

Chapter 3

Cross-border Care Workers in Japan: Immigration Policy for Care Workers and Qualifications Framework

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Chapter 3

Cross-border Care Workers in Japan: Immigration Policy for Care Workers and Qualifications Framework

1. Development of Qualifications Framework of Long-Term Care Workers

1.1. Concept of long-term care worker as a distinct professional job category

Japan's long-term care (LTC) system has developed separately from medical service provision and other systems, such as welfare for persons with disabilities, welfare for low-income households, etc., particularly since LTC insurance was introduced in 2000. As a result, Japan developed unique LTC services. Looking at the demographic transition that is taking place globally, an idea has been emerging that LTC service can be one of the best elements for Japanese businesses to invest in in other countries as 'Japanese-style long-term care service'. For example, the Japanese Cabinet Secretariat, in its 'Basic Principles of the Asia Health and Wellbeing Initiative', promoted the establishment of LTC-related businesses particularly in Asian countries, where the pace of population ageing is fastest in the world (Government of Japan, 2016). The definition of 'Japanese-style long-term care service', however, has not been established well, so it may create confusion and misunderstandings.

To understand the characteristics of LTC in Japan, it is important to assess what services care workers in Japan provide and how they are trained to become professional care workers with broad knowledge and high skills as a professional job category distinct from nurse, rehabilitation therapist, and even childcare worker. The important thing is that care workers are not supposed to be classified as a medical professional, but as a welfare professional.

According to an estimate by the Ministry of Health, Labour and Welfare (MHLW) based on the survey of LTC facilities in 2016, Japan has about 1.9 million people who are employed as care workers. Those people are not necessarily registered as Japan's nationally certified care workers (CCWs). According to other MHLW statistics, the number of Japan's CCWs was about 1.6 million in 2018.

1.2. Japanese laws to ensure the distinctiveness of certified care workers

The distinctiveness of the Care Worker designation, particularly CCWs in this case, is also endorsed by the Certified Social Worker and Certified Care Worker Act in Japan. The Act stipulates that the term ‘certified care worker’ means a person with expert skills and knowledge providing care for a person with physical disabilities or intellectual disabilities that make it difficult to lead a normal life as well as providing instructions on caregiving to the person and the person’s caregiver. The Act also mentions the appellation of ‘certified care worker’ cannot be used by a person who is not a certified care worker (Ministry of Justice, 2021a). CCWs are not on the same career path as nurses or rehabilitation therapists, so they are not supposed to promote themselves as medical professionals like nurses. Their career paths are completely different, though it is also true that the practice of CCWs (and other care workers) partially overlaps with the medical professions.

In Japan’s LTC insurance system, older people who fall into any of the following categories can be registered as beneficiaries: (1) people with a decline in activities of daily living (ADL), such as feeding, toileting, dressing, grooming, bathing, etc.; (2) people with impaired instrumental activities of daily living (IADL), such as shopping, using public transport, etc.; and (3) people with cognitive disorders. Article 1 of Japan’s Long-term Care Insurance Act mentions that the LTC insurance system was established to provide the necessary services to the people who need LTC so that they are able to maintain dignity and an independent daily life routine according to each person’s own level of abilities (Ministry of Justice, 2021b). Article 2 also mentioned that the services shall be provided based on the preferences of the insured, which means, in the author’s interpretation, the autonomy of the beneficiaries shall be fully taken into account. The LTC Act of Japan respects the diversity of individual daily routines, so the services provided are supposed to be unique to each beneficiary. This is why insurance-based LTC services in Japan should be provided in accordance with a care plan that is based on the assessment of the beneficiaries and requires evaluation after implementation. Japanese care workers are considered the experts of care-plan-based LTC systems.

1.3. Education and training of care workers in Japan

Japan’s CCW qualification system provides several pathways for the candidates to apply for the

national examination. These can be roughly classified as follows: 1) 3 years of practice at LTC facilities and a 450-hour course for LTC practitioners; 2) graduation from vocational school (high-school level); or 3) graduation from CCW training institutions that allow high school graduates to enter, such as a 2-year college course, or a 4-year university course. Among them, the candidates of the third pathway are temporarily exempted from the national examination; in other words, the graduates of CCW-training institutions are automatically granted a national certificate of CCW. This temporary bonus is adopted to alleviate the shortage of care workers in Japan, but some concern exists that the exemption of national examination for a portion of CCW candidates may undermine the quality of LTC in Japan.

Contemporary societies are witnessing rapid advancement of information and communication technology (ICT), as well as robotics. Such technologies will be applied or have already been applied to LTC practice. In Japan, particularly, it is hoped that such technologies can mitigate the shortage of care workers but also improve the quality of LTC services. Educational and training programmes for care workers are required to incorporate the elements of the services using ICT and robotics.

1.4. Occupational qualifications framework for long-term care in Japan: Long-term care professional career grade system

To establish a job category of long-term care worker (LTCW) that is distinct from other professional categories, it is crucial to develop the career path from entry-level to expert-level qualification within the same job category. A vocational qualifications framework (VQF) is a kind of visible career path. If a certain job category has its VQF, it can motivate personnel to accumulate experiences and/or to take training courses so that they can promote themselves, and it is expected to prevent them from leaving their current job.

