

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

Thelma Kay, Ex Staff, UNESCAP

Kaysorn 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

30 January 2020. The Philippine Expertise Dialogue

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

Invited Report 2: “Education of Japanese Language Measuring to Meet Diversification of
Human Resource for Long-term Care” by Ines Mallari

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:

2019 ERIA Research Project
Modeling Human Development and Circulation of Long-term Care Workforce
Date: 14-15 November 2019
Venue: Kitakyushu International Conference Center

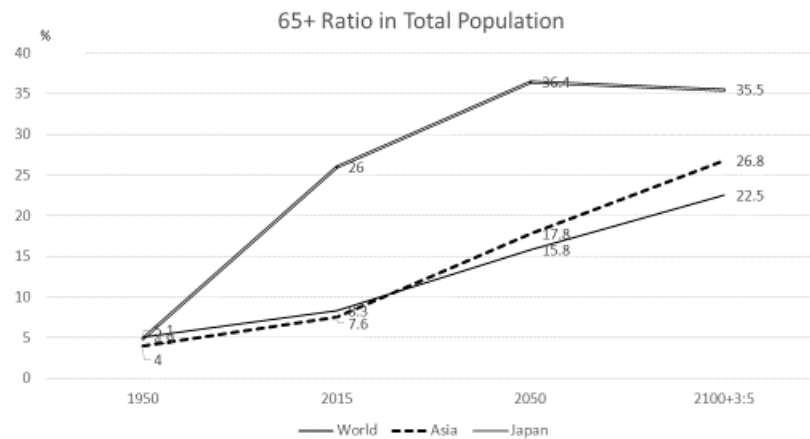
The 1st Expertise Dialogue Workshop of Long-term Care

