

# Chapter 6

## Conclusion and Recommendations

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## Chapter 6

### Conclusions and Recommendations

#### **1. Establishment of professional job as ‘long-term care worker’**

The ‘World Report on Ageing and Health’ published by the World Health Organization in 2015 used the term long-term care (LTC), referring to:

the activities undertaken by others to ensure that people with or at risk of a significant ongoing loss of intrinsic capacity can maintain a level of functional ability consistent with their basic rights, fundamental freedoms and human dignity (WHO, 2015).

As discussed in this report, the form of LTC varies considerably from country to country, even within countries. Families often take the role of providing LTC, but governments, particularly in high-income countries, are playing an increasing role. Such governments’ involvement with LTC brings the debates on how LTC can be delivered in a sustainable manner and what is the appropriate balance between families and the government. LTC services provided by governments usually require professional LTC workers (LTCWs), which are differentiated from informal care by family caregivers or community caregivers. In Japan, for example, as described in Chapter 3, the LTC system has been developed as a separate (but closely related) system distinct from medical service provision since the introduction of social LTC insurance system in 2000. The competency of care workers is one of the most important elements to secure the quality of services under this LTC insurance system, so a well-organised qualification system of LTCWs was established.

We have argued in this report that the job category of ‘long-term care worker’ should be established as a profession distinct from other job categories, such as nurses, rehabilitation therapists, etc. We also insisted the criteria of higher levels in the LTC career grading system should be established to develop the career paths of LTCWs so that it can attract more talented personnel. Nonetheless, due to the proximity of practices between LTC and medical care, the

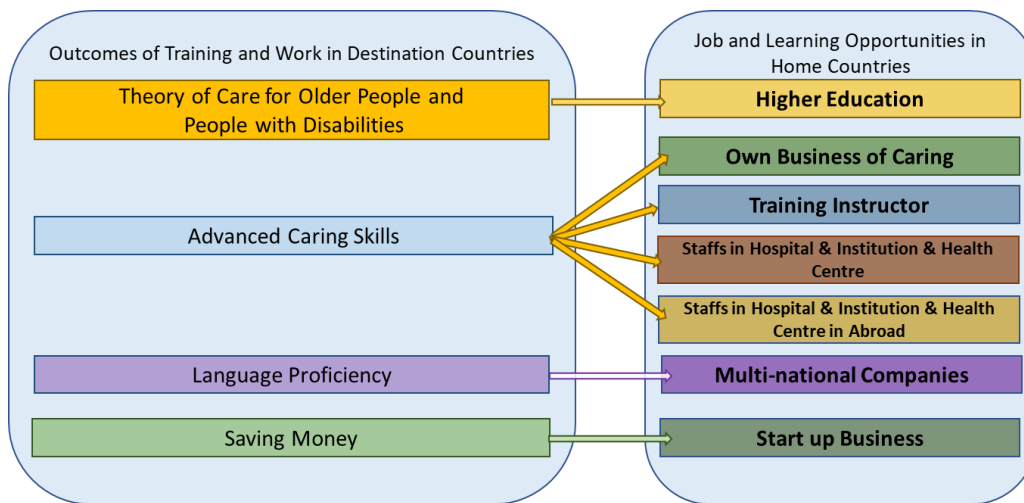
advanced level of LTC practices inevitably includes components of medical practice that are usually carried out by nurses. To develop the criteria of higher and highest levels of LTC career grading system, it is necessary to clarify the difference between LTCWs and nurses or rehabilitation therapists, while the importance of multi-professional collaboration should be also taken into account because it is crucial to provide quality care with wholistic approach to clients.

As the International Labour Organization suggested in its report, decent care work can contribute to ensuring a future of work that promotes gender equality and benefit for all because most care workers are women (ILO, 2018). Considering the growing older population worldwide, paid care work is likely to remain an important source of future employment anywhere in the world. Cross-border harmonisation of qualifications frameworks on LTC services is strongly encouraged to appraise the competencies of LTCWs precisely so that they are properly paid in accordance with their competencies at any corner of the world and more people can get decent work regardless of gender.

## **2. Importance of Development of LTC-related Businesses in LTCW-sending Countries**

Migrant workers are not homogeneous. Some of them hope to settle in destination countries, while some long for their home culture and lives in their home countries. Freedom of job selection and freedom of movement must be secured for anybody in the world as an international consensus, but from the perspective of the countries sending migrant workers, too much out-migration of skilled workers is considered a 'brain drain', which may undermine the development of the countries. As discussed in Chapter 4, to promote the utilisation of competencies of repatriated migrant workers rather than leaving 'brain gain' as it is, the Philippine government develops reintegration programmes for repatriated migrant workers, but such programmes would not function well without enough job opportunities.