In Japan, the VQF for LTCW, which is called 'Long-term Care Professional Career Grade System', was developed by a private organisation, the Elderly Service Providers Association, under the initiative of the Cabinet Office of the Japanese government. This is a seven-grade system (Table 3.1), but only four levels from Level 1 up to Level 4 have been practical so far. The higher three levels have not been assessed for anybody under this system because the relationship between LTC practice and higher education beyond undergraduate level has not been established yet. In

other words, LTC has not been recognised as a matured or knowledge-based scientific field yet.

The assessment of this LTC career grading system is made from two perspectives: practical skills – ‘what they can do’; and knowledge – ‘what they understand’. The knowledge part of this assessment system employs the official certification system of LTCW. For example, the candidates of Level 4 are required to have Japan’s CCW certification (Table 3.2). The assessment of practical skills is supposed to be conducted at each LTC service provider internally by assessors who are trained and qualified by the Elderly Service Providers Association. As of 31 March 2020, more than 25,000 people have been qualified as assessors. The evaluation criteria for practical skills have the structure of three large items, subdivided by 13 medium items, 41 small items, and 148 individual points to be assessed totally. The items and points to be assessed vary depending on the levels to be applied (Table 3.3).

Table 3.1. Long-term Care Professional Career Grade System

Level	Concept common to any professional category	Criteria for Long-term Care Professionals
Level 7	Top professionals who represent the professional category	
Level 6		<ul style="list-style-type: none"> • Capable of providing high-quality long-term care for clients with diverse impairments of ADLs and IADLs • Taking the role of key person of care-providing team consisting of multidisciplinary professionals to share care skills and to promote the collaboration amongst different professionals with the goal of improving the quality of care provided by the team involved
Level 5	Having special expertise in a particular field or industry or having invented unique methods that are recognised and well reputed by customers in addition to professional skills	
Level 4	Having full-fledged skills and capable of taking leadership within the team	<ul style="list-style-type: none"> • Taking leadership within the care-providing team • Instructions and subordinates to team-members (Level 4 qualification is a requirement for

		Assessors.)
Level 3	Capable of performing job duties independently without instructions	Having acquired a wide range of knowledge and skills to provide care services and to promote multi-professional collaboration in accordance with the condition of clients with the goal of providing really needed care services
Level 2	Able to perform job duties but instructions required	[Level 2-2] To some extent, capable of understanding and assessing clients' needs and situations to provide care services based on the assessment
		[Level 2-1] Able to use basic knowledge and skills to provide basic long-term care in accordance with guidelines
Level 1	Entry level, just completed vocational preparatory training	Having acquired basic knowledge and skills required for home care and institutionalised care through entry-level training courses

ADL = activities of daily life; IADL = instrumental activities of daily life.

Source: Elderly Service Providers Association (シルバーサービス振興会) (n.d.), *Long-term Care Professional Career Grade System (介護プロフェッショナルキャリア段位制度)*. Tokyo: Elderly Service Providers Association. <https://careprofessional.org/careproweb/summary> (accessed 25 January 2021).

Table 3.2. Required Certification for the Assessment of Applicants' Knowledge

	Required certification
Level 4	National certification of care worker
Level 3	Completion of certified-care-worker-training institutions or 450-hour course for long-term-care practitioners
Level 2	Same as Level 1
Level 1	Completion of entry-level training courses for care workers

Source: Elderly Service Providers Association (シルバーサービス振興会) (n.d.), *Long-term Care Professional Career Grade System (介護プロフェッショナルキャリア段位制度)*. Tokyo: Elderly Service Providers Association.

<https://careprofessional.org/careproweb/summary> (accessed 25 January 2021).

Table 3.3. Items to Be Assessed Depending on the Applied Level

Large items	Medium item	Level 2-1	Level 2-2	Level 3	Level 4
I. Assessment of basic care skills	1. Bathing assistance	✓	✓	✓	✓
	2. Feeding Support	✓	✓	✓	✓
	3. Toileting Support	✓	✓	✓	✓
	4. Transfer, mobility, and decubitus ulcer prevention	✓	✓	✓	✓
	5. Act according to circumstances		✓	✓	✓
II. Assessment from the view of clients	1. Communication with clients and family members		✓*	✓	✓
	2. Assessment, planning, implementation, and evaluation			✓	✓
	3. Infection control and hygienic management		✓	✓	✓
	4. Sharing mishaps to prevent serious accidents		✓*	✓	✓
	5. Strictly avoiding physical restraint			✓	✓
	6. End of life care			✓	✓
III. Community-based integrated care system and leadership	1. Community-based integrated care system				✓
	2. Taking leadership				✓

Source: Elderly Service Providers Association (シルバーサービス振興会) (2013), *Long-term Care Professional Career Grade System – Guideline for the Assessed 2012/2013* (介護プロフェッショナルキャリア段位制度 - 被評価者手順書 - 平成 24 年度版). Tokyo: Elderly Service Providers Association.

https://careprofessional.org/file/hihyouka_manual.pdf (accessed 17 March 2021).

* Only selected items are assessed.

2. Expanded Pathways for Letting in Foreign Care Workers to Japan

2.1. Four pathways providing the access to Japan's long-term care labour market

In response to the growing demand for LTC, the Japanese government has been opening up Japan's labour market for foreign care workers to secure the labour force of LTC against Japan's traditional immigration policy. As described in Chapter 2, it was spearheaded by bilateral programmes based on Economic Partnership Agreements (EPA) with Indonesia (commenced in 2008), the Philippines (2009) and Viet Nam (2014), followed by several new pathways that have come into effect since 2017: the new resident status of 'Care Work', the new occupation category under Technical Intern Training Program (TITP), and the new resident status of 'Specified Skills'.

