Appendix 1: Research Schedule

14–15 November 2019. The 1st Expertise Dialogue Workshop of Long-term Care
Kitakyushu International Conference Center, Kitakyushu City, Fukuoka, Japan

Kitakyushu International Conference Center
14 November 2019 13:00 16:00
The 1st Expertise Dialogue Workshop of Long-term Care by Dr. Takeo Ogawa
Training Programs for Entry Level Eldercare Workers, Issues and Directions for Change by Prof. Cullen Hayashida
15 November 2019 10:00 16:00
Learn and Try the Japanese Sense of Long-Term Care IN Indonesian Community Based Care for The Elderly by Dr. Tri Budi Rahardjo
A Challenge with Collaboration of Japan-Indonesia by Takeo OGAWA
Qualification Framework of LTC in Philippines by Takeo OGAWA
Report of Research in India by Prof. Kyoko Nakamura

Participants:
Takeo OGAWA, Professor Emeritus, Kyushu University President, (NPO) Asian Aging Business Center
Katsuhiko KIKUCHI, Professor, Seitoku University
Kyoko NAKAMURA, Professor, Kyushu Otani Women’s College
Theelma Kay, Ex Staff, UNESCAP
Kaysoorn SUMPOWTHORNG, Assistant Professor, Thammasat University
Sungkok LEE, Professor Emeritus, Kyungpook National University
Yoshiko SOMEYA, Ex Professor, Tokyo Women’s University
Yuko HIRANO, Professor, Nagasaki University
Masahiro HIGO, Professor, Kyushu University.
Maria Aditia WAHYUNINGRUM, Secretariat, Respati University of Indonesia
Nurun IAASARA, Health Polytechnic of Yogyakarta
Mitsutoshi KOBAYASHI, President, Keishin Gakuen
Sota MACHIDA, ERIA
Meeting Room, Mindanao Kokusai Daigaku, Davao, Philippines
To build a Model for Nurturing International Care Workers:
Sum up of JPEPA programme and Assessment of New Pathway into Japan and Re-
Integration Programme in Philippines
9:00–17:00, 30 January 2020
Meeting Room, Mindanao Kokusai Daigaku, Davao, Philippines
Ines Yamanouchi P. MALLARI, President & Administrator
Gracia G. DELA CRUZ, Department Head, Science in Social Services
Ellen L. OCHARON, Professor, Science in Social Services
Toru KISHI, Japanese Technical Staff
Takeo OGAWA
Reiko OGAWA
Sota MACHIDA
Agendas:
1. Sum up of JPEPA Programme
2. Strategies towards New Pathway into Japan
3. Review of Japanese Language Textbook for KAIGO
4. Assessment of Long-term Care Skills
5. Job Development Programmes for Returnees

5 February 2020 13:30–15:30 Secretariat meeting
Keishin Gakuen
Participants:
Takeo OGAWA
Kyoko NAKAMURA
Motoyuki KAWATEI
Katsuhiko KIKUCHI
Secretariat (Note-taker): Hiromi KINEBUCHI
Agendas
1. Share the report of research for Philippines
2. Discuss regarding The Demonstration Lectures in India
3. Decide the research schedule
13 February 2020 Secretariat meeting by Skype with India
Participants:
Sharma NEERAJ, Hinode, India
Takeo OGAWA
Motoyuki KAWATEI
Katsuhiko KIKUCHI
Secretariat (Note-taker): Hiromi KINEBUCHI
Agendas:
1. Feasibility of Practice of Long-term Care Training in India
2. Information of Safety

17 February 2020, 13:30 Secretariat Meeting
Keishin Gakuen
Participants:
Takeo OGAWA
Motoyuki KAWATEI
Katsuhiko KIKUCHI
Secretariat (Note-taker): Hiromi KINEBUCHI
Agendas:
1. Feasibility of Practice of Long-term Care Training in India
2. Information of Safety

27 February 2020, 16:00–17:00 Secretariat Meeting by Skype with India
Participants:
Sharma NEERAJ, Hinode, India
Takeo OGAWA
Kyoko NAKAMURA
Motoyuki KAWATEI
Katsuhiko KIKUCHI
Secretariat (Note-taker): Hiromi KINEBUCHI
Agenda:
Decision for postponing of visit India
15 June 2020, 13:30–14:30 Secretariat Meeting by Skype
Participants:
Takeo OGAWA
Motoyuki KAWATEI
Katsuhiko KIKUCHI
Secretariat (Note-taker): Hiromi KINEBUCHI
Agenda:
Decision for changing research in accordance with the COVID-19 Pandemic.

24 August 2020, 10:00–12:00 Interim Report with Japanese researchers
Participants:
Takeo OGAWA
Kyoko NAKAMURA
Motoyuki KAWATEI
Katsuhiko KIKUCHI
Secretariat (Note-taker): Hiromi KINEBUCHI
Agenda:
Tentative Report by Takeo Ogawa
Discussion
17 September 2020, 15:00–17:00. The 2nd Expertise Dialogue Workshop of Long-term Care by Zoom
Participants:
Ines Mallari
Tri Budi Rahardjo
Thelma Kay
Kaysorn SUMPOWTHORNG
Reiko OGAWA
Takeo OGAWA
Osuke KOMAZAWA, ERIA
Sota MACHIDA
Secretariat (Note-taker): Hiromi KINEBUCHI
Agendas:
Keynote: “Modelling Human Development and Circulation of Long-term Care Workforce” by Takeo OGAWA
Invited Report 1: “Trends in the Diversification of Circulation of Long-term Care Foreign Workers” by Reiko OGAWA
Discussion

22 September 2020, 14:00-16:00 Complementary Workshop with Ms. Siriphan Sasat
However, we cannot do it because of misunderstanding of time. Then, we change it by email.
Appendix 2:

The 1st Expertise Dialogue Workshop of Long-term Care

Moderator: Takeo OGAWA, Ph.D.
Research Leader, Keishin Gakuen-ERIA Project
Professor Emeritus, Kyushu Univ. & Yamaguchi Univ.
President, (NPO) Asian Aging Business Center
Global Ageing

UN. World Population Prospects: The 2017 Revision

Speed of Ageing
Aging and Decreasing of Productive Population

UN. World Population Prospects: The 2017 Revision
Exclusion of Older Persons from LTC Services Due to Formal Workforce Shortages (Xenia Scheil-Adlung, ILO. 2017)

Rate of Those Who Need LTC in Each Age Group

Estimated Needs of Long-term Care

- If an experience of Japanese Long-term Care Insurance is available, it will be prospected to be 264 million of 65+ age-group which needs long-term care in a world at 2050.
- In 2015, it was estimated to be 82 million.

<table>
<thead>
<tr>
<th></th>
<th>World</th>
<th>Japan</th>
<th>India</th>
<th>Philippines</th>
<th>Indonesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>82.1</td>
<td>5.9</td>
<td>8.0</td>
<td>0.5</td>
<td>1.4</td>
</tr>
<tr>
<td>2050</td>
<td>264.0</td>
<td>10.0</td>
<td>29.2</td>
<td>2.5</td>
<td>7.1</td>
</tr>
</tbody>
</table>

Trial calculation by Takeo Ogawa: Based on “World Population Prospects: The 2017 Revision” and Japan MHLW “Report of Long-term Care Insurance”

Estimated Demands of Long-term Care Workers

- If an experience of Japanese long-term care is available, it will be required to be 79.5 million LTC workers, which are well-trained at 2050.
- In 2015, it was estimated to be 24.7 million LTC workers.

<table>
<thead>
<tr>
<th></th>
<th>World</th>
<th>Japan</th>
<th>India</th>
<th>Philippines</th>
<th>Indonesia</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>27.4</td>
<td>1.8</td>
<td>2.4</td>
<td>0.1</td>
<td>0.4</td>
</tr>
<tr>
<td>2050</td>
<td>79.5</td>
<td>3.0</td>
<td>8.8</td>
<td>0.8</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Trial calculation by Takeo Ogawa: Based on “World Population Prospects: The 2017 Revision” and Japan MHLW “Report of Long-term Care Insurance”
Japanese Experiences of Aging and Caring in 2000-2015

- 65+ age group was increased from 17.4% at 2000 to 26.6% at 2015 in Japanese population.

- Those who need LTC were increased from 2.56 million at 2000 to 6.2 million at 2015 in 65+ age group.

- Workers who were taking health care/long-term care/social care for older persons increased from 656,381 at 2000 to 2,156,530 at 2015.

- Its percentage in all workers increased from 1.04% at 2000 to 3.66% at 2015.
Japanese Long-term Care Workers

- Under the Public Long-term Care Insurance System, every LTC service providers should install some “Certified Care Workers,” which are called as “Kaigo-fukushishi.”

- Certified Care Workers are qualified by Japan National Government in due to pass the National Examination after 2-3 years training in polytechnic school, junior college, and university.

- Exceptionally, those who have 5 years working experiences in LTC can be eligible for the National Exam.
• Also, some graduated persons of LTC training organizations will be exemplified from the National Exam until 2027.