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



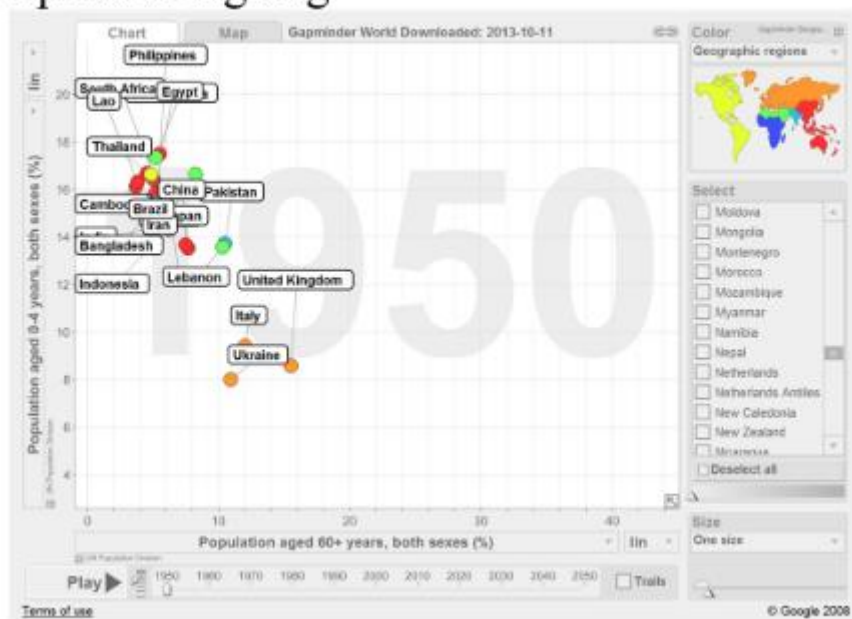
Background of Our Research

Global Ageing

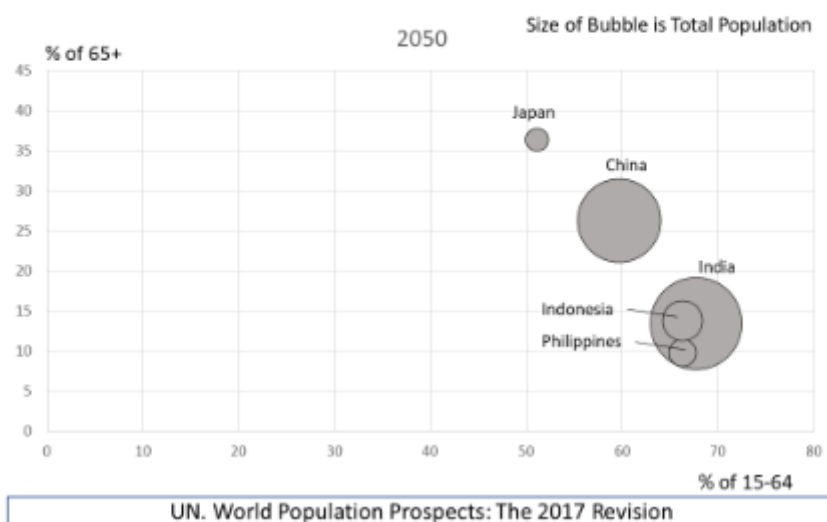
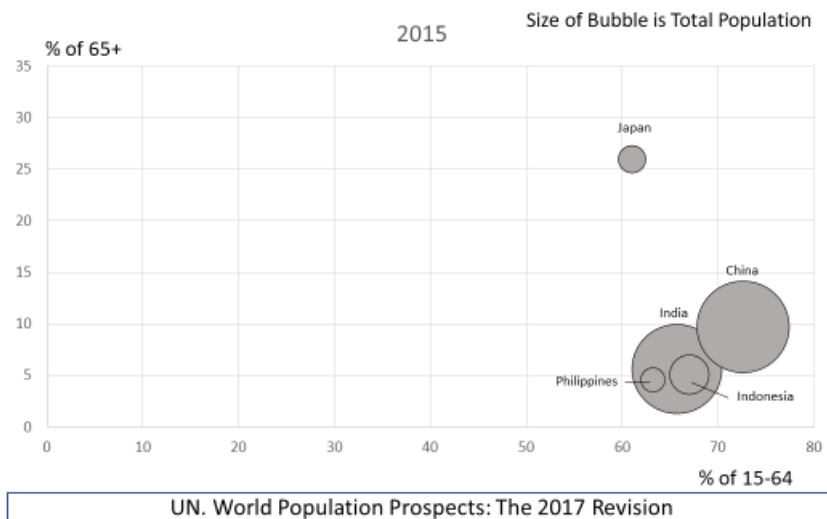