As a result, foreign LTCWs have been entering Japan's labour market for LTC through multiple pathways. They can be classified into four categories as follows.⁴

a. EPA pathway

Before the introduction of the new resident status 'Specified Skills' in 2019, only the EPA-CCW candidates who successfully obtained CCW qualification could continue to work in Japan as LTCWs, but the new resident status 'Specified Skills' allows the EPA-CCW candidates to stay in Japan's LTC labour market even if they fail the national examination of CCW when they complete the contract year of EPA-CCW-candidates programme.

b. CCW-training institution pathway

Cross-border LTCWs who wish to enter the LTC labour market through this pathway are supposed to enter CCW-training institutions in Japan. While they are students there, their resident status as 'Student' allows them to work 28 hours per week, and most of them have part-time jobs in LTC facilities. If they successfully complete the training course and obtain CCW qualification, they become eligible for the resident status 'Care Work', which was introduced in 2017 and grants the unlimited chances

⁴ Apart from these categories, other types of LTCWs with foreign nationalities can be found in Japan. They are excluded from this classification of foreign LTCWs because they work and live in Japan for special reasons, such as Republic of Korea citizens settled in Japan for historical reasons, spouses of Japanese citizens, citizens of South American countries who are descendants of Japanese migrants, etc.

for renewal of the resident status. Even if they fail to get CCW qualification, they are eligible for the resident status 'Specified Skills'.

c. TITP pathway

As described in Chapter 1, TITP was expanded to LTC as a new job category in 2017. In the next year, the resident status 'Specified Skills' was introduced so that the TITP trainees can change their resident status and continue to work in Japan as LTCWs even after they complete the contract year under TITP. (Before the introduction of 'Specified Skills', TITP trainees were required to return to their home countries upon the completion of the job contract as TITP trainees.)

d. Direct 'Specified Skills' status pathway

The new resident status 'Specified Skills' allows potential foreign LTCWs other than those stated above. This resident status does not require any educational background nor job experience of the applicants. If the candidates successfully pass the two computer-based tests, 'LTC skills' and 'Japanese language proficiency', they are eligible for 'Specified Skills' status. The opportunities to take these tests have been provided in Cambodia, Indonesia, Mongolia, Myanmar, Nepal, the Philippines, and Thailand, as well as within Japan so far.

As Japan's LTC labour market is being opened to other countries, more foreign care workers are expected to settle in Japan. If Japan hopes to have more foreign care workers to fill the shortage of care personnel, it is extremely important to establish a career path for foreign LTCWs who are willing to continue to work as migrants. Otherwise, the potential cross-border care workers would not be attracted by working in Japan, and they would select other countries, considering the trend of the international LTC labour market, which is expected to be tighter due to global population ageing. Also, as mentioned in Chapter 2, even if foreign LTCWs in Japan achieve the residential status with unlimited renewal chances, many do not settle in Japan but return to their home countries. Unfortunately, their skills and knowledge of care workers accumulated in Japan are not well recognised as expertise in most cases in their home countries. Japan, as one of the destinations of cross-border care workers, has the responsibility to promote the international mutual understanding of the expertise of LTCWs.

The mismatch of the LTC needs between Japan and other countries should not be ignored. EPA-CCW candidates used to be allowed to be engaged only in institutional care, but the equivalent needs in their home countries are not strong because the tradition of filial piety and family care is still overwhelming there. The introduction of the new resident status 'Care Work' changed this situation because this status allows them to work for any type of LTC services from institutional care to home- and community-based care once they obtain CCW qualification. If Japan's LTC industries want to attract more cross-border care workers, not only the needs of Japan but also the needs of the LTCW-sending countries should be accommodated.

Example of a joint programme between a LTCW-sending country and Japan

A joint programme was established between Indonesia (Universitas Respati Indonesia and Universitas Indonesia) and Japan (Keishin Gakuen and Asian Aging Business Center). Indonesian members of this programme had a community-based project to provide training to care volunteers for older people in Yogyakarta. The development of training programmes was supported by OS Selnajaya, which is a Jakarta-based company accredited as a sending organization of TITP trainees. The materials used in OS Selnajaya for the training of potential TITP trainees were developed by Keishin Gakuen.

2.2. 'Care Worker' as an occupational category of Technical Intern Training Program

TITP was established in 1993 for the transfer of skills, technologies, and knowledge developed in Japan to other countries, mainly developing countries, through the capacity building contributing to the economic development of the trainees' home countries (JITCO, n.d.-a). The Technical Intern Training Act mentions that TITP shall not be conducted as a means of adjusting labour supply and demand, but it has been serving as one of the *de facto* major systems to support the industries that suffer from a labour shortage. LTC work did not qualify as a TITP job category because of the belief that human-oriented services are not suitable for this programme; however, in 2017, as already mentioned in the previous section, LTC work became a job category of TITP. When the TITP 'Care Worker' system started, a government advisory committee concluded that the new system to accept foreign care workers under TITP should take the following three points into consideration, since LTC work, as a human-oriented service, is

different from other TITP job categories: 1) to ensure that TITP ‘Care Worker’ does not create an image of LTCWs as unskilled workers which are suitable for foreigners; 2) to ensure the same employment conditions for TITP-LTC trainees as Japanese staff and to ensure the sustained effort to improve the working conditions of Japanese workers; and 3) to ensure the quality of LTC services. These three points are considered as additional requirements for the development of TITP for LTC. In response to the suggestions of the advisory committee, the following two specific requirements were applied to the applicants for TITP ‘Care Worker’: Japanese language proficiency and work experience of care work (JITCO, n.d.-b). The details are described in section 2.2.2.

