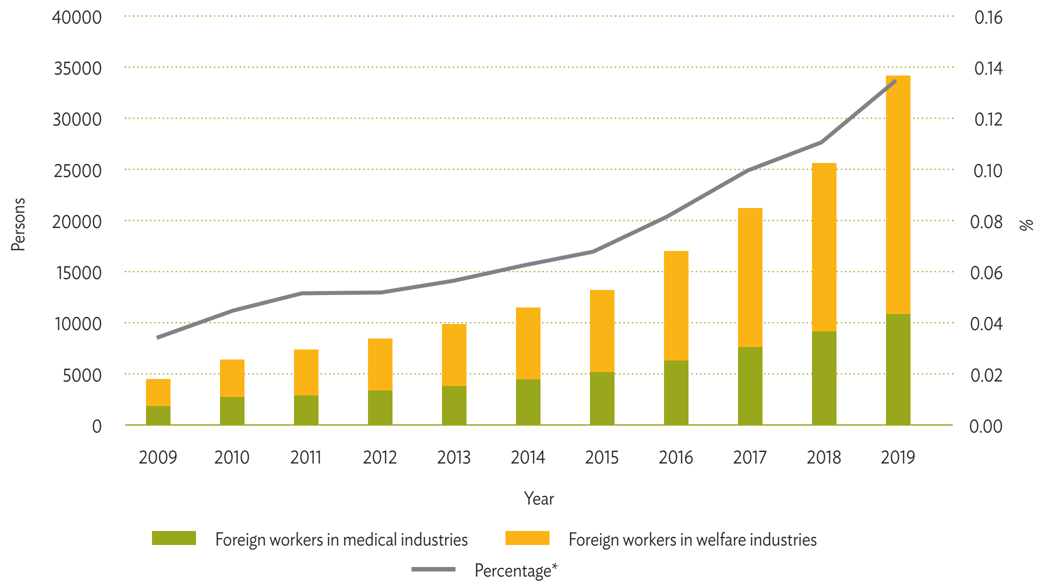
care workers under EPAs is not designed to fill the shortage of domestic care workers, the government decided to expand this program to the nurses and care workers of other countries, i.e. the Philippines in 2009 and Viet Nam in 2014.

The number of migrant care workers in Japan, however, is much lower than in Singapore, Hong Kong or Taiwan. A ministry survey estimated foreign workers at less than 5,000 in 2009, less than 0.04% of the medical and welfare workforce (Figure 1.3). The number of foreign workers in the same sector exceeded 30,000 in 2019 but still only comprised 0.13% of the whole workforce. Until 2017, Japan had had accepted foreign care workers only through EPAs programme. Exact number of active EPA care workers in Japan in certain year is not clear because many of them had already returned to their home countries, but the official data shows the total number of EPA care workers who had started working until 2017 is only about 3,500 (Ministry of Health, Labour and Welfare, 2019b). It can be interpreted that most foreign workers of medical and care industries counted in national survey data were foreign residents who have different status of residence in Japan than that for temporary migrant workers, such as spouses of Japanese nationals, foreign nationals of Japanese descent, etc.

Japanese government expanded the programmes for potential foreign care workers to get work permit of Japan from 2017. In 2017, a new category of status of residence in Japan which is called 'Care Work' came into effect and foreign people who have obtained the Japanese national certification of care work can be granted with this status of residence. Since then, foreign people who intend to get this status of residence have been recruited to training institutions for care work in Japan. Most of such students are engaged in care work as part-time non-certified care workers in long-term care institutions in Japan for 28 hours per week at the maximum. In the same year, Japanese government added a new category of 'Care Work' in Technical Intern Trainee Program (TITP), and the first batch of TITP trainees for care work came to Japan in 2018. The rapid increase of the number of foreign care workers from around 2017 can be caused by such expansions of the programmes for foreign care workers. The number of international students admitted in care worker training institutions increased from 257 in 2016 to 1,142 in 2018 (Carlos, 2020), while the number of TITP trainees for care work was 0 in 2017 but 8,967 in 2020 (Organization for Technical Intern Training, 2020).