• Therefore, “Certified Care Workers” are estimated as a standard level competency.

• Those who are preparing or once failed the National Exam are workable as “Associate Care Worker.” They should be trained “Training for LTC Practitioners.”

• For beginners for engaging in LTC work should be trained “Induction Training for LTC.”

<table>
<thead>
<tr>
<th>Level</th>
<th>Common Standard</th>
<th>Kaigo Professional (Knowledge &amp; Skills)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>Top Professional</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Same as level 5</td>
<td>Providing high-quality of LTC in accordance with varieties</td>
</tr>
<tr>
<td>5</td>
<td>Specific excellent competency/reputation</td>
<td>Key person for instructing LTC skills, collaborating with other professionals and improving quality of teamwork</td>
</tr>
<tr>
<td>4</td>
<td>Not only autonomous work but also work as team leader</td>
<td>Leadership in a team Directions and Instructions to staffs Engaging in Assessor of LTC competency</td>
</tr>
<tr>
<td>3</td>
<td>Possible discretionary work without directions</td>
<td>Based on person-centered assessment, possible providing appropriate LTC and collaborating with other professionals.</td>
</tr>
<tr>
<td>2</td>
<td>Possible engagement under the supervising</td>
<td>Implement limited services based on recognition and judgement of LTC needs of clients Practice on basic LTC in accordance with regulated procedures</td>
</tr>
<tr>
<td>1</td>
<td>Entry Level: Vocational Preparatory Education</td>
<td>“Induction Training for LTC” for learning basic knowledge and skills in LTC facilities</td>
</tr>
</tbody>
</table>
Introducing Foreign Care Workers

<table>
<thead>
<tr>
<th>Certification</th>
<th>Related Competency</th>
<th>Japanese Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Induction Training for LTC</td>
<td>N1</td>
</tr>
<tr>
<td>2</td>
<td>Associate Care Worker</td>
<td>N2</td>
</tr>
<tr>
<td>3</td>
<td>Certified Care Worker</td>
<td>N3</td>
</tr>
<tr>
<td>4</td>
<td>Care Manager, Assessor</td>
<td>N4</td>
</tr>
<tr>
<td>5</td>
<td>Nurse, Therapist, Staff Worker, so on.</td>
<td></td>
</tr>
</tbody>
</table>

EPA Candidates of Certified Care Worker

Technical Intern Training Designated Skilled Labor

Linguistic Competence in Japan

<table>
<thead>
<tr>
<th>Level</th>
<th>Linguistic competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1</td>
<td>The ability to understand Japanese used in a variety of circumstances.</td>
</tr>
<tr>
<td>N2</td>
<td>The ability to understand Japanese used in everyday situations, and in a variety of</td>
</tr>
<tr>
<td></td>
<td>circumstances to a certain degree.</td>
</tr>
<tr>
<td>N3</td>
<td>The ability to understand Japanese used in everyday situations to a certain degree.</td>
</tr>
<tr>
<td>N4</td>
<td>The ability to understand basic Japanese.</td>
</tr>
<tr>
<td>N5</td>
<td>The ability to understand some basic Japanese.</td>
</tr>
</tbody>
</table>

https://www.jlpt.jp/e/about/levelsummary.html
Skills Competence in Japan (Career Grade System of Care Work)

Level 1: Entry level, Pre-employment training
- Family caregivers, Neighbor, Volunteers

Level 2: Work under a direction
- Limited care with a recognition of client's needs and situational response
- Basic care practice on prescribed procedures with basic knowledge and skills

Level 3: Work by oneself without a direction
- According with client’s situation, and collaborating with other professionals, care is provided appropriately

Level 4: Not only work by oneself but also take leadership in a team
- Leadership in a team
- Direction and training for subordinates
- Assessor of competency of care

Level 5: Professional skills, expertise, and good reputation
- Skilled care for clients with multifunctional disorder
- Key-person who can instruct skills and collaborate with other professionals

Level 6:
- Level 6:

Level 7: Top Pro.

Requirement for Applying to EPA Candidate of Certified Care Worker

<table>
<thead>
<tr>
<th>Country</th>
<th>Long-term Care Competence</th>
<th>Linguistic Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indonesia</td>
<td>Diploma of Higher Education 3 years + Certificate of Indonesian Caregiver Or Diploma of Nursing School 3 years</td>
<td>N5</td>
</tr>
<tr>
<td>Philippines</td>
<td>Diploma of University 4 years + Certificate of Philippines Caregiver Or Diploma of Nursing School 4 years</td>
<td>N5</td>
</tr>
<tr>
<td>Vietnam</td>
<td>Diploma of Nursing School 3 or 4 years</td>
<td>N3</td>
</tr>
</tbody>
</table>

How can we match each Qualification Framework of Long-term Care? How about Terminology of Long-term Care?
Eligibility for Technical Intern Program (Care Work)

<table>
<thead>
<tr>
<th>Status</th>
<th>Long-term Care Competence</th>
<th>Linguistic Competence</th>
</tr>
</thead>
<tbody>
<tr>
<td>TIT 3</td>
<td>3rd year</td>
<td>N3</td>
</tr>
<tr>
<td>TIT 2</td>
<td>2nd year</td>
<td>N3</td>
</tr>
<tr>
<td>TIT 1</td>
<td>1st year</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Job career of livelihood support, rehabilitation, or long-term care for the elderly and/or the disabled. Diploma of nursing school or certified nurse Certificate (License) of caregiving</td>
<td>N4</td>
</tr>
</tbody>
</table>

How can we match each Qualification Framework of Long-term Care?

Specified Skilled Worker (LTC Work) in Japan

Assessment of Skills of LTC Assessment of Japanese Linguistic N4* Level & Assessment of Japanese Linguistic of LTC

Which way is available for my training in NQF?
Each National Qualification Framework

Indonesian Qualification Framework

Source: Government of Indonesia, 2013.
Indonesia Caregiver Training and Education on LTC Ministry of Health, 2017

Level 5: Professional skills, expertise, and good reputation, 3 years education from high school/2 years from vocational caregiver high school/300-600 hrs training from nursing and/or social care/adaptation course for caregiver returner from Japan

Level 4: Not only work by oneself but also take leadership in a team, 2 years education from high school, or 1 year from vocational caregiver high school

Level 3: Work by oneself without a direction, 1 year education from high school

Level 2: Work under a direction, 3 years exp of level 1

Level 1: Entry level, Pre-employment training, 600 hrs training.

Family caregivers, neighbor, volunteers, 50 hrs training

Care Work on Philippines Qualification Framework
Care Work on Indian National Skill Qualification Framework (NSQF)

- **NSQF Level**
  - 10
  - 9
  - 8
  - 7
  - 6
  - 5
  - 4
  - 3
  - 2
  - 1

- **How to send back?**
  - Certified Care Worker
  - Candidate of Certified Care Worker
  - Completed the Care Worker Induction Training
  - Technical Intern
  - Designated Skilled Work

- **Some Training Programs in India**
Ministry of Skill Development
And Entrepreneurship in India

Level 4
• work in familiar, predictable, routine, situation of clear choice
• factual knowledge of field of knowledge or study
• recall and demonstrate practical skill, routine and repetitive in narrow range of application, using appropriate rule and tool, using quality concepts
• language to communicate written or oral, with required clarity, skill to basic arithmetic and algebraic principles, basic understanding of social political and natural environment
• Responsibility for own work and learning

Level 3
• person may carry put a job which may require limited range of activities routine and predictable
• Basic facts, process and principle applied in trade of employment recall and demonstrate practical skill, routine and repetitive in narrow range of application
• Communication written and oral, with minimum required clarity, skill of basic arithmetic and algebraic principles, personal banking, basic understanding of social and natural environment
• Under close supervision Some Responsibility for own work within defined limit.
Level 2
- Prepares person to/carry out process that are repetitive on regular basis with little application of understanding, more of practice
- Material tools and application in a limited context, understands context of work and quality
- Limited service skill used in limited context, select and apply tools, assist in professional works with no variables,
- Differentiates good and bad quality receive and transmit written and oral messages
- Basic arithmetic personal financing
- Understanding of social, political and religious diversity, hygiene and environment
- No responsibility works under instruction and close supervision

Level 1
- Prepares person to/carry out process that are repetitive on regular basis require no previous practice
- Familiar with common trade terminology, instructional words meaning and understanding
- Routine and repetitive, takes safety and security measures.
- Reading and writing
- Addition subtraction personal financing,
- Familiarity with social and religious diversity, hygiene and environment
- No responsibility always works under continuous instruction and close supervision
ASEAN Qualification Reference Framework

- The ASEAN Qualifications Reference Framework (AQRF) is a common reference framework that enables comparisons of education qualifications across participating ASEAN Member States (AMS).
- Support recognition of qualifications.
- Encourage the development of qualifications frameworks that can facilitate lifelong learning.
- Encourage the development of national approaches to validating learning gained outside formal education.
- Promote and encourage education and learner mobility.
- Support worker mobility.
- Improve understanding of qualifications systems.
- Promote higher quality qualifications systems.
AQRF and NQF