UN. World Population Prospects: The 2017 Revision

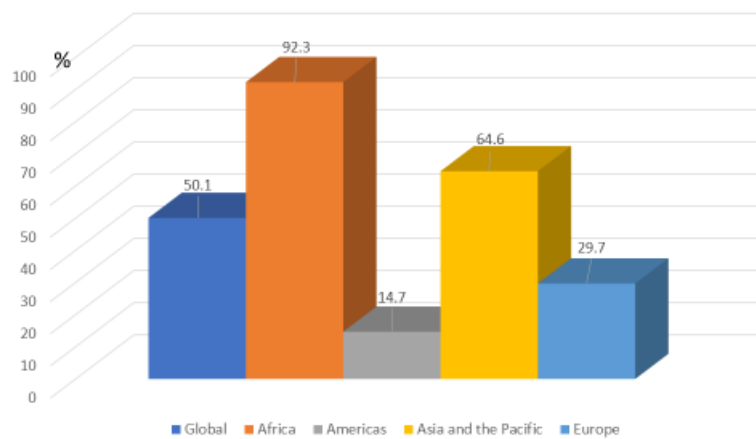
Speed of Ageing



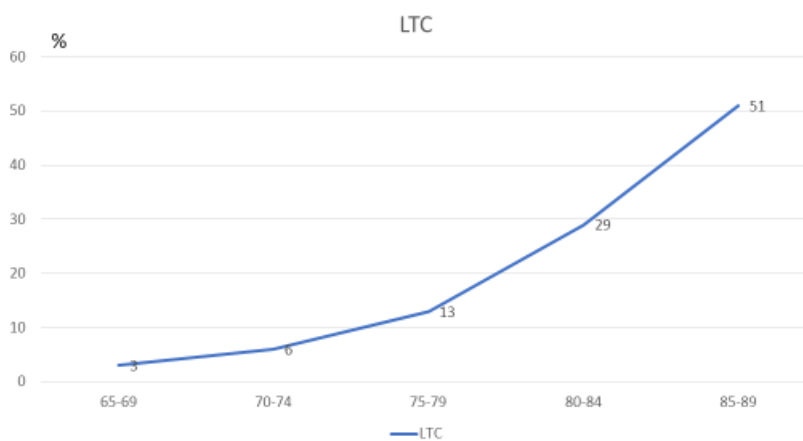
Aging and Decreasing of Productive Population



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



Japan MHLW, 2015. "Report of Long-term Care Insurance"
 Japan Ministry of General Affairs, 2015. "Estimated Population"

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.

| World Population of 65+ age-group which needs LTC in 2015 and 2025 (million) | | | | | |
|--|-------|-------|-------|-------------|-----------|
| | World | Japan | India | Philippines | Indonesia |
| 2015 | 82.1 | 5.9 | 8.0 | 0.5 | 1.4 |
| 2050 | 264.0 | 10.0 | 29.2 | 2.5 | 7.1 |

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.

| Required LTC Workers in a World (million) | | | | | |
|---|-------|-------|-------|-------------|-----------|
| | World | Japan | India | Philippines | Indonesia |
| 2015 | 27.4 | 1.8 | 2.4 | 0.1 | 0.4 |
| 2050 | 79.5 | 3.0 | 8.8 | 0.8 | 2.1 |

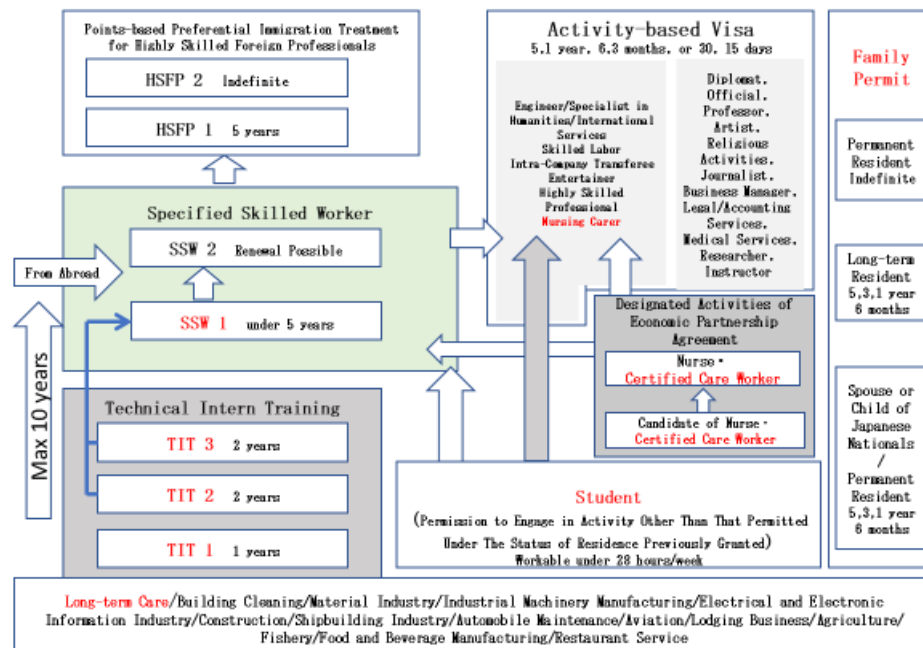
Trial calculation by Takeo Ogawa: Based on "World Population Prospects: The 2017 Revision" and Japan MHLW "Report of Long-term Care Insurance"

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.