Table 3.4. Training Hours of Japanese Language for TITP ‘Care Worker’

Contents of Learning	Standard hours (minimally required hours)
General Japanese Language	100 (90)
Listening	20 (18)
Reading	13 (11)
Letters	27 (24)
Pronunciation	7 (6)
Conversation	27 (24)
Writing	6 (5)
Japanese Language of Long-term Care	40 (36)
Total	240*

TITP = technical intern training program.

* Total hours may be reduced for the trainees who have the certificate of Japanese language proficiency level equivalent to JLPT N3 or who have already completed Japanese language course before their arrival in Japan (certain conditions apply).

Source: Japan International Trainee & Skilled Worker Cooperation Organization (JITCO) (n.d.), *What is Technical Intern Training Program ‘Care Worker’?* Tokyo: JITCO.

<https://www.jitco.or.jp/en/regulation/care.html> (accessed 28 January 2021).

TITP trainees in general are required to receive training between the time when they arrive in Japan and when they start the training (or *de facto* practical work) on site, for a couple of months (called ‘post-entry initial training’ hereinafter), aiming for learning the Japanese language, legal matters for the protection of workers in Japan, and general matters essential for daily living in Japan. For TITP-LTC trainees, taking the importance of language communication with the clients into account, more intensive training of Japanese language should be included in the programme of post-entry initial training. This Japanese language training programme is required to consist of at least 240-hour lessons (Table 3.4).

The transition from the TITP-trainee-category 1, which means the first year of TITP trainees’ practice in Japan, to TITP-trainee-category 2, the second and third year, requires the certificate showing that the trainee has passed the examination on the practical skills (on-the-job exam) and basic knowledge (paper-based) of LTC. This examination-based system is also applied to the transition from TITP-trainee-category 2 to category 3, which means the fourth and fifth (last) year of TITP trainees’ practice in Japan. In case they fail these transition examinations, they are not allowed to renew their resident status in Japan and are required to return to their home countries.

3. Mapping of the Skill Levels of Foreign Care Workers on Qualifications Framework

3.1. Goals of TITP trainees of ‘Care Work’

TITP has been a system to let in the *de facto* foreign workers who fill the labour shortage in certain industries of Japan, but it is also true that this programme is strictly regulated as a ‘training programme’. In line with this characteristic, the advisory committee on the use of foreign LTCWs which was organised by the Ministry of Health, Labour and Welfare of Japan (MHLW) showed the goals of TITP trainees in the report published in 2015 (Advisory Committee on the Use of Foreign Long-term Care Workers, 2015).

- At the end of the first year (transition from category 1 to 2): Capable of providing basic care services in line with manuals but supervision is required.

- At the end of the second year: Capable of providing practical care services to some extent in accordance with the physical and mental condition of each client but supervision is required.
- At the end of the third year (transition from category 2 to 3): Based on the acquired understanding of basic concept of long-term care and skills of long-term care practice, capable of providing practical care services in accordance with the physical and mental condition of each client independently without supervision to some extent.
- At the end of fifth year (end of TITP): Based on the acquired understanding of the basic concept of long-term care and skills of long-term care practice, fully capable of providing practical care services in accordance with the physical and mental condition of each client independently without supervision.

The TITP regulations define the three major categories of tasks which may be assigned to trainees: ‘essential task’, ‘related task’, and ‘peripheral task’. In the training plan which is supposed to be created for every TITP trainee, ‘essential task’ shall be assigned half or more than half of the total training (*de facto* working) hours. Besides these three major tasks, the employers of TITP trainees are required to assign them tasks to secure the safety and sanitation for more than one-tenth of the total training (working) hours. The training plan of each trainee must be approved by the Organization for Technical Intern Training in line with the assessment criteria for training plans that were endorsed by the MHLW. Table 3.5 shows the criteria for ‘essential task’, which are different amongst TITP trainee categories, while Table 3.6 shows the criteria for other tasks common to all trainee categories. These criteria are consistent with those of the ‘transition test’ for trainees who hope to renew their status of TITP trainees from category 1 to 2 or 2 to 3, so can be interpreted as the detailed goals of TITP-LTC trainees.

The categories of TITP-LTC trainees are linked to the Long-term Care Professional Career Grade System (Table 3.1). The category 1 trainees are ranked at Level 1 of career grading system, category 2 at Level 2, and category 3 at Level 3.

Table 3.5. Assessment Criteria of Training Plan for ‘Essential Tasks’ (Care Work)

Care Work (definition): Providing physical support, such as bathing, toileting, feeding, etc., to the persons who have the impairment of the activities of daily lives due to the physical or mental disorders					
Essential Tasks (including the whole sequential activities from preparation to reporting and recording)			Category 1	Category 2	Category 3
1. Grooming	1) Support for keeping tidy	(1) Keeping neat appearance (face washing, hair washing, etc.)	✓	✓	✓
		(2) Cleaning face with towel	✓	✓	✓
		(3) Oral care	✓*	✓*	✓
	2) Support for dressing and undressing (sitting and lying position)		✓	✓	✓
2. Mobility	1) Body position change	(1) Body position change to prevent decubitus ulcer	✓	✓	✓
		(2) Support for getting up (sit up and stand up)	✓	✓	✓
	2) Mobility support	(1) Support for walking	✓	✓	✓
		(2) Support for transferring to wheelchairs.	✓*	✓	✓
		(3) Support for moving on wheelchairs	✓	✓	✓
3. Feeding	1) Feeding support		✓	✓	✓
4. Bathing and cleanliness	1) Support for partial bathing	(1) Support for hand-bath	✓	✓	✓
		(2) Support for foot-bath	✓	✓	✓