Harmonization of each NQF in Asia
ASEAN Qualification Reference Framework (AQRF) components

<table>
<thead>
<tr>
<th>Level</th>
<th>Knowledge</th>
<th>Skills</th>
<th>Application</th>
<th>Responsibility &amp; Accountability</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
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<td>5</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td>Long-term Care Facilities in Japan (Excepting Community-based Care)</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>Why is the Community Care excluded?</td>
</tr>
</tbody>
</table>

**Remained Issues**

- **Level**
- **Award, Certificate, Diploma, or Degree**
- **Training Module, or Curriculum**
- **Targeting Self Care to Professional Care**
- **Carrier Path for Lower to Higher Level of Qualification**
- **Training from Direct Care to Care Management/Care Providers/Care Technology/Care Administartion**
Let’s Try to recommend to ERIA countries for LTC Training

• Learn and share of each countries’ challenge!
• Beyond mutual understanding toward international harmonization
• How can we do?
• Based on a Japan-Indonesia Challenge, we will research on LTC training and circulation comparatively.
• We will recommend some strategies to the ASEAN Centre for Active Ageing and Innovation, which will be established now.
Appendix 3:

Training Programs for Entry Level Eldercare Workers: Issues & Directions for Change

Cullen T. Hayashida, Ph.D.
University of Hawaii - Honolulu
JF Oberlin University - Tokyo, Japan

Hawaii: Population Characteristics

- Population - 1.42 million (142万)
- Tourist - 9.95 million/year (995万)
- Major Industries: Tourism, Defense, Agriculture
- Ethnic Diversity: Many groups, every group is a minority
Population Aging and Worker Shortage Solutions? All must work together

- Postpone Retirement Age
- Increase Births - Have more babies
- Technology - Substitute for “healthcare workers”
- Active Aging - Teach older people to remain well and productive
- Community Development
- Increase Foreign Immigration - have more foreign workers
- Training - Create a more efficient & effective care worker training system

Status of Standardizing Direct Care Worker Training in U.S

- Standard “minimum” criteria
  - National Medicare rules for minimal standards - 80 hrs
  - Nursing Home focused
- No National Agency in National Government
  - U.S. problem is 55 jurisdictions - 1 federal, 4 territories, and 50 states
  - Current political climate in U.S. is not favorable for increased regulation, laws or new spending
  - No coordination or uniformity at state level
- No National Leadership in Training: No Coordination
  - Development of caregiver training only by private industry, professional groups and higher education
**Direct Care Worker: Definition**

- Personal Care Assistant or Home Health Aide who helps the frail mentally and/or physically disabled with activities of daily living tasks.
- **Activities of Daily Living** - bathing and bathroom functions, feeding, grooming, taking medication and other tasks as directed by a clinical professional.
- **Work Setting**: Nursing home, Residential care facility, Hospital, Home Care Agency, Day Center and Home.

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**Direct-Care Worker Turnover**

- **Home Health Aides**: 40-60% leave in 1 year.
  80-90% in first 2 years
- **CNA Turnover**: 71%
- **Turnover costs to Employers** = $4.1 billion
  $4,100,000,000
  Money spent in retraining
Direct Caregiver Training: Issues

- Institutional - Group Home - Home Care?
- How many Skill Levels? 1, 2, 3, 4, 5 or More?
- Universal or Specialized Training?
- What are the Core Competencies?
- Retention: Pay, Benefits, long-term employment, promotions

Hawaii’s Situation

- Nursing Homes - Short supply
- Family Caregivers - Available and training by various groups - Short Supply
  - Community Colleges
  - University of Hawaii, Center on Aging
  - Senior Advocacy Organization - AARP-Hawaii
  - Health Care Facilities - hospitals, day care centers, etc.
- Group Homes
  - Partly organized
  - Filipinos
  - Financial Support from government
Filipinos in Hawaii

1906 - Contract Laborers (Sakada)  
Sugar and Pineapple Plantation workers
1965 - Significant and continuous immigration

Population (2018) - 347,000 Filipinos (alone or mixed) 23%. 2nd largest ethnic group of Hawaii from 2010. Hawaii fastest growing ethnic group.

Majority - Ilocanos 85%+  
Visayans 10%  
Tagalog 5%  
Religion: Catholic

Occupation: Working class - among the last migrant group to Hawaii.

Geographic Concentration of Filipinos in Hawaii

[Map showing concentration of Filipinos in Hawaii]
Characteristics of Adult Care and Foster Home Operators in Hawaii

- **Care Home Requirements:** Certified Nurse Aide training, 1 year experience in Nursing Home, Care Home training, Home ownership
- **Clustering pattern:** Principally in Waipahu and Kalihi communities on island of Oahu
- **Continuing Education Requirements:** 12 hrs/year
- **Revenue:** (1) State/National health insurance for poor (Medicaid) pay for nursing home level clients; (2) Social Security Disability payment for care home level; and/or (3) private payment
- **Filipino women:** Overwhelmingly in charge. Some have had healthcare work experience in the Philippines
Supervision of Expanded Care Homes

- Qualifications:
  - RN - 1 year experience - geriatric or long-term care
  - Criminal background, Adult Protective Service check with fingerprinting

- Services of Case Managers
  - Comprehensive Nursing and Functional Assessment
  - Service Plan
  - Service Coordination
  - Monthly Visits
  - Renewal of low income eligibility - Medicaid application
  - Crisis management
  - Quality Assurance & comply with state laws
  - Attend mandatory monthly meetings with State Agency

- Inspections of Case Management Agency by Contracted Company - unannounced annual visits

- Additional Inspection by State Government Agency - 1 unannounced annual visit + 1 brief visit
Why the Filipinos Predominate in Hawaii’s Care Home Industry?

Hypothesis 1: Compadrazgo Thesis

- **Extended fictive kinship systems** - Willing to have non-kin in household as “kin”
- **Godparenting**: Sponsors of children at baptisms, confirmations, and marriages required by the Roman Catholic Church with god parenting.
- **Function**: employment, capital, education, socialization the young, medical care, and sheltering the handicapped and elderly.
- **Hacienda system** - The large house or Casa. Patron - Peon support, inclusion of non-family, non-blood relatives as part of larger family system.
Hypothesis 2: Late Marriage

- Sakada (Contract Laborers) enter Hawaii from 1910-34 as male plantation laborers
- Significant Sex ratio imbalance: 1F to 14M
- Late marriages with women from same province. Men 70 yrs: Women 30 yrs
- Home ownership in place
- Women enter into labor force in care home business

Hypothesis 3: Ilocano Culture

- Catholic
- Rural
- Mainly Malay descent
- Hard working
- Nurturing - socialized to care for others as family
- Business oriented, thrifty
- Respectful of authority
- Value for education
- 85 Percent of Hawaii’s Filipinos

**Question:** Are they similar to the Tagalogs of Central Luzon and the Visayans of Visayas Region?
Filipino Immigration has made a very significant contribution to Hawaii’s Eldercare System

► Education: English language skills prior to migration
► On-going Immigration
► Ilocos Region - Mutual aid organizations
► Women: Leadership in creating businesses
► Cultural Traits: Large & Extended family, Caring tradition, Catholicism

Next Steps for Planning

► Care and Foster Homes - A major healthcare cottage industry
► Emerging new center of Eldercare Delivery System
► Filipino Healthcare Workers - major source of workers for Care and Foster Homes, Hospitals, Nursing Homes, etc.
► BUT: How can they be made more effective?
  ► Articulation of training from lowest entry to highest levels
  ► Improved Continuing Education - more complex cases
  ► Promote Online Continuing Education
  ► Improved statewide distribution of care homes
  ► Increase Professionalism - to combat factionalism and ethnic prejudice, support training
Towards A More Efficient Model

- Foreign Care Workers has been an unexpected way that Hawaii’s eldercare services needs are being met
- Create hope for entry workers with better income, promotions and retention
- Create a career pathway for entry level worker to advance to higher levels
- But there will be more international competition for this labor pool
IMPLICATIONS FOR JAPAN?