New International Challenges in Japan



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.”

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

Introducing Foreign Care Workers

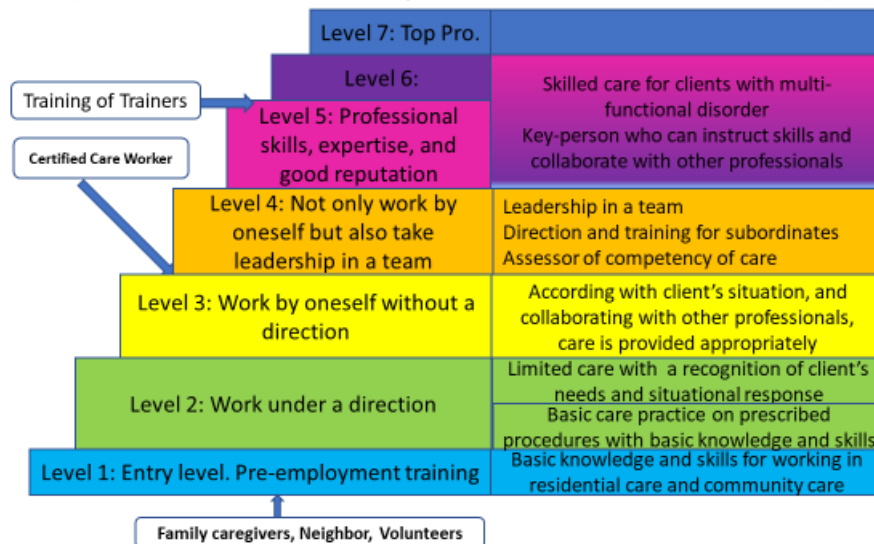
| | Certification | Related Competency | | Japanese Language |
|--|---------------|----------------------------|---|-------------------|
| | 7 | | | |
| | 6 | | | |
| | 5 | | | |
| | 4 | Care Manager, Assessor | Nurse, Therapist, Social Worker, so on. | N1 |
| | 3 | Certified Care Worker | | N2 |
| EPA Candidates of Certified Care Worker | 2 | Associate Care Worker | | N3 |
| | 1 | Induction Training for LTC | Supporters of LTC | N4 |
| Technical Intern Training Designated Skilled Labor | | | | N5 |

Linguistic Competence in Japan

| Level | Linguistic competence |
|-------|--|
| N1 | The ability to understand Japanese used in a variety of circumstances. |
| N2 | The ability to understand Japanese used in everyday situations, and in a variety of circumstances to a certain degree. |
| N3 | The ability to understand Japanese used in everyday situations to a certain degree. |
| N4 | The ability to understand basic Japanese. |
| N5 | The ability to understand some basic Japanese. |

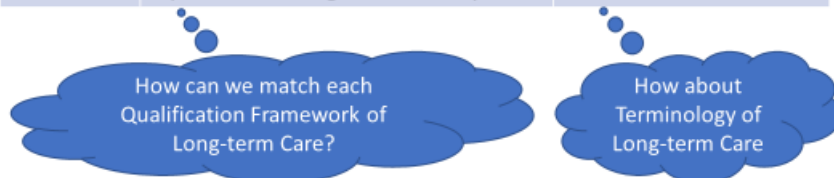
<https://www.jlpt.jp/e/about/levelsummary.html>

Skills Competence in Japan (Career Grade System of Care Work)



Requirement for Applying to EPA Candidate of Certified Care Worker

| | Long-term Care Competence | Linguistic Competence |
|-------------|--|-----------------------|
| Indonesia | Diploma of Higher Education 3+ years + Certificate of Indonesian Caregiver Or Diploma of Nursing School 3 years | N5 |
| Philippines | Diploma of University 4 years + Certificate of Philippines Caregiver Or Diploma of Nursing School 4 years | N5 |
| Vietnam | Diploma of Nursing School 3or 4 years | N3 |