	2) Support for own bathing	✓	✓	✓
	3) Bed-bathing	✓*	✓*	✓
5. Toileting	1) Support for own toileting in toilets and on portable toilets	✓	✓	✓
	2) Changing diapers	✓	✓	✓
	3) Toileting support using chamber pots on bed or around	✓*	✓*	✓*
6. Providing services according to specific conditions of each client (dementia, specific disability, etc.)				✓

* May be practiced if condition allows.

Source: Ministry of Health, Labour, and Welfare (n.d.), *Assessment Criteria for Training Plan of Technical Intern Training Program: Care Work (技能実習計画審査基準：介護)*. Tokyo: Ministry of Health, Labour and Welfare. <https://www.mhlw.go.jp/file/06-Seisakujouhou-11800000-Shokugyounouyokukaihatsukyoku/0000182420.pdf> (accessed 22 March 2021). (Revised referring to the following material: The Japan Association of Certified Care Workers (2020), *Textbook for the Training Course of the Supervisors of TITP Trainees for Care Work (介護職種の技能実習指導員講習テキスト)*. Tokyo: The Japan Association of Certified Care Workers. http://www.jaccw.or.jp/pdf/home/foreign/2020/ginou_kaigo_202007.pdf (accessed 22 March 2021).

Table 3.6. Related Tasks, Peripheral Tasks, and Tasks for Safety and Sanitation

Related Tasks	1. Cleaning, laundry, and cooking	1) Cleaning of the rooms and toilets of clients as well as office
		2) Laundry of clients' clothes
		3) Tray service and cleaning tables after meals for clients
		4) Cooking together with clients within the common space of residential area
		5) Making beds and changing sheets of clients
	2. Assistance of rehabilitation and recreational activities	1) Assistance and of rehabilitation and watching clients during rehabilitation
		2) Planning and implementing recreational activities and watching clients during activities
	3. Recording and reporting	1) Recording and reporting the clients' status on eating, toileting, etc. using checklists
		2) Responding to the instructions provided by supervisors
		3) Keeping diaries of the care unit and review of care plan of each client
		4) Sharing information amongst staff of the unit
	Peripheral Tasks	1. Management of notices on the notice board
2. Management and maintenance of assistive devices, such as wheelchairs, walking aids, etc.		
3. Stock checking and refilling equipment and supplies of the care unit		
Safety and Sanitation	1. Education of safety and sanitation upon the employment	

	2. Prevention of diseases and illnesses common to long-term care workers, particularly back pain
	3. How to use and maintain assistive devices
	4. Prevention of mishaps, incidents, and accidents
	5. Responses to emergencies and unfavourable accidents

Source: Ministry of Health, Labour, and Welfare (n.d.), *Assessment Criteria for Training Plan of Technical Intern Training Program: Care Work (技能実習計画審査基準：介護)*. Tokyo: Ministry of Health, Labour and Welfare. <https://www.mhlw.go.jp/file/06-Seisakujouhou-11800000-Shokugyououryokukaihatsukyoku/0000182420.pdf> (accessed 22 March 2021).

3.2. Equivalent levels of foreign care workers in Japan's LTC career grading system

As described in section 3.2.1, Japan's immigration policy provides four pathways for foreign care workers to get the access to Japan's LTC labour market. Japan's Long-term Care Professional Career Grade System has developed along with the policies on opening Japan's LTC labour market to cross-border care workers, so the levels indicative of the required knowledge and skills of foreign LTCWs have been suggested depending on the pathways through which they come into Japan.

The goal of EPA's CCW candidates and the students of CCW-training institutions is clear: national certification of CCW. As shown in section 3.1.4, the LTCWs who have obtained national certification are ranked at Level 4; in the immigration system, they are eligible for the application of the residence status of 'Care Work' which allows them to renew their residence status for unlimited times and to bring their family members to settle in Japan together. Their competency will be estimated as Level 4 in the LTC professional career grade system.

After the introduction of residence status 'Specified Skills', even if they fail in the national examination of CCW and lose the chance to become CCWs, they can convert their status of residence into 'Specified Skills' and can continue to work in Japan's LTC facilities if they wish. Their knowledge and skills are equivalent to Level 3 of career grading system.

As for TITP-LTC trainees, their categories (year of working in Japan as LTCWs) are linked to the levels of career grading system as shown in the previous section.

The new resident status 'Specified Skills' was enacted in 2019 and two categories were introduced in this resident status. As described in section 3.2.1, the applicants of 'Specified Skills' resident status are required to pass the examinations to prove their knowledge and skills, and the level of the examination for the screening of the applicants for 'Specified Skills' category 1 is equivalent to the examination which is administered to the TITP-LTC trainees who completes the third year under TITP. This system can be interpreted that the LTCWs who have the status of 'Specified Skills' category 1 can be ranked at Level 3 of career grading system. The 'Specified Skills' category 2 is the resident status, which is granted to more highly skilled foreign workers, but this category is not applied to care workers because it is expected that the foreign care workers who are skilled enough to be granted with category 2 status of 'Specified Skills' are supposed to have enough competence to acquire the national qualification of CCWs and are able to convert their

resident status into 'Care Work', which can be granted only to the foreign workers who have the national certificate.