RECRUIT MORE CARE WORKERS
- VALUE FOREIGN CARE WORKERS
- IMPROVE FOREIGN CARE WORKER TRAINING - IN JAPANESE LANGUAGE, IN JAPANESE STYLE OF CARING, NURSING SKILLS.
- KEEP FOREIGN CARE WORKERS LONGER

TRAINING
- CREATE ARTICULATED TRAINING - CREATE HOPE FROM THE ENTRY LEVEL
  - PARAPROFESSIONALS TO PROFESSIONALS - ARTICULATE THE TRAINING FROM TECHNICAL SCHOOLS, COMMUNITY COLLEGES TO UNIVERSITIES

CHANGE IS DIFFICULT
CHANGE CAUSES RESISTANCE. BUT, WE CAN EITHER PLAN FOR CHANGE OR LOSE CONTROL WHEN CHANGE IS FORCED ON US

Some say Multiculturalism does not work and they say, look at the EU

Multiculturalism can work. Let’s look at places like Hawaii!
Appendix 4:

LEARN AND TRY JAPANESE SENSE
OF LONG-TERM CARE
IN INDONESIAN COMMUNITY BASED CARE
FOR THE ELDERLY

Tri Budi W. Rahardjo, Susiana Nugraha,
Desmiwati, Maria Aditya, Dwi Endah,
Rizky Erwanto, T.A Erjia Amigo,
Yuko Hirano, Takeo Ogawa

Outline

Changing of population and Challenges
and opportunities on Long Term Care

Lesson learned from Japan

Implementation of Long Term
for The Elderly in Community
Changing of Population and Challenges and opportunities on Long Term Care for The Elderly

Asia has the fastest ageing population

By 2050, number of Senior Citizen will become twice of its current number

Around 65% world senior citizen live in Asia
INDONESIA AGEING POPULATION

POPULATION STRUCTURE, 2010-2035

ELDERLY POPULATION PROJECTION YEAR 2010-2035

Proportion of Older Persons by Province
(SUPAS, 2015)
LE AND HALE IN INDONESIA, 2017

PROPORTION OF THE ELDERLY DISABILITY IN INDONESIA
YEAR 2018
DEMENTIA IN INDONESIA

- Non communicable disease caused in increasing of dementia cases
- People with dementia in Indonesia: 1.2 million (2015) and will increase to 1.9 million in 2030 and almost 4 million in 2050.
- Prevalence of Dementia in D.I. Yogyakarta: 20.1% (Survey Meter, 2016)

Lesson Learned from Japan
(Takeo Ogawa, 2014 – 2018)
Causes of Long-term Care in Japan (%)

MHLW. Comprehensive Survey of Living Conditions. 2010.

Prevention Long Term Care
Assessment Tests

- Activities of Daily Living
  - Toileting
  - Eating
  - Hygiene
  - Ambulation
  - Dressing

- Instrumental Activities of Daily Living
  - Shopping
  - House Keeping
  - Accounting
  - Food Preparations
  - Transportation
Prevention against Long-term Care

Cognicise

Metabolic Syndrome
/Diabetes
/High Blood Pressure

Dementia/
Mild Cognitive
Impairment (MCI)

Locomotive Syndrome

Cognize = Cognition + Exercise

Career Grade System of Care Work in Japan
(Takuo Ogawa, 2014)

<table>
<thead>
<tr>
<th>Level</th>
<th>Training of Trainers</th>
<th>Certified Care Worker</th>
<th>Level 1: Entry level, Pre-employment training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 2: Work under a direction</td>
<td></td>
<td></td>
<td>Basic knowledge and skills for working in residential care and community care</td>
</tr>
<tr>
<td>Level 3: Work by oneself without a direction</td>
<td></td>
<td></td>
<td>Basic care practice on prescribed procedures with basic knowledge and skills</td>
</tr>
<tr>
<td>Level 4: Not only work by oneself but also take leadership in a team</td>
<td></td>
<td></td>
<td>Limited care with a recognition of client’s needs and situational response</td>
</tr>
<tr>
<td>Level 5: Professional skills, expertise, and good reputation</td>
<td></td>
<td></td>
<td>According to client’s situation, and collaborating with other professionals, care is provided appropriately</td>
</tr>
<tr>
<td>Level 6:</td>
<td></td>
<td></td>
<td>Leadership in a team</td>
</tr>
<tr>
<td>Level 7: Top Pro.</td>
<td></td>
<td></td>
<td>Direction and training for subordinates</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Assessor of competency of care</td>
</tr>
</tbody>
</table>

Skilled care for clients with multi-functional disorder
Key-person who can instruct skills and collaborate with other professionals
Implementation
Of LTC for the Elderly
In Indonesia

Strategies and Policy Directions

1. Social Protection
   - Social Protection for the elderly
   - Lifelong education
   - Empowerment

2. Healthier Ageing
   - Healthy lifestyle
   - Mortality reduction

3. Build People Awareness
   - Awareness raising
   - Elderly friendly cities

4. Quality Standard for Institutional Arrangement
   - Development of Elderly Care
   - Elderly Abuse Prevention

5. Respect and fulfillment of rights of the elderly
   - Strengthening Ageing Policy
   - Elderly Abuse Prevention
LONG TERM CARE

DEFINITION

- Integrated system of activities carried out by an informal or professional caregivers to ensure that the elderly who are not fully capable of caring for themselves, can maintain the highest quality of their lives.

- Intended for the elderly who are not functionally able to be independent at home but there is no indication to be treated in a hospital and technically difficult to seek the outpatient treatment.
Caregiver informal competency

1. Able to help fulfill daily needs (ADL / IADL)
2. Recognize and report elderly people who experience violence, abuse and accidents
3. Providing psychological comfort to the elderly
4. Perform simple exercises / rehabilitation
5. Helps fulfill spiritual and psychological needs
6. Seek help if an emergency condition occurs
7. Encourage the independence of the Elderly

According to Ministry of Health (2018)

---

Home Care
(integrated with Public Health Nursing/ Perkesmas)

Home Care:
A form of comprehensive health services to the elderly which aims to empower the elderly and their families at home, by involving the elderly and families as subjects to participate in the caring activities brought by the PHC health workers team.
Purpose of LTC in community
(Indonesia Ramah Lansia/Age Friendly Indonesia)

- Independence for the Elderly
- Able to care for the elderly at home with the family
- Supported an older person in their own home generally costs less than keeping them in a nursing home or other residential care option.
- It is assumed however, that fewer children and kind will be available to care for the elderly
- To explore the demand for and barriers to living at home with a broad
Assessment of LTC indications in the community

Comprehensive Geriatric assessment

Acutee

Refer to health center (puskesmas or hospital)

Stable

ADL

• Total dependence (0-4)
• Heavy dependence (5-8)
• Moderate dependence (9-11)
• Light dependence (12-19)

IADL

• Can’t do anything (0)
• Need help (1-8)
• Independent / don’t need help (9-16)

CLIENT LTC

NOT CLIENT LTC

Source: (Ministry of Health, 2017)

INPUT (Resource) LTC in Community

TEAM:
1. Facilitator
   - IRL/foundation (8 people)
2. Trainer (10 people)
3. Kader Puskesmas (15 people)
4. Care-giver (42)
5. Expert (Prof in Busi, AAI etc.)

Fundraising:
- Stimulates fund from village fund, personal donations and governmental organizations (BKKBN)

Tools:
1. Sheet periodic monitoring, medical records
2. Innovation media promotion / counseling card
3. Curriculum care giver training

Networking:
1. Community health centre
2. Ministry of Health
3. Local commission for older people
4. Community of elders care
5. Local Policy Maker
6. Academy, GRMDC
The distribution of knowledge about Long Term Care (Result of study 3 in Indonesia)

<table>
<thead>
<tr>
<th>How do you know about these following issues?</th>
<th>Mean</th>
<th>Min</th>
<th>Max</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The value of long-term care (Q = 6)</td>
<td>60.39 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>2. Understanding the ageing process, dysfunction and diseases among the elderly (Q = 4)</td>
<td>57.67 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>3. Improving the quality of life of the elderly (Q = 7)</td>
<td>60.47 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>4. Working with risk (Q = 3)</td>
<td>62.64 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>5. Understanding the role of caregiver (Q = 3)</td>
<td>60.00 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>6. Safety and safety at work (Q = 3)</td>
<td>56.59 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>7. Positive and effective communication (Q = 3)</td>
<td>63.26 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>8. Introduction and response to violence and neglect in the elderly (Q = 4)</td>
<td>59.53 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>9. Development of the caregiver profession (Q = 4)</td>
<td>56.63 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>10. Body Mechanics (Q = 3)</td>
<td>57.83 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>11. Supporting Activity Daily Living (Q = 4)</td>
<td>52.79 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>12. Supporting Instrumental Activity Daily Living (Q = 4)</td>
<td>49.30 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
<tr>
<td>13. Dementia caring (Q = 3)</td>
<td>59.38 %</td>
<td>0 %</td>
<td>100 %</td>
</tr>
</tbody>
</table>
General competency

1. WORKING MOTIVATION AND RESILIENCE
2. MOTIVATION AND BASIC HUMAN NEEDS
3. EFFECTIVE COMMUNICATION
4. PSYCHOLOGY AND THE HUMAN PERSONALITY
5. NURSING AND INTERCOMMUNICATION ETHICS
6. WORKING CONTRACTS
7. CAREGIVERS’ PHILOSOPHY, VISION, MISSION, AND MOTTO
8. TEAM AND NETWORKING COOPERATION
9. THE INTRODUCTION TO INFORMATION TECHNOLOGY
10. HOUSEHOLD ECONOMICS
Core competency