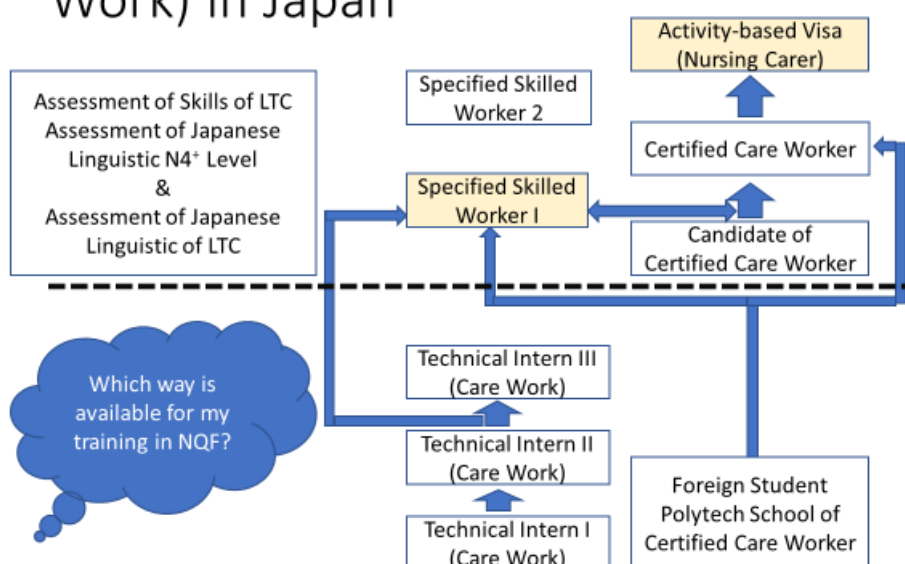


Eligibility for Technical Intern Program (Care Work)

| Status | Long-term Care Competence | Linguistic Competence |
|--------|---|-----------------------|
| TIT 3 | 3 rd year | N3 |
| TIT 2 | 2 nd year | N3 |
| TIT 1 | 1 st year 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 | N4 |

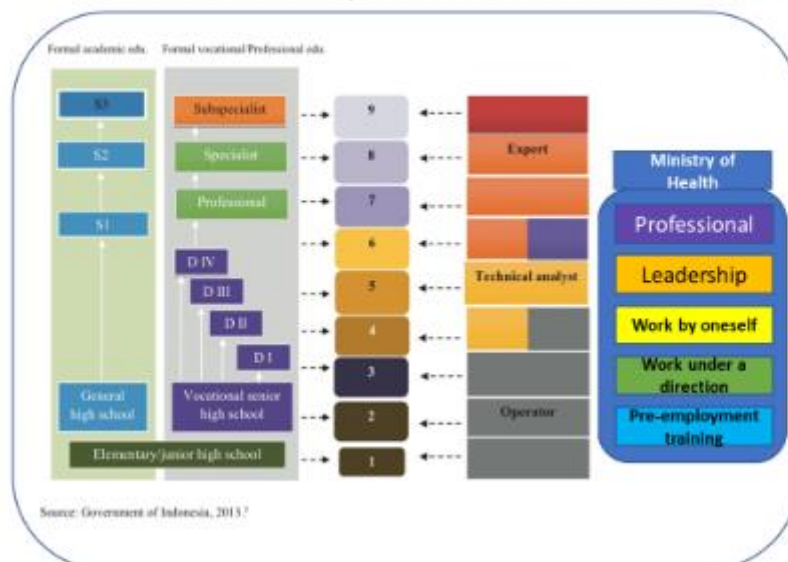
How can we match each
Qualification Framework of
Long-term Care?