**Figure 6.1. Returnees' Job Development**



Source: Author's original for this report.

LTC-service-providing businesses have not been well developed in LTCW-sending countries so that job opportunities could be provided plentifully for repatriated cross-border care workers. Two main countries sending LTCWs, that is, India and the Philippines, still have strong traditions of filial piety. Most older people are cared for by family or community caregivers as unpaid work. Even such countries have social protection shelters for disadvantaged people including the older people who do not have relatives, are poor, and cannot work, but the number of such facilities is limited and they are mostly managed using the very limited budget of the government, or by religious organisations and/or philanthropists.

Underdevelopment of LTC businesses in India and the Philippines is associated with the still-young population structure, but the proportion of older people will steadily increase. In 2015, the percentage of the people aged 60 years or over was estimated to be 8.9% in India and 7.3% in the Philippines, but it will increase to 12.6% in India and 11.2% in the Philippines in 2030, and 19.5% in India and 16.5% in the Philippines in 2050 (UNDESA, 2019). It is expected that the demand for LTC businesses will also be steadily growing, as will the demand for skilled care workers there. Due to the underdevelopment of domestic LTC businesses so far, the human resources of LTC businesses are scarce. It is crucial to optimise the competencies of repatriated cross-border care workers as precious human resources for the development of LTC businesses, and the harmonisation of qualifications frameworks is indispensable to assess the competencies

of foreign-trained LTCWs. As shown in Figure 6.4, repatriated migrant care workers have great potentials of their career development in their home countries. Governments are encouraged to develop policies to maximise their underused competencies.

There are many forms of LTC services which are eligible for business: (1) services which emerged from medical services, for example, rehabilitation; (2) services which emerged from social welfare services, for example, institutional care services; (3) services which emerged from housing services such as retirement community or assisted living; (4) community-based housing services, such as foster care (consigned care), shared housing, group home, etc.; (5) day care and day service; (6) home-visit services; and (7) other services like house renovation, leasing services of assistive devices, training services for professional and/or unpaid caregivers, etc.

The development path of LTC businesses and preferable services may vary from country to country. In case of Japan, there also used to be strong tradition of filial piety, but as the proportion of older people grows in a skyrocketing manner as a result of demographic transition and social transformation, many family caregivers had no longer been able to provide care for older people in their families. After the establishment of universal medical insurance in 1961, Japan's LTC got heavily dependent on medical services, particularly in the 1970s and early 1980s, when co-payment-free medical services were administered for people 70 years old or above. Some families preferred to put older people in the hospital because of the co-payment-free system. Nonetheless, such a system was not sustainable, considering the high cost of medical services, so the Japanese government has been trying to reform the LTC-providing system so that services can be separated from the medical system, aiming for reducing the cost. Since the introduction of LTC insurance in 2000, the Japanese government has been promoting community-based LTC system, which can be classified into the category from (3) to (6) mentioned above, with the goal of 'ageing in place' and reducing hospital deaths. This is just the example of the country which has the most aged population structure in the world, but it provides the lesson that the LTC systems which are preferred and promoted can change from time to time. Policy makers and entrepreneurs are encouraged to work together for the development of LTC systems, which are most suitable for their societies with the prospect of future LTC demand.

LTC service can be a good example of the practical use of up-to-date technologies, such as robotics and digital transformation. For example, home surveillance cameras using the technology of the Internet of Things may be part of the solution to the shortage of LTCWs,

wherever LTC is provided, both in institution-based and home-based settings. LTC facilities that are supported by advanced technologies are called ‘ambient assisted living’ or ‘age-friendly housing’. If reliable remotely monitoring systems for LTC-service-clients are installed, care workers will no longer need to stay at the same place with clients, if they can stand by for emergency services whenever Internet of Things devices detect critical needs remotely.

Skills to utilise such technologies will be increasingly required for providing quality LTC services, so PQFs for LTC are also expected to incorporate the components related to the competencies of advanced technologies. Higher-quality LTC services demand highly competent LTCWs. When the countries currently sending LTCWs have a more aged population, the digital transformation will have surely advanced considerably. Foreign-trained LTCWs will be the indispensable human resources for the development of such societies where advanced technologies have already been in practical use for LTC services.