1. THE UNDERSTANDING OF LONG-TERM CARE IN THE INSTITUTION, DAYCARE, HOME CARE, ETC. (CAREGIVING AND PREVENTION)
2. THE UNDERSTANDING OF CAREGIVING FOR THE OLDER PERSONS
3. THE UNDERSTANDING OF THE AGEING PROCESS
4. THE INTRODUCTION TO DISEASES AND DISORDERS OF THE OLDER PERSONS
5. THE INTRODUCTION AND ASSISTANCE TO THE OLDER PERSON’S ABUSE
6. THE INTRODUCTION TO DEMENTIA AND ITS MANAGEMENT
7. LONG TERM CARE FOR THE OLDER PERSONS (ADL & IADL)
8. EMERGENCY RESPONSE
9. MEDICATION ADMINISTRATION
10. DAILY LIVING AIDS FOR THE OLDER PERSONS
11. NUTRITION & NUTRIENTS
12. HYGIENE, SANITATION AND ENVIRONMENTAL HEALTH
13. INTRODUCTION TO DENTAL AND ORAL DISORDERS
14. INTRODUCTION TO STRESS AND MENTAL DISORDERS IN THE OLDER PERSONS
15. INTRODUCTION TO FALLING AND ITS PREVENTION
16. INTRODUCTION TO THE OLDER PERSONS’ SPIRITUALITY
17. PHYSIOTHERAPY
18. SPORTS AND RECREATION
19. PALLIATIVE TO DEATH SERVICES
20. THE DISPOSAL OF HUMAN CORPSES
21. HEALTH PROMOTIONS OF THE OLDER PERSONS

Special competency

1. LONG TERM CARE PROGRAM MANAGEMENT
2. THE CAREGIVER’S RISKS AND SAFETY AT WORK
3. SELF-DEVELOPMENT OF THE CAREGIVER
4. FOREIGN LANGUAGE (Japanese, English, Mandarin, Arabic, etc.)
5. LEARNING, RESEARCH AND COMMUNITY SERVICE METHODS
Care Giver Informal Training
Program for Families caring for elderly with moderate-total disability / dependency

Objective of Caregiver Informal Training

- Target Training for the Caregiver (wife, husband, children, elderly neighbors)
- Care giver training for basic - conducted in 2 weeks once
  - The time of each meeting 2 hours (total 28 hours) or 12 month/package
- Measurement of knowledge: Pre and Post Test
- After basic training, participants would be able to:
  - Perform effective communication
  - Understand aging process and its clinical implications, ADL
  - Explain the domains of Geriatric Assessment (basic)
Topics and Methods of Care Giver Training in Community

Topics:
1. The role of care giver training (Motivation Care Giver)
2. Communication technique
3. Intercourse Ethics in LTC community
4. Activity Daily Living / Instruments ADL
5. Nutritional status assessment
6. Sanitation, Hygiene and Safety elderly at home
7. The introduction of Degenerative Diseases Long Term Care in the Elderly
8. Dental care
9. dementia Care
10. Physical activity / sport light in the elderly is limited motion
11. Aging process and clinical implications
12. Physiotherapy, Traditional Treatment with Herbs
13. Psychological and Spiritual Elderly
14. Access to health services and health insurance

Methods: Lectures, Practical sessions, Case-discussions, video

Workshop on Long Term Care for Policy Makers, Ministry of Social Affair
Frailty prevention in community

HOPE AND PROSPECTS FOR THE LTC PROGRAM DEVELOPMENT IN INDONESIA

- Need to develop a LTC insurance and financing system for the elderly
- Optimize the role of the private sector on building the LTC networks in Indonesia, include increasing the capacity of caregivers and developing an elderly friendly environment
- Optimize and improve coordination of roles across sectors in building integrated LTC services, include strengthening health workforce development
- Increase the public awareness about dementia, by involving NGOs and the private sector
- Build an integrated IT-based LTC information systems (technology utilization), data base and collaboration in research
Conclusion

- Indonesia is facing ageing population
- Health problems and disability are relatively high
- Policy development has been established
- Program implementation on Long Term Care is still in the process
- The result of LTC good knowledge among caregivers was around 60%
- Lesson learned from Japan on Long Term Care Services and Curriculum Development has been conducting since 2013
- LTC in the community has been implemented by Primary Health Centers in the form of Home care, collaboration with NGOs such as IRL
- The curriculum on LTC for caregiver training and education is still being developed and standardized, and will be implemented by Ministry of Health 2015; referring Japanese Curriculum and other sources
- Informal care giver training has been conducted by IRL and some NGOs
- Long term care insurance should be developed
- The commitment of government and community awareness is relatively good

Acknowledgment

- Economic Research Institute for ASEAN and East Asia
- Keishin Gakuen University
- Asian Ageing Business Center
- University of Respati Indonesia
- Indonesia Ramah Lansia Foundation
ARIGATOGOZAIMASHITA
Age is not how old you are,
But how many years of fun you’ve had

Terima Kasih    THANK YOU
Appendix 5:

Research Report on India

KYOKO NAKAMURA
KYUSHU OTANI JUNIOR COLLEGE

Overview of India

India: Ageing with Poverty

◆ GDP/Capita (2016)
  • Japan: $39,000
  • India: $1,741

◆ % of 65+
  2018
  • Japan: 27.5%
  • India: 6.2%
  2025
  • Japan: 30.3%
  • India: 12.0%

UN estimation (2018)

World Bank (2016)
GDP/Capita from 1980 to 2016

<table>
<thead>
<tr>
<th>Year</th>
<th>India</th>
<th>Japan</th>
</tr>
</thead>
<tbody>
<tr>
<td>1980</td>
<td>9.339</td>
<td>39.000</td>
</tr>
<tr>
<td>1988</td>
<td>9.339</td>
<td>39.000</td>
</tr>
<tr>
<td>1992</td>
<td>276</td>
<td></td>
</tr>
<tr>
<td>2000</td>
<td>1.700</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>1.700</td>
<td></td>
</tr>
</tbody>
</table>

Research Activities in India

<table>
<thead>
<tr>
<th>Year</th>
<th>Location</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013Dec.</td>
<td>Delhi</td>
<td>An investigation for fact finding</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Status Quo of Long-term Care &amp; Social Welfare</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lifestyle and Culture</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Transmitting Japanese life-support skills to the aging India with taking into consideration the differences in culture and lifestyle</td>
</tr>
<tr>
<td>2016Sep.</td>
<td>Kelala</td>
<td>Workshop of Body Mechanics</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Toolkit: DVD &amp; Leaflet</td>
</tr>
<tr>
<td>2017Mar.</td>
<td>Kolkata</td>
<td>Mother Teresa Homes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Participant Observation</td>
</tr>
</tbody>
</table>
Delhi

- Purpose of research
- **Fact Finding**: Current status of welfare and long-term care, lifestyle, cross-cultural differences, etc.
- Date and period: 25-29 Dec. 2013
- **Inspection site**: Facilities for the elderly
  - Nursing facilities and emergency hospital G of same auspices
  - Visit to the National General Hospital
- **Deploying**
  Observation Tours on facilities for the elderly & Dialogues with manager and Staffs.
  Visiting only in the hospital.

Findings

1. As social welfare and long-term care should not be specialized only for the elderly, we need to think about general well-being.
2. Understanding dementia and the need for community support.
3. Government policy for the elderly has not started.
4. Other issues
   Economic instability, system deficiencies, child employment, The bad things
5. The concept of nursing is low in technology skills.
   I felt that the respect for people, self-selection, self-determination, and self-reliance support, which is cherished by certified care workers in Japan, is far from Indian caring.
   But on the other hand, I felt a kind of primitive human love that Japanese doesn’t have.
Workshop for Life support Skills: Body Mechanics

[Research Introduction]

GRANT-IN-AID FOR SCIENTIFIC RESEARCH
"DEVELOPMENT A MODEL OF LIFE SUPPORT SKILLS FOR LONG-TERM CARE IN INDIA"
~AS THE BEGINNING OF THE INTERNATIONAL CONTRIBUTION OF THE LONG-TERM CARE CARE TRAINING SCHOOL~

Purpose

Transmitting Japanese life-support skills to the aging world with taking into consideration the differences in culture and lifestyle

Method

1. Pre-survey questionnaire
Understanding of attitudes and skills for long-term care
2. Implementation of Workshop
3. Development of DVD and flyers
Kerala Workshop Project

Social Worker
Emiko YOKOO
Seirei Christopher University

Team formation

Nurse/Public Nurse
Mind and Body
Kyoko NAKAMURA
NISHIKYUSHI UNIVERSITY

Certified Care Worker
Tosinomi OSAWA
Rehabilitation Hospital

Long-term Care

Takaradai

Yayoi ANOKU

Toshiaki BABA
Kuushu University of Nursing and Social welfare

What kind of support do they need?

Approach 1: Inspection & Interview

The current situation in India: economic instability, poor system, poor working conditions, child labor, human trafficking, and many people with disabilities

Long-term Care for the Elderly:
The wellbeing for the elderly is not targeted.
Food supply for everyday life is needed before professional care skills.