3.3. Grading of highly skilled care workers

Japan's Long-term Care Professional Career Grade System has seven levels (Table 3.1), but the higher three levels (Level 5 to 7) have not been practically used for the appraisal of LTCWs. The recognition of the highest skills is crucial to establish the career path of LTCWs so that they can set their occupational goals and imagine how experts practice the LTC services in a tangible manner.

An effective grading system for the highest levels of LTC skills will also motivate foreign LTCWs to promote themselves as high as possible, since improvement of their skills will benefit their clients, considering the growing number of foreign LTCWs. The title of 'the most skilled LTCW' is expected to make sense in the home countries of foreign LTCWs, where the concept has not been well developed in most cases. By demonstrating the outstanding skills of top-level LTCWs, they are expected to promote the recognition in their home countries that LTCW is a distinctive occupational category from other professions, such as nurses, rehabilitation therapists, or domestic workers.

Table 3.9 shows the author's idea of the levels equivalent to several certification programmes recognised in Japan's official LTC system. For higher levels, the following three existing certificates are suggested: chief care manager, care manager, and assessor of career grading system, but these certificates are eligible even for other professionals with the background of medical care, such as physicians, nurses, etc. because advanced levels of LTC services inevitably require medical procedures. Further, these three certificates are not linked to higher education and academic activities, while higher levels of PQFs are usually linked to the international standards of higher education. The stakeholders involved with the LTC career grading system are strongly encouraged to develop the appraisal system of the higher three levels, taking into consideration the proximity between LTC and medical care, as well as the relationship with higher education.

Table 3.7. Certifications in Japan’s Long-Term Care System and Career Grading System

Levels in career grading system	Equivalent qualifications in Japan’s long-term care system
Level 7	– <i>Advanced certified care worker*</i>
Level 6	– Chief care manager in community-based integrated support centre**
Level 5	– Care manager – JACCW-qualified CCW *** – Assessor of career grading system
Level 4	– National certification of certified care workers ‡ – <i>Advanced Diploma (?) *</i>
Level 3	– 450-hour training course for LTC practitioners (Formal) ‡ – Training of basic medical procedures like sputum suctioning for LTC practitioners (50-hour-lecture and practice) – <i>Associate Care Worker (?) *</i>
Level 2	– <i>Training for Mid-level Care Worker*</i>
Level 1	– 130-hour entry-level training for care workers ‡ – 59-hour training for personnel supporting daily lives * (Allowed to be engaged in home-help services but limited to the support for daily lives of clients. Physical care is not allowed.) – 3-hour or 21-hour introductory training * (Not allowed to be engaged in home-help services.)

CCW = certified care worker, JACCW = Japan Association of Certified Care Workers, LTC = long-term care.

* Author’s suggestions (certification programmes not yet existent).

** The LTC Insurance Act encourages municipalities to establish ‘community-based integrated support centres’ to provide community-level integrated welfare services. The cost is covered by the LTC insurance system. The regulation on the staffing basically depends on the number of the insured in the area covered by each centre. As a standard case, if a centre covers an area which has 3,000–6,000 people who are insured by the LTC insurance, the centre should be staffed with at least one public health nurse, one certified social worker, and one chief care manager.

*** Certified care workers who are qualified by the JACCW as highly skilled care workers. The requirements for the applicants of JACCW-qualified CCWs are: 1) practice as CCW for 5 years or more, and 2) completion of 600-hour training course for the candidates of JACCW-qualified CCWs.

‡ Officially confirmed equivalent levels as shown in Table 3.2.

Source: Author’s original for this report.

There are some discussions on the modification of the placement of LTC-related certifications on the career grading system levels. For example, where should the graduates of CCW-training institutions who fail in the national examination be placed in the career grading system? Should they be upgraded to Level 4 because they undertook more hours (1,850 lecture hours and 450

practice hours as standard) for training than only a 450-hour training course by itself? In the current system, they are ranked at Level 3 (Table 3.2), but some argue that they should be at Level 4. If this adjustment comes into effect, should those who have acquired CCW qualifications be upgraded to Level 5? Such discussions are associated with the influx of foreign LTCWs. Whether the adjustment will be made or not, the quality of LTC services, the benefit to the clients, and the optimisation of the knowledge and skills of LTCWs should be taken into account.

Other discussions on the career grading system are: 1) On which level should the privately organised training programmes be placed, such as care robot training, dementia care training, etc.?; and 2) How should the criteria of the highest grade (Level 7) be developed? Unfortunately, these discussions have not been developed enough.

3.4. Mapping of LTC skills on qualifications frameworks of different countries

As described in Chapter 2 and section 3.2.1 of this chapter, a growing number of foreign LTCWs are expected to return to their home countries from Japan, whether they acquire Japan's national certification of CCW or not, but the job category of 'Long-Term Care Worker' has not been well recognised as a distinctive job profession elsewhere. Also, as described in section 3.2.1, the concept of long-term care in Japan is not necessarily consistent with the concept in other countries. Dr. Cullen Hayashida in 2019 pointed out the following at a workshop on training of cross-border care workers that was organised as a part of this project:

Japan built the LTC system on the institutional side, with a strong medical science influence, and it is moving forward to community bases very quickly, because of the cost factor (Speech of Dr. Cullen Hayashida at expert dialogue in November 2019).