In 2019, another new category of status of residence in Japan became effective, which is called 'Specified Skills', and care work is included in the skills specified in this programme. The applicants of this category are required to pass the exams of care skills, and Japanese language proficiency. As a result that the Japanese government has created several new schemes to provide more chances to work in Japan for foreign care workers, it is expected more foreign care workers will be engaged in long-term care practices in Japan. Such trend can be seen in Figure 1.3.

Figure 1.3. Foreign Workers in Medical and Welfare Industries in Japan, 2009–2019



Note : * Percentage = (foreign workers in medical industries + foreign workers in welfare industries) / (total number of employed persons in medical and welfare industries in Japan)

Source : Ministry of Health, Labour and Health, 2020, and Statistics Bureau of Japan, 2019.

Singapore's liberal familialism is very different from Japan's insurance-based socialised welfare regime, so it can be interpreted that the policies to cope with population ageing does not necessarily converge into one common policy. Each country or region might have a more divergent policy, depending on its social, political, or cultural background. Liberal familialism incorporates a huge number of female foreign workers requiring minimal or no skills and knowledge. The relatively low cost of care is paid by family members. The employment tax is a source of revenue, which is the opposite of the welfare state's budget spending.

An insurance-based socialised welfare regime allows recruitment of a small number of qualified migrant workers, usually nurses. In case of Japan, due to the pressure by care industries to lower the qualifications for foreign care workers, several new schemes to accept foreign care workers have been created recently and the policy for the employment of foreign care workers became pretty complicated.

Singapore, Hong Kong, and Taiwan recruit domestic workers from the Philippines, Indonesia, and Viet Nam, all of which have Economic Partnership Agreements with Japan. The recruiting countries have different welfare regimes and require different qualifications, but the countries of origin are the same. Demand for long-term care will increase and the sustainability of care workers will be a significant issue over the next decade.

Outline of Part 2

Part 2 is composed of the chapters discussing Japan as a destination country of foreign care workers, and Indonesia, the Philippines, and Viet Nam as sending countries.

Japan

Japan has set up several new schemes for a limited number of foreign care workers: Economic Partnership Agreements (2008), resident status of 'Care Work' (2017), care work under TITP (2017), and 'Specified Skills' (2019). They are all called 'foreign care workers', but we need to note that each migration channel has different recruiting system and provides different institutional settings which will change diverse experiences to them. Foreign care workers under Economic Partnership Agreements are heavily supported by the government, which shoulders recruitment and training cost, but they must return to their home countries if they eventually fail in Japanese national exam of certified care workers, whilst TITP care workers are responsible for the initial recruitment cost for migrants; in case of the care worker form Viet Nam it is US$800. And foreign care workers who intend to obtain the resident status of 'Care Work' are required to cover the cost for training institution in Japan because this status can be granted to the people who have the qualification of certified care workers, so before applying this resident status, they obtain the resident status of 'student' when they enter care-work training institutions. Foreign students are allowed to work 28 hours per week at the maximum, and they are supposed to shoulder their own living expenses. Various migration channels for foreign care workers confuse potential migrants, and malicious brokers can manipulate applicants.

Foreign care workers are accepted through different channels. In Chapter 3, Tsukada reports the result of a nationwide interview research conducted in 2009–2011 which shows that administrators of long-term care institutions who accepted foreign care workers recruited under EPAs are mostly satisfied with them even though they had concerns about them before they arrived. Tsukada also shows the result of a nationwide mail survey conducted in 2014 which found that most administrators of long-term care institutions or Japanese long-term care workers favoured recruiting foreign care workers if the respondents who answered 'don't know' are excluded. This survey was conducted before the creation of new resident status of 'Care Work' and new TITP category of care work. As a result, no remarkable difference was found amongst their preference in different channels of foreign care workers: EPAs, resident status 'Care Work', and new TITP category. It is notable, however, some respondents had negative impression on TITP because of how it was implemented domestically and internationally. From the perspectives of the countries sending workers to Japan, this complex system for migration channels of care workers should be made simple and transparent, and the Japanese government is highly encouraged to regulate cost mechanisms and collaborate with countries of origin to build a regional framework of certification of care skills and to recruit care workers ethically.