Interview with the director of the facility:
The manager worries about poverty of the elderly in first of all.
Staffs worry about their back pain
Approach 2: Results of Questionnaire

Targets: Nurses 54.8%, Not-Nurses 45.2%

Do you like your job? Yes: 83% (Nurses 91.3%, Not-Nurses 68.4%)
Do you feel some physical burden? Yes: 75% (Nurses 56.3%, Not-Nurses 89.5%)
Back pain: 62%, Arms: 17%, Legs: 13%
When do you feel your burden? Transferring: 70%, Holding-up: 4%
Do you want to know how to reduce the burden? Yes: 100%
Do you know the body mechanics? Yes: 62%
(No differences whether nurses or not-nurses. Nurses were more erroneous to approach the target audience.)

Approach 3: Hearing of Everyday Life

The back pain is a long-term issue for Indian carers, which are caused by such everyday lifestyle as sitting cross-legged, style of washing assistance, transfer and movement without fundamental care Skills.

It is urgent to reduce the burden on the body before development of the Indian care model.

Workshop: Body Mechanics
Clarification of training needs

- Less knowledge of basic long-term care skills
- However, there are many people who like this job.
- Many people complain of physical burden.

Inspection of Facilities

- Lack of long-term care skills
- Lack of self-reliance support
- There is no concept of welfare or long-term care, and long-term care and nursing care is not differentiated.
- Hold in at transfer and movement
- Smiling of care workers
- Work is hard and labor shortage

Questionnaire

- There was no difference in knowledge between nurses and others.

Physical Burden

- Sitting Cross-legged
- Washing body action
- Laundry on the ground
- Hesitation to touch a person's skin.

Lifestyle

Workshop: Body Mechanics

- Target: Care staffs of a welfare facility in Kerala
- Purpose: Reduce the physical burden on care staff by acquiring basic behavior
- Leading to prevention of long-term care accidents
- Tools: DVD and Leaflet
  - For staffs who were not able to participate this time
  - For Self-learning of skills acquired through training
Care staffs working in welfare facilities

- The Director of the “Seirei Hope House” invite participants in our workshop from the staffs of the affiliate facilities.

[Participants]
- As it was a free entry room during the training, so it was not possible to grasp the number of participants.
- About 20 caregivers, nurses, and other staffs who work at the facility.

Contents of the workshop

1. Explanation of training purpose and introduction of staffs including introduction of Japan (seasons, cultures and festivals)
2. Trends of the elderly in Japan and India and introduction of long-term care facilities
3. Introduction of Education for Long-term Care (Training of Certified Care Workers) in Japan
4. Lectures and Exercises of Body Mechanics

\*Trial plan ➔ demonstration
- Burden-free position transformation • Transfer assistance
  (Wheelchair-Bea)
- Wheelchair operation (reclining) (unplanned)
5. Back Pain Prevention Exercise (Stretching)
6. Summary
# Training Schedule

<table>
<thead>
<tr>
<th>Plan</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:00～11:00  Greeting</td>
<td>10:00～11:30</td>
</tr>
<tr>
<td>Purpose of training</td>
<td>Ceremony (Prayer)</td>
</tr>
<tr>
<td>Introduction of Japan</td>
<td>Welcome Talks by Guests</td>
</tr>
<tr>
<td></td>
<td>Introducing Instructors</td>
</tr>
<tr>
<td>11:00</td>
<td>11:30～12:30</td>
</tr>
<tr>
<td>Tea Break</td>
<td>Lectures, such as training purposes</td>
</tr>
<tr>
<td>11:15～12:00  Lectures and</td>
<td>12:30～13:30</td>
</tr>
<tr>
<td>Demonstrations</td>
<td>Lunch</td>
</tr>
<tr>
<td>12:00～13:00  Lunch</td>
<td>13:30～14:30</td>
</tr>
<tr>
<td></td>
<td>Lectures and Demonstrations</td>
</tr>
<tr>
<td>13:00～15:30  Lectures and</td>
<td>14:30～14:45</td>
</tr>
<tr>
<td>Seminars</td>
<td>Tea Break</td>
</tr>
<tr>
<td>Summary</td>
<td>14:45～15:30</td>
</tr>
<tr>
<td></td>
<td>Lectures, demonstrations and Seminars</td>
</tr>
</tbody>
</table>
Venue of Workshop on a Hall in Seirei Kibo-no-le

Equipment in Seirei Kibo-no-le
Exercise "Position Transformation"
Explain to the interpreter

Wheelchair operation (Reclining type)
Difficulties 1: How to hold seminar

◇ Women were difficult to participate in group work
  (Only men did participate in group work)

Reasons:
- Unmarried women hesitated to touch the body of
  married men. There might be some spiritual resistance.
- There was a resistant attitude to spreading the crotch.
  (It related also with Indian dress-style.)
- Although we had planned to implement practical
  exercise, we have done only demonstration.

→ We could not lead outcomes of skill-acquisition by
the practice

Difficulties 2: How to hold workshops

◇ Less than half of the participants were in advance
  (53)

Reasons:
- Traffic conditions in the surrounding area of the
  venue
- Understaffing of each facility
- It's difficult to progress in time as planned.

Reasons:
- There are somethings that cannot be expected, such
  as a ceremony.
- The slow flow of everyday life-time
Difficulties 3: Language Barrier

 últimos

* Slides & Demonstrations

  In our workshop, Japanese, English, and local languages (Malayalam) is utilized.

  The three languages were translated within two interpreters (a tour guide, a manager of Seirei Kibo-no-ke).

  - Translator—It is difficult to translate technical terms and it leads the time loss.

  - On the local language, there is some possibility that the nuances of language are not transmitted, and it is not possible to confirm it also. (Needs for What to do in the future)

  - Distribution of slides, DVDs and materials using local languages is mandatory.

Consideration of Training Workshop

1. **Cross-cultural understanding**

   The need to deepen understanding of Indian culture, values, ethnicity, lifestyle, etc.

2. **Understand local needs**

   Implemented trainings were based on local expectations of physical burden and back pain associated with transfer support. In order to continue to provide trainings that meet with the local needs, we will continue to inspect and conduct surveys of long-term care sites and we will plan training sessions in line with status quo.

3. There are always accidents. In each time, the team should contact within a mini-conference.

4. A follow-up investigation is needed for evaluating the training effects of reducing back pain.
Consideration of the Result of Questionnaire

Findings:
Questions of the long-term care skills are fundamental ones on which Japanese Certified Care Workers can answer perfectly. However, the level of understandings between Indian nurses and care workers does not differ. In some questions, wrong answers are more frequent in nurses than care workers.

Conclusion:
It needs for Indian care workers, which have not the job concept of long-term care, to be trained long-term care particularly apart from nursing training.

Limitations of this study:
We did not describe differences of competencies in detail among various occupation.

Care Support Technology
Care Support Technology

Checking contents of the training workshop and confirming the key skill.

The Purpose of This Workshop
To introduce Japanese care technique to you and to reduce your physical burden with these methods through this seminar.

Bad holding

In order to compare the correct/incorrect behavior, basic movements are repeated.

Basic rules
1. Open your k-wrist and shoulder with.
3. Close to the person.
4. Make the person contract bringing arms, hands, head close.
It is hard to stand up because of the wrong position of the legs.

**Bad**

Look at the position of the legs.

**Good**

It is easy to stand up.

**Reason**

1. If you keep a half-sitting posture.
2. If you lift and hold a person regularly, you will get disk protrusion and back injury.
3. Repetitive movement of bend backward and forward.

It places stress on your inter-spinal disk.

*Zoom up hand movements in detail, etc.*
Narration in Japanese for describing of important posture with simplified English caption.

Caregivers can stabilize their body by opening their feet wide to make the support base area wide.

Basic 5 rules
1. Open your legs about shoulder width.
2. Lower your body weight.
3. Close to the body.
4. Make the person contact with your hands, head, knees.
5. Use the principle of leverage.

Basic 6 rules
1. Open your legs about shoulder width.
2. Lower your body weight.
3. Close to the body.
4. Make the person contact with your hands, head, knees.
5. Use the principle of leverage.
The Malayalam as a local language is described, because English speakers are not popular in here.
In accordance with the contents of the DVD

Thank you for your attention.
Appendix 6:

Modelling Human Development and Circulation of Long-term Care Workforce

Takeo OGAWA, Ph.D.
Project Leader

Pattern Variable 1 of Long-term Care Work

Informal Care
- Family Caregiver
- Volunteer
- Maid
- Domestic Caregiver

Formal Care
- Professional Care Worker
- Health Care Worker
- Social Care Worker
- Nurse
- Nurse Aide
- Therapist
- Gerontologist

Pattern Variable 2 of Long-term Care Work

Integrated Function

Differentiated Function

Thousand Armed Avalokiteshvara

Family Caregiver

Comprehensive Approach for Clients

Division of Labour in a Long-term Facility

Hospital

Shelter
Harmonization of Qualification Framework

How can we activate reasonable circulation of long-term care workers?