### **3. Toward Establishment of the Academic Field ‘Long-Term Care Studies’**

The concept of LTCW has been developed recently, and has not been matured enough. As already discussed in this book, older people have been meant to be taken care of by family caregivers or domestic workers, particularly in the societies which still retain the tradition of filial piety. Such background of LTCWs is reflected in the positions in PQFs. In India (Chapter 5) and the Philippines (Chapter 4), they are ranked at lower levels (vocational training and education levels), and no career paths nor specific courses of lifelong education are suggested. In Japan, where the certification system for LTCWs has been comparatively well developed due to the strong demand caused by the most aged population in the world, the career paths of LTCWs from entry level to the acquisition of national certification are clearly provided,<sup>5</sup> but PQFs have not been working well for the recognition of the highest levels of LTC competencies, which are equivalent to higher education and graduate school education. Europe is also in a similar situation. Using the fund of the Leonardo Da Vinci Programme of the European Commission focusing on vocational education and training, the European Care Certificate (ECC) was

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<sup>5</sup> From the beginners’ level, 21-hour introductory course, followed by 59-hour training for the personnel specialized in the support for household chores, 130-hour entry-level training for care workers, 450-hour training for LTC practitioners, and the training course for certified care workers.

developed. It is a Europe-wide qualification system that is designed to cover the basic knowledge required for health and social care settings. The certificate verifies that the worker covers the criteria shown in the Basic European Social Care Learning Outcomes, which are recognised by the ECC partner countries (EASPD, 2019). The ECC board is working to get accreditation by the European Qualifications Framework (EQF) Level 3 (Social Care Training, n.d.), but it is still ranked at a lower level in the EQF, which has an eight-level grading system. To achieve the recognition of higher competencies of LTC in PQFs, it is crucial to establish the distinctive academic field of LTC studies because higher levels of PQFs are usually linked to higher education.

LTC practice leaves so many research questions that are suitable for being tackled by higher education institutions including graduate-school-level. For example, LTC systems are supposed to be developed differently from country to country, because LTC practice is closely linked to the sociocultural, economic, and even political background of each society, but there also should be the common aspects of LTC practice amongst countries and societies. The academic field of 'LTC studies' is expected to analyse the difference and similarity of LTC systems and practical services amongst countries and societies. Such basic studies on LTC can contribute to the development of career paths of LTCWs suitable for each country or society, as well as the harmonisation of qualification frameworks related to LTCWs. Any country will face population ageing. They are encouraged to work together to promote the academic activities related to LTC and to establish the academic field: LTC studies.

Gerontology and geriatrics are the academic fields that are very close to 'LTC Studies'. In some countries, comprehensive ageing and health management programmes have been promoted in forms such as graduate degrees in Gerontology Specialization, Doctorate in Geriatrics, Post-graduate Diploma programme in Geriatric Medicine, Master's programme in Gerontology, etc. (UNFPA and HelpAge International, 2012). To develop the definition and basic concept of 'LTC Studies', it will be critical to incorporate the concept and practice of gerontology and geriatrics and to consider how to differentiate LTC Studies from gerontological and geriatric approaches. If an academic field is newly established, it should have clearly designated research targets. The expected targets of LTC Studies can be: 1) optimal use of the competencies of LTCWs to maximise the quality of life of older persons; 2) development of assessment indicators of LTC-service quality and the appropriateness of care plans; 3) training leaders and assessors; 4) prevention of frailty and functional deterioration; 5) innovation to create more integrated and affordable LTC

system; 6) development of lifelong learning modules for caregivers; 7) digital technology and robotics applied to LTC; and 8) social cost and burden of LTC.

In Japan, many people who have already earned a bachelor's degree enter CCW-training institutions, hoping to acquire the national certification of CCW.<sup>6</sup> In other words, many talented people are getting interested with working as professional LTCWs. It is the right time to develop the basic concept of LTC Studies in collaboration with gerontologists and geriatricians.

As suggested in the abovementioned report published by UNFPA and HelpAge International, region-wide (not limited to national level) training and research centres on LTC should be established to incorporate unique country-wide realities of LTC and to contribute to the capacity development of policy makers, government officials, academics, service providers, and informal caregivers in the region.

#### **4. Role of the Proposed Asia Long-term Care Training and Research Centre**

The proposed Asia Long-term Care Training and Research Centre (referred to as 'the Centre' hereinafter) should have both functions of research and training. As described in the previous section, the Centre is supposed to cover any topics associated with LTC. LTC is a cross-cutting issue, so a wide range of conventional academic fields, such as population studies, medicine, nursing, social welfare, healthcare system, public management, etc., can fall into LTC Studies. The centre will be expected to play a pivotal role in the region as a 'one-stop' institution that can deal with any kind of research activities related to LTC and provide any information collected from throughout the region.