Indonesia

As Susiana shows in Chapter 2, Indonesia started to deploy healthcare workers overseas during the Suharto government (1996) and the migration of Indonesian domestic workers also started in the past decade, who became popular in Hong Kong, Singapore, Taiwan, and some Gulf countries. The Law No. 39 of 2004 was enacted to realise equal rights and opportunities of migrant workers and to obtain decent work and income. The country, however, must deal with poor utilisation of health professionals, regional disparities, ongoing standardisation of nursing, and oversupply and unemployment of nurses. The challenge is how to balance the domestic needs of healthcare workers with big urban–rural disparities and overseas deployment. Can overseas deployment alleviate domestic problems, particularly optimum allocation of healthcare staff? Does sending domestic workers to familialistic welfare regimes – Singapore, Hong Kong, Taiwan, Malaysia, and Brunei – to care for older people help the workers acquire skills whilst being protected? After decades of sending out domestic workers, and as demand for domestic workers increases, the government should reconsider outmigration and human resource development.

The Philippines

As De La Vega mentions in Chapter 4, the Philippines is one of the biggest sources of domestic and care workers and health professionals, including nurses, occupational and physical therapists, and health care workers, for the Middle East, North America, Asia, and Europe. To promote decent work, the government has set up training for caregivers, including childcare, care for older people, and household work, at the vocational level and authorised by the Technical Education and Skills Development Authority. The Economic Partnership Agreement with Japan requires caregivers to be certified. Knowledge and skills to care for people with dementia, however, are not included in the curriculum. Technical cooperation should be standardised, and mutual recognition agreements and the Association of Southeast Asian Nations Qualifications Reference Framework implemented. The Philippines is leading the push for regional qualification as bilateral migration coordination has its limits.

Viet Nam

Khuat discusses the history of migrant Vietnamese workers and migrant care workers from Viet Nam which has been rapidly emerging recently in Chapter 5. Viet Nam, as a country of origin, faces a dilemma between quantity and quality of migration. Viet Nam is new at sending care workers abroad. Caring for older people has never been an established occupation and care workers are poorly regarded, unlike in the Philippines, where caregiving is taken as one of the categories of national qualification. Viet Nam started sending domestic workers to Taiwan and some Gulf countries, but developing professional care workers is a big challenge. The Economic Partnership Agreement with Japan and the Triple Win Program of Germany provided Viet Nam with its first experiences in sending professional care workers abroad, and provided the opportunity to look beyond the conventional image of 'care'. The negative image and low expected wages in Japan, however, discourage workers from going abroad. Unethical brokers charge trainees from Viet Nam extraordinarily high fees, which is the cause of runaways and

crimes and defeats the purpose of overseas deployment – poverty reduction and pursuit of the good life.

Future Direction

The driving force behind temporary migration as the national strategy of overseas deployment remains strong, and sending countries' expectations are enormous: reduce poverty, acquire training and skills, promote decent work, and establish good relations with the countries of destination. Are these expectations met?

Bilateral deployment and recruitment are challenges to regional standardisation and harmonisation. Regional coordination is indispensable to optimise allocation of human resources, to acquire training and skills, and to promote workers' rights. A regional approach would coordinate an increasingly competitive labour market as demand for care increases. More active collaborative studies amongst the experts in the region are highly encouraged to provide the evidence which is required for policymakers to harmonise regional policy on migrant care workers.

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