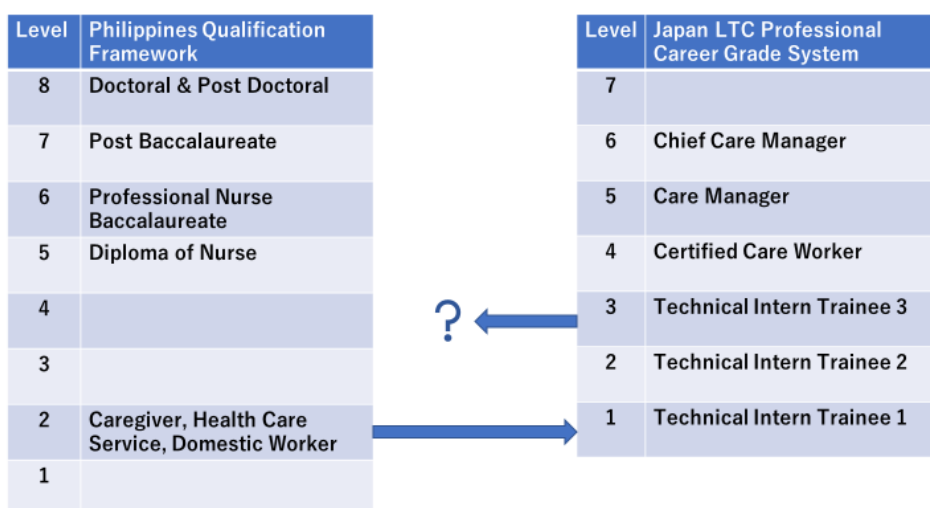
This unique background of Japan's LTC system may be one of the factors that have hindered the cross-border harmonisation of qualifications frameworks of LTCWs between Japan (institutional-care-dominated) and LTCW-sending countries (community-care-dominated).

Taking the example of TITP-LTC trainees, the skill levels corresponding to the level of TITP category 1 can be found in the PQF of both the Philippines (Figure 3.1) and India (Figure 3.2), but for the level of TITP category 3, which is equivalent to Level 3 of Japan's LTC Professional Career Grade System, the corresponding levels cannot be found in the PQFs of the Philippines and India.

This is probably because ‘long-term care worker’ has not been well recognised as a profession requiring extensive expertise in these countries, so the concept of ‘highly skilled care worker’ has not been established.

If cross-border circulation of care workers needs to be facilitated to promote the knowledge-sharing and skill-sharing of LTC throughout the region, many things should be done: promotion of the awareness of LTC as a service requiring expertise, establishment of occupational category of ‘long-term care worker’, and cross-border harmonisation of PQFs and the closely linked training programmes.

Figure 3.1. PHLQF and JQF of Caring



JQF = Japan qualifications framework, LTC = long-term care, PHLQF = Philippines qualifications framework.

Source: Author’s original for this report.

Figure 3.2. India NSQF and JQF of Caring

Level	India National Skills Qualification Framework	Level	Japan LTC Professional Career Grade System
10		7	
9		6	Chief Care Manager
8		5	Care Manager
7	Bachelor in Health and Wellness Studies	4	Certified Care Worker
6	Diploma Nursing Training	3	Technical Intern Trainee 3
5	Geriatric Aide (until September 2020)	2	Technical Intern Trainee 2
4	Geriatric Aide (after October 2020) General Duty Assistant Home Health Aide Caregiver-Persons with Disabilities	1	Technical Intern Trainee 1
3	Elder Caretaker		
2			
1			

JQF = Japan qualifications framework, LTC = long-term care, NSQF = national skills qualifications framework.

Source: Author’s original for this report.

4. Challenges to be Overcome for the Promotion of Circulation of LTCWs

4.1. Differences in welfare systems for older people from country to country

Good payment can attract more people who have strong skills, knowledge, and expertise. Japan’s LTC system has succeeded in attracting a skilled labour force through its multi-level certification system that guarantees higher incomes for higher levels. This system is enabled by the social insurance system, which collects money from all the residents in Japan who are 40 years old or above. Almost all the LTC businesses in Japan depend on insurance financially because it allows any type of service provider, from semi-public organisations and non-profit organisations to private businesses to receive reimbursement from local municipalities, as long as they fulfil the

requirements of the insurance system, such as staffing, equipment, etc., and are accredited as the service providers under LTC insurance.

In countries that have not developed reliable financial fundamentals to provide LTC services, as in most Association of Southeast Asian Nations (ASEAN) member states or India, it is not likely that Japan's system for capacity building of LTCWs can be adopted entirely because job opportunities for LTCWs might be limited in such condition. The demand for LTCWs may only arise from nursing homes for the high-income group or the households needing domestic workers there. What is the realistic solution to promote the capacity building of LTCWs and the recognition of distinctiveness of LTCWs in such conditions?

One of the possible strategies to establish a reliable and universal LTC system is integration with the healthcare system. Thanks to the long-lasting effort of health authorities to deliver primary and community-based services, the majority of the countries in the world have already established systems that provide basic (not advanced) healthcare to anybody at any time; nonetheless, they have mostly focused on infectious diseases and/or mother and child health. In response to population ageing, which is taking place globally, the focus of healthcare systems is shifting to non-communicable diseases and chronic health conditions. The demand for LTC services is closely related to the increasing morbidities of non-communicable diseases. To optimise the limited resources for healthcare and social welfare, innovative strategies to integrate both services are required.