Knowledge for Unit Tasks of Long-term Care in Japan

Understanding Physical and Mental Mechanism & Skills of Life Supports
Skills for Unit Tasks of Long-term Care in Japan

- Evaluation of basic Long-term care skills
- Bathing Assistance
- Feeding Support
- Toileting Support
- Transfer, movement, and position conversion
- Responding to changes in circumstances
- Evaluation from the user’s point of view
- Communication with Clients and Family
- Care Management
- Prevention of infection/ Hygiene Management
- Prevention of Accidents/Incident
- No Physical Restraint
- The End-of-Life Care
- Integrated Community Care System & Leadership
- Integrated Community Care System
- Leadership

Structure of Competency: Training of Technical Intern Trainee of LTC in Japan

<table>
<thead>
<tr>
<th>Essential Tasks</th>
<th>Peripheral Tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Care</td>
<td>Notice and Exhibits</td>
</tr>
<tr>
<td>Grooming Care</td>
<td>Preparation and Inspection of Welfare Equipment</td>
</tr>
<tr>
<td>Hygiene Care</td>
<td>Management of Consumable Goods</td>
</tr>
<tr>
<td>Feeding Care</td>
<td>Bases for Maintaining Health and Safety and Outcomes</td>
</tr>
<tr>
<td>Care for Bedridden Elderly</td>
<td>Safety and Health Education</td>
</tr>
<tr>
<td>Care for Toileting</td>
<td>Prevention of Disease and Back Pain</td>
</tr>
<tr>
<td>Response According to Client’s Characteristics</td>
<td>Welfare Equipment Installation</td>
</tr>
<tr>
<td>Related Tasks</td>
<td>Accident Prevention</td>
</tr>
<tr>
<td>Sweeping, Washing and Cooking</td>
<td>Emergency and Accident Detection</td>
</tr>
<tr>
<td>Support for Reproductive Health</td>
<td>Japanese Language in Long-term Care</td>
</tr>
<tr>
<td>Recording and Reporting</td>
<td>General Japanese Language</td>
</tr>
</tbody>
</table>

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Human Development and Circulation of Long-term Care Workers with The Philippines

Structure of Unit Competency: The Philippines QF Qualifications Pack
Human Development and Circulation of Long-term Care Workers with India

Structure of Unit Competency: India NSQF Qualifications Pack

Returnee’s Job Development
Human Development and Circulation of Long-term Care Workers

A Perspective of Asia Long-term Care Training Centre

Needs
- Training of LTC Trainers
- Recruitment of LTC Career Transition
- Innovation of Care Technology
- Capacity Building of LTC Workforce
- Evaluation Researches
- Securing LTC Workforce
- International Qualification
- Comparative Studies
- Policy Making
- Social Marketing
- Programme Evaluation
- Co-creation of Community-based Care

Universities & Vocational Schools
- Long-term Care Service Providers
- Professional LTC Workers
- Ministry of Health, Labour and Welfare

Japan

Asia Long-term Care Training Centre

Policy-makers, Researchers, Businesses, Vocational Training Centres, Universities, Ministries, International Organizations

Research & Reports

Big Data Base
- Training Trainers
- Educational Materials
- Reintegration Programme
- Gerontology & Geriatrics
- Aging Studies
- Research
- Test Bed & Co-creation
- International Certification
- World Award
- Academic Journal
- Policy Evaluation
- Capacity Building
- Job Redesign
- Environmen
t- Smart Technology
Recommendations

- Let's establish "professional long-term care" as an Asian standard
- Let's develop service businesses that are responsible for "professional long-term care"
- Let's disseminate "professional long-term care" as a challenge to Ageing Asia
- Let's harmonize the qualification framework of "professional long-term care" of each country
Appendix 7:

THE TREND OF EDUCATION FOR LONG-TERM CARE IN NURSING OF THAILAND

ASSOC. PROF. SIRIPHAN SASSA, PhD., RN., C.P.N.
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CHAIR OF THE LONG-TERM CARE NURSES CLUB, THAILAND

CONTENT

- Nursing education related to older people in Thailand
- The trend of nursing education
- National standard curriculum for non-professional workforce preparation.
- Registration and regulation bodies
NURSING EDUCATION RELATED TO OLDER PEOPLE IN THAILAND

- Bachelor of Nursing Science (BNS): 4 years training courses with
  - 2 Cr of Gerontological nursing
  - Integrated Adult and Gerontological Nursing
- Postgraduate training
  - Gerontological nursing short training course 6 months
  - Long-term care skill training course
- Master of Nursing Science (MNS): 2 years training courses
  - Major in Gerontological Nursing
  - Major in Gerontological Nursing practitioner
- Ph.D./DNS: minimum 3 years

THE TREND OF NURSING EDUCATION

- Merge Gerontological Nursing into Adult Nursing to become Adult and Gerontological Nursing subject and programme for BNS and MNS respectively.
- Gradually stop offering Master degree in Gerontological Nursing
- Promote Master degree in Gerontological Nurse Practitioner (GNP)
- Offer more short training course in Gerontological Nursing at postgraduate level
- Provide training for
  - Practical Nurse in Gerontological Nursing (1 year)
  - Care assistant for Older Persons (3-6 months)
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PREPARATION FOR LONG-TERM CARE WORKFORCE

- **Long-term Care Nurses Training Course**
  - Skills Training for Long-term Care Nurses in Thailand, a collaboration training project with Geriatric Education Research Institute, Singapore.

- **Care Manager (CM) training.** A 70-hour training course for the community-based LTC program.

- **Volunteer Care-Giver (CG) Training (Intermediate Care Training Course).** The 70-hour training course for LTC caregivers provides quality home health care with an individual care plan, with help from the care manager, and includes sessions in both theory and practice.

- **Caregiver training courses (Basic Care Training Course).** It is a 3-day training course (18 hours) for the family caregiver and interested people aiming to enhance the knowledge and capacity of caregivers to provide care for older people in their families and communities.

- **Skill training in caring for people with disability and older people.** A 3-day training course and the course content includes basic knowledge of disability and ageing, practical help to different type of disabilities and older persons.
SKILLS TRAINING FOR LONG-TERM CARE NURSES IN THAILAND

Master Trainers (MT) Course Brief

Collaborative Teaching Programme between Singapore and Thailand

31st - 3rd December 2016
One tech Plaza Hotel (OTPH), Tower B, level 3,
learning studio (tham)

Pre-course
E-Learning
Modules

Intensive
Course

It was aimed to improve the standard of care in long-term care facilities.

CARE MANAGER (CG)

- The 70-hour training course for the community-based LTC program. This includes background on aging, older people’s rights, the role of a care manager and basic care management (14 hours); assessment and intake (23 hours); understanding care delivery (14 hours); practice sessions (8 hours); study visits and actual practice in health facilities in the community, as well as training and testing (11 hours).
CARE-GIVER (CG)

- The course content included basic knowledge and practice on common problem and needs of older people, first aid, and level of dependency, health promotion, environment arrangement, and recreation activities.

Skill Training in Caring for People with Disability and Older People
REGISTRATION AND REGULATION BODIES

- All nursing profession must register with Thailand Nursing Council
- Care assistant or paid caregiver can register with the following organisations;
  - Department of Health Service Support, Ministry of Public Health
  - Department of Skill Development, Ministry of Labour
- Thailand Professional Qualification Institute (Public Organization)
  - To develop and promote the system of professional qualifications in Thailand by establishing professional standards to meet international standards and to establish an organization to certify individual competencies. It is aim to be a center of information about professional qualifications and occupational standards.
Appendix 8:

Trends in the Diversification of Circulation of Long-term Care Foreign Workers

Reiko Ogawa
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Research Question

1) How does the de-skilling process occur for migration of care workers to Japan?
2) What can the migrants bring back when they return to their home countries?
Migrant Workers in the Labor Market

Source: MHLW, 2019, Gaikokujin Koyo Jyokyo no Todokede

Migrants in Medical and Social Welfare Sector

Total number of migrants in Medical and Social Welfare 34,261 (2019.10)
Approx. 2,200 are medical professionals, 4,000 EPA, 4,000 are students, 37,700 are permanent residents/spouse of Japanese

MHLW, each year, Gaikokujin Koyo Jyokyo Chosa
The occupation of LT Care Work (kaigo) in Japan is born out of rapid population ageing and rise in chronic disease.

Shift from “medical model” to “social model” (Hirano, 2018)

No similar occupation in Southeast Asia and beyond (nurse ≠ domestic worker?)

New Occupation, feminized job, unclear job description, ambiguous expertise/skill
  * Certified Care Worker (Kaigo fukushishiki) (skilled?)
  * Shoninsha kenshu (初任者研修) (semi-skilled?)
  * Non-certified workers (unskilled?)