Specified Skilled Worker (LTC Work) in Japan

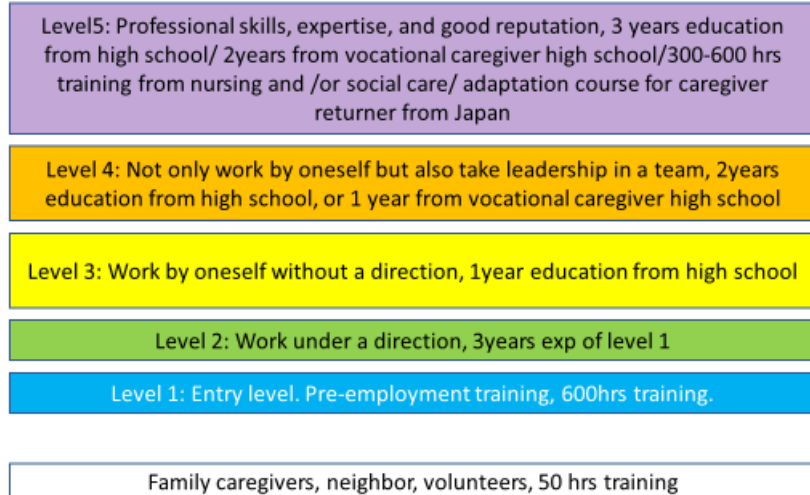


Each National Qualification Framework

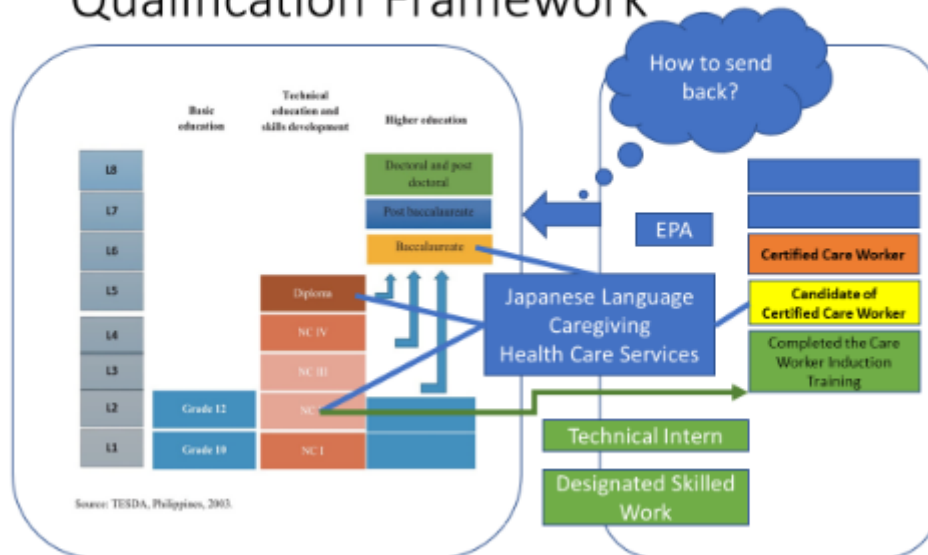
Indonesian Qualification Framework



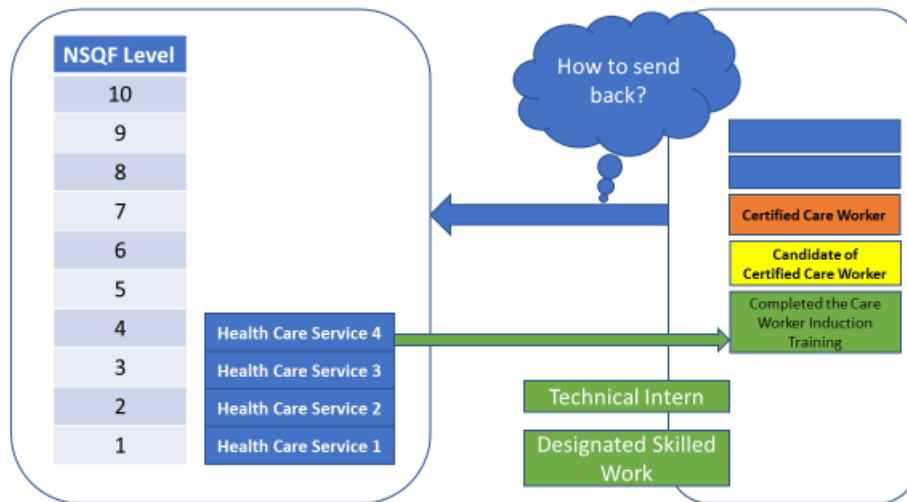
Indonesia Caregiver Training and Education on LTC Ministry of Health, 2017