Achieving such an integrated system, however, will not be straightforward, because, in most countries, the government authority in charge of healthcare, that is, the Ministry of Health in most cases, is different from the authority in charge of social welfare. If Japan wants to promote the training and circulation of foreign care workers, as well as the harmonisation of PQFs of LTCWs, it needs to be careful about selecting the counterpart authorities of other countries. The discussion on population ageing and capacity building of LTCWs is a cross-ministerial issue. It is highly encouraged to include a wider range of relevant ministries and agencies in such a discussion.

4.2. Language proficiency and culture learning

Language is one of the most challenging barriers for migrant workers. In particular, LTC is oriented to humans and daily conversation with clients is one of the core parts of the services. In the case of Japan's LTC service, the language problem for foreign workers is quite critical. LTC terminology and jargon in Japan overlaps substantially with medical terminology, which cannot be easily understood, even by ordinary native speakers of Japanese. Further, the Japanese writing system is extremely complicated, so it is almost impossible for learners to master it at the same level as their expected Japanese colleagues during the provided training course.

Because of the importance of language proficiency in LTC services, all four pathways for cross-border LTCWs intending to work in Japan require Japanese language skills. These can be improved more efficiently and effectively if the language is taught together with the cultures. Some Japanese language schools in LTCW-sending countries couple their training with Japanese culture. For example, even if the same word 'bathing' is used, the practical ways of bathing are different from country to country. It is very important for language learners to understand the cultural contexts that are closely linked to words and phrases. Non-linguistic communication tools, such as body language, pictograms, etc. are also as important as language communication so that foreign LTCWs can communicate with their colleagues without misunderstandings.

When the new resident status 'Specified Skills' was put into effect, a new Japanese proficiency test specialising in the language used in LTC services was started. The development of this test was sponsored by the Japanese government. Language proficiency, however, has not been incorporated in the LTC Professional Career Grade System. It is necessary to standardise Japanese language proficiency level on each level of the LTC career grading system so that the practical skills of foreign LTCWs can be assessed more comprehensively.

4.3. Solutions to avoid the mismatch of skills

Mismatch between the skills required for certain positions and the actual skills of workers may create unfavourable outcomes, such as dissatisfaction of workers, underused skills, incompetence for assigned jobs, etc. Among foreign LTCWs in Japan, two types of mismatch can be found. First, some foreign LTCWs have sufficient language skills, but do not have enough practical skills of LTC services. Such LTCWs are employed just because they are fluent in Japanese.

Another type of mismatch is deskilling, which is discussed in Chapter 2. Many foreign LTCWs in Japan have a background in nursing and midwifery education, but their skills and certification acquired in Japan as care workers are not well recognised in their home countries. This is because nurses are placed at relatively higher positions in the PQFs in most low- and middle-income countries than their counterparts, but care workers are ranked at lower levels and are not recognised as a profession requiring expertise.

Career grading systems (or PQFs) can be used to avoid such mismatches. As discussed in this chapter, the competence levels required for foreign LTCWs in Japan are indicated on the LTC Professional Career Grade System depending on each pathway for foreign LTCWs, though there are still some discussions on adjustment and modification of equivalent levels, as described in the section 3.3.3. Unfortunately, Japan's career grading system has not been familiarised enough in the countries sending LTCWs to Japan. Any stakeholder either of Japan or sending countries, from government to private sector, is greatly encouraged to avoid the mismatch of skills through publicising Japan's LTC Professional Career Grade System, which indicates the expected competence levels of every type (pathway) of foreign LTCWs. Harmonising PQFs between the destination countries and sending countries of cross-border caregivers is also important to avoid skill mismatch. Particularly, ASEAN member states are the major sources of foreign LTCWs in Japan, but correspondence between Japan's PQF and the ASEAN Qualification Reference Framework has not been established. More effort is required to realise smooth cross-border circulation of human resources for LTC without skill mismatch.

4.4. Recommendations to make the full use of foreign LTCWs' competence

- a. The goals and contents of the training programmes that are required to work as LTCWs in Japan should be clearly presented for each pathway type for letting in foreign LTCWs. This effort is expected to prevent mismatch of skills.
- b. Criteria for the higher and highest levels of the LTC career grading system should be urgently established in Japan. Occupational qualifications frameworks still vary from country to country, but the international standard for PQFs is about to converge into eight levels. Japan, however, has a seven-level system and the criteria for upper levels have not been clearly established. In order to facilitate the self-promotion of LTCWs and

to fill the gap between international standards and Japan's PQF, it is imperative to develop the standards of post-graduate education on LTC, which provides scientific evidence supporting advanced LTC services and the development of training programmes of LTCWs.

- c. Criteria for the assessment on each level of qualification framework should be provided in as detailed and standardised a manner as possible for each perspective of knowledge and skills. Knowledge can be classified into organisational understanding (basic principles of LTC, laws and regulations, teamwork, etc.) and technical knowledge. As for skills, general skills like language proficiency (writing, reading, oral communication) and specialised skills (decision-making, planning and organisation, customer-centered response, problem solving, analytical thinking, and critical thinking) should be taken into account besides standard practical skills.
- d. Reintegration programmes for the returned cross-border LTCWs should be facilitated, particularly in the sending countries where LTC systems have not been matured. As a country that benefits from cross-border LTCWs, Japan has the responsibility to support such programmes.

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