Objective: Bilateral Free Trade Agreement. Acceptance as “exception” and not meant to mitigate labor shortage

Sending countries: Indonesia, Philippines, and Vietnam

Background:
  * Indonesians: Nursing school graduates S3, D3,
  * Philippines: Nursing school graduates or university graduate with any major + caregiver certificate
  * Vietnamese: 3-4 years nursing school graduates

Recruitment/Deployment: Government or Semi-governmental bodies

Study Japanese for one year. Indonesia and the Philippines JLPT N5, Vietnamese JLPT N3

Required to pass the national exam on certified care work within four years. Once certified, the visa can be extended indefinitely. Family reunion is allowed.
Actual Job of EPA Care Workers

- assist wearing/taking off clothes
- assist bathing
- transfer
- assist in toilet
- oral care
- assist in eating
- make reports on accident
- undertake recreation
- write care record
- assist medication
- share information about the patient
- night shift
- participate in meetings
- communicate with families
- educate the staff
- prepare care plan
- suction of sputum
- management

JICWELS, 2015

Settlement, Upward mobility and Citizenship

- EPA Care Workers
- 490 spouses & children are settled
- Many are promoted to become leaders and managers
- Some have obtained permanent residency
- In 2014, passed the exam of care manager. (passing rate was 14.3%)

1st batch Indonesian care worker from Makassar.
Migration Trajectory of EPA Filipinos

Destination Hierarchy
- Care Worker in Canada
  - Move to a Third Country
- Nurse in Canada
- Care Worker in Japan
  - Settle in Japan
- Call Center in the Philippines
  - Return
- Start Business in the Philippines

Filipino caregiver
- Filipino nurse/nurse aid
- Teacher
- Call Center

Pass the National Exam

As of 2015, among 106 passers, 59 have left Japan

EPA Filipino Care Worker Mr. Ben
Interviewed March, 2018

30 years old, Catholic, single, BSN
Arrived 2015
JLPT N2
Father is an engineer, Mother business woman

Care Facility A
Passing ratio 76.4%
Salary 150,000 yen,
Living cost 80,000 yen

Job satisfaction:
Satisfied
Salary: not so satisfied
Working environment:
Very satisfied
Religious life: Satisfied

Japanese
Language teacher
Work related to Japan
Move to another country
Pass the exam
Work in Japan
Return

Working at the Call Center in the Philippines
JLPT N1 Passers 170,000 yen
N2 Passers 150,000 yen
N3 Passers 120,000 yen
Living Cost in the Philippines 20,000 yen

Japan
Savings: 70,000 yen
Stress: Back Pain
Family: No family
Discrimination: yes
Safety: Safe

Philippines
Savings: 130,000 yen
Stress: None
Family: Stay with family
Discrimination: no
Safety: not so safe

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**EPA Filipino Returnees (Taylo, 2018)**

- Interview was conducted to 7 EPA nurse candidates and 6 care worker candidates who arrived in Japan between 2009-2015 and returned to the Philippines.
- Age 29-45, all women, all from nursing background
- Reason for applying
  - Because they cannot go to Canada or USA
  - No placement fee
  - Interested in anime and J-pop
- Reason for return
  - Cannot pass the exam- but this is not necessarily a failure considering their limitation (study hours, age), and they could save money
- Job after Return
  - Japanese language teacher
  - Call center for Japanese patients in a hospital
  - Japanese company
  - Migrate to Middle East or Singapore as nurse
- Cannot work as nurse or caregiver in the Philippines due to high unemployment and low wage
- Japanese language as a social capital

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**Migration Trajectory of EPA Indonesians**

- Pass the National Exam
- Nursing Education in Indonesia (D3, S2, S1)
- Care Worker in Japan
- Nurse in Indonesia
- Japanese company in Indonesia
- Self Employed
- Hotel etc.
- Return

As of 2015, among 234 passers, 62 have left Japan
EPA Indonesian Returnees (Efendi, 2016)

- Random sampling of EPA Returnees n=199
- Age 23-43
- Women (70.9%), Graduate of Diploma 3 (72.9%)
- **Job before coming to Japan: Nurse (83.4%)**
- Reason for Return: Compelled to return (did not pass, family, health (68.3%), could not see their future in kaigo (11.8%)
- EPA had an advantage 97%
- Salary after return: US$75-689

EPA Indonesian Returnees (Efendi, 2016)

Job after Return

- Nurse (49.2%), Non-nursing (50.8%)
  - 1) Nurse: Reason for return to nursing: Love nursing (92%), want to help others (90%), want to use the technology learned in Japan (88%), want to use the education in Japan (86%), want to open the clinic (67%), want to develop expertise in gerontology nursing (77%), want to open a care facility (54%), I feel proud (41%)
  - 2) Non-nursing: Self employed/doing business (26.8%), Japanese language interpreter (8%), Hotel (2.5%)
- Reason for not returning to nursing: Bad working conditions (86%), Low salary (74%), Don’t have the confidence in nursing skills (62%), cannot see the career (55%), cannot find the job (53%), have to work in a shift (44%), the experience in Japan is not counted (40%)
- Those from the provinces are more likely to return to nursing
- Those who passed the exam are more likely to return to nursing
EPA Indonesians returnees who now work for a Japanese healthcare company in Jakarta.
(2nd, 4th, and 6th batch, interviewed Feb. 2020)

- One worked as a nurse in a national hospital in Jakarta after return but got frustrated due to the attitude of her colleagues. Now her salary is five times higher than working as a nurse.

- One worked in a Japanese clinic in Jakarta but the current job offers better pay. He was asked to come back to Japan as TITP but since he cannot bring his family he declined the offer.

- The salary is almost equivalent to work in Japan and the returnees would like to capitalize on their language skills and medical knowledge (not caregiving skills).

Migration Trajectory of EPA Vietnamese

- Nursing education in Vietnam
- Pass the National Exam
- Care Worker in Japan
- Interpreter in Vietnam
- Teacher at the Sending Organization
- Settle in Japan
- Return
EPA Vietnamese returnee (1st batch, Interviewed Sep. 2019) Ms. Mai

- She has passed the national exam and have worked in the same care facility for five years. She was planning to move to work at the supervising organization for TITPs, but returned because her mother fell sick.

- Among the first batch, no one returned to nursing because the salary is low and it requires clinical experience. Also in large hospitals, no one resigns so good positions are not available. **Returnees are mostly working as interpreters or teachers.**

- She is now working as a teacher in Japanese language and kaigo in a sending agency in Hanoi training SSWs. She earns 140,000–150,000 yen.

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What counts?

- Return to nursing has been hindered due to low salary, lack of experience, and availability of jobs.

- In all cases, migrants are capitalizing on Japanese language to have access to high(er) paying jobs. (i.e. call center, medical interpreter, language teacher)

- The experience of “kaigo” counts as far as migration continues, but limited to the sending agency and does not serve the sending society at large.

- As the migration of care workers and aging in the sending countries accelerates, there is a potential that these EPAs will start business in LTC field.
• Indonesia MOH
• No job as care worker in Indonesia and they thought it was nursing occupation (perawat lansia)
• D3, S1, professional training (5 years)
• Received a lot of dissatisfaction and issues on registration (STR)

• WHO Global Code of Practice on the International Recruitment of Health Personnel
  https://www.who.int/hrh/migration/code/practice/en/
• 4.3 Member States and other stakeholders should recognize that ethical international recruitment practices provide health personnel with the opportunity to assess the benefits and risks associated with employment positions and to make timely and informed decisions.
• 4.4 Migrant health personnel should be hired, promoted and remunerated based on objective criteria, such as levels of qualification, years of experience and degrees of professional responsibility on the basis of equality of treatment with the domestically trained health workforce. Recruiters and employers should provide migrant health personnel with relevant and accurate information about all health personnel positions that they are offered.
Setting Standards for Employment Practices

Tokyo Council of Social Welfare (TCSW)

- Among 561 LTC facilities in Tokyo, 505 are the members.
- Labor laws and regulations, social security, diversity management, emergency cases, voices of Japanese and migrant care workers
- Provide information on renewal of nursing license for Indonesian nurses

Guidebook to Accept Migrant Care Workers


Migrants in Long Term Care Sector

2. Residential visa “Long-term Care” (students in caregiving schools) (2017--)
3. Technical Internship Trainee Program (TITP) (2017--)
4. Specified Skill Worker (SSW) (2019--)
Deregulation of Migration of Care Workers

- Discussion: Group to Accept Migrant Care Workers under Ministry of Health, Labor and Welfare (October 2014 ~ January 2015)
- Foreseeing that care work is going to be the first personal service related job in TITP; the discussion revolved around the level of Japanese language proficiency.
- Japanese LTC Facilities demanded for JLPT N3 but during the discussion, it was downgraded to N4.
- “If the length of training prolongs, the cost will become expensive.”
- Skills in Long Term Care = Japanese Language + cost?

MHLW, 2015, 外国人介護人材受け入れの在り方にに関する検討会

Nexus: Citizenship and Qualification

Permanent Residency

Certified Care Worker

= Work Visa

= Residence Visa

Marriage Migrants

EPA Passers

Certified

Non-Certified

Specified Skilled

Temporary Residency

EPA Candidates

Certified Intern Trainee

Technical Intern Trainee

Ogawa, 2020
6. Conclusion:

- 1. Skill in care work is not properly defined and assessed. Skill in care work is an empty signifier and reduced to concern over language, and cost.

- 2. There is hardly any discussion on “ethical recruitment” of health workers and its impact to the sending countries.

- 3. Migrants will be stratified not due to the education or credentials in their home countries but by the channels that they enter Japan. This defines their career prospects and citizenship.