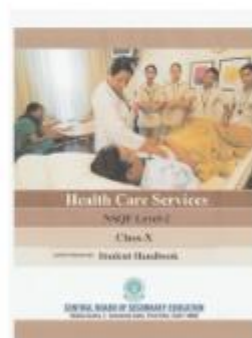
Care Work on Philippines Qualification Framework



Care Work on Indian National Skill Qualification Framework (NSQF)



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

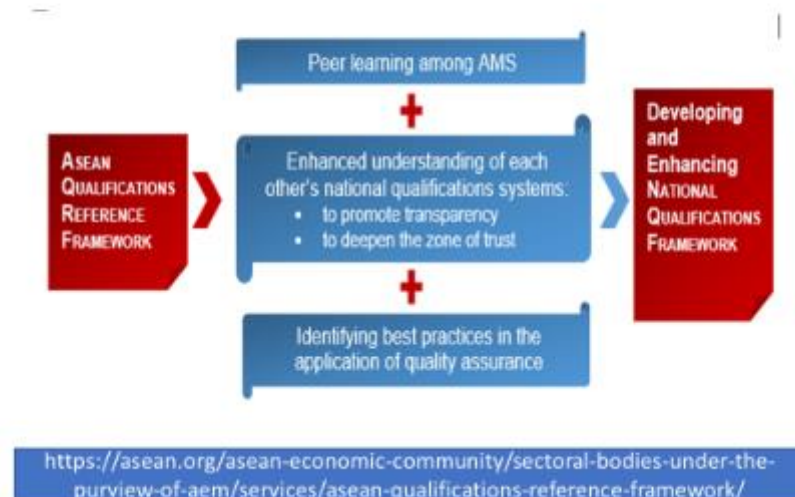
- Prepares person to/carry out process that are repetitive on regular basis require no previous practice
- Familiar with common trade terminology, instructional words meaning and understanding
- Routine and repetitive, takes safety and security measures.
- Reading and writing
- Addition subtraction personal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



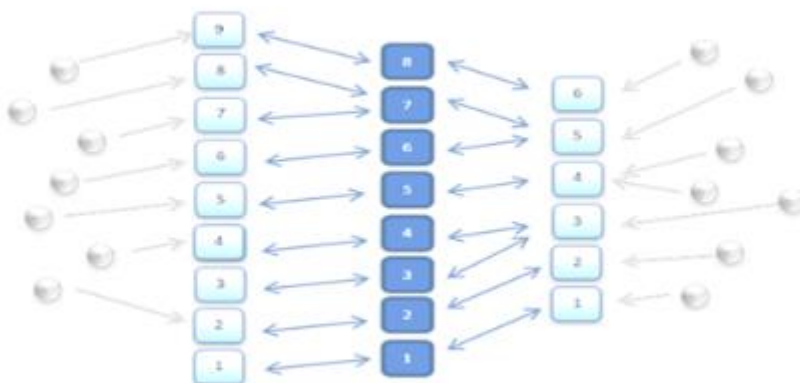
ASEAN Qualification Reference Framework

- 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

| Level | Knowledge | Skills | Application | Responsibility & Accountability |
|-------|-----------|--------|---|---------------------------------|
| 8 | | | | |
| 7 | | | | |
| 6 | | | | |