Training of core and advanced professionals of LTC will also be one of the major tasks of the Centre. The goal of LTC Studies shall be the improvement of the quality of LTC services and the improvement of the quality of life of older people. Even if the academic course of LTC Studies will have been developed in higher education based on its well-established theoretical background, practical training must be an indispensable component of any level of LTC training. LTC businesses will be required to demonstrate trainees that LTC is an attractive industry. The

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<sup>6</sup> By M. Kobayashi, at the workshop of expert dialogue on the training of cross-border care workers in 2019, Kitakyushu, Japan.

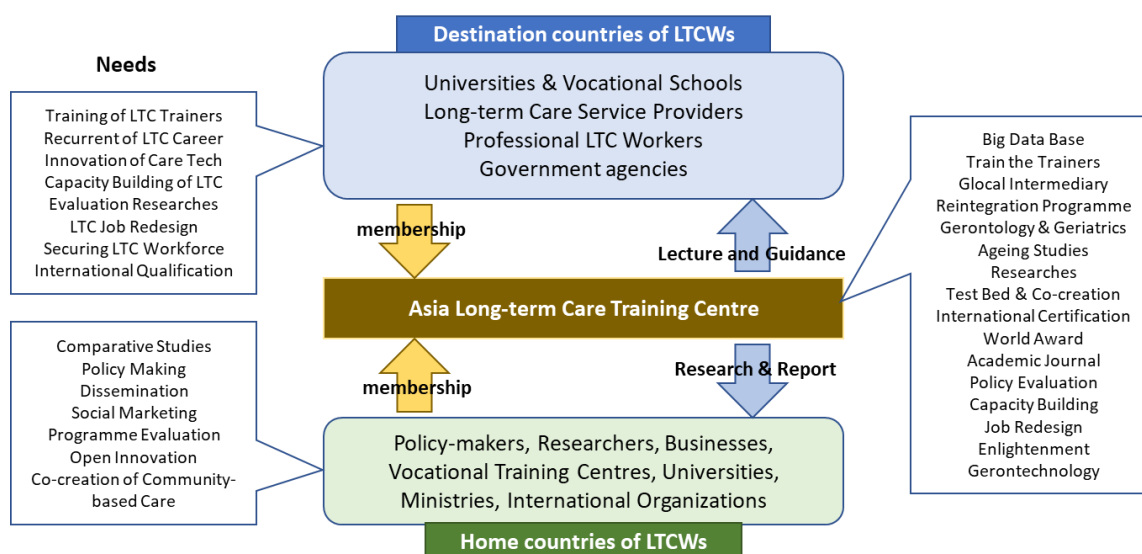


Centre will also take an important role to design LTC businesses considering the uniqueness and similarity of the cultural, social, economic, and political situations of each country.

As the most aged country in the world, Japan may be able to provide the ideal places for practical training of LTC research and education. Professor Shinya Matsuda, University of Occupational and Environmental Health, argued at an experts' roundtable on how to make LTC a fascinating job, organised by the Japanese Ministry of Health, Labour, and Welfare in 2016, that the following attempts would be required to convert the people's impression on LTC from a hard, tedious, and demanding job into precious and value-creating job: 1) strengthen research activities on LTC; (2) establish an industry-academia-government cooperation system to develop the standards of LTC; and (3) share the lessons, best practices, academic outcomes internationally through academic journals, cross-border personnel exchange, and the promotion of studying LTC abroad (MHLW, 2016).

Professor Matsuda focused on younger generations in his discussion, but for the development of career paths of LTCWs, the involvement of middle age and older generations in LTC businesses is indispensable. Over the course of population ageing, the younger generations are steadily shrinking. Not only middle age but also older people will be the important LTC services labour source. The Centre will be expected to develop the models of lifelong learning systems for LTC which are suitable for every generation which has the potential to be part of LTC labour force. Promotion of lifelong learning will contribute to the development of qualifications frameworks related to LTC from vocational education level to higher education level in each country and eventually their harmonisation amongst countries. Figure 6.2 is the conceptual framework of the Centre.

**Figure 6.2. Framework of Asia Long-term Care Training and Research Centre**



LCT = long-term care, LCTW = long-term care worker.

Source: Author's original for this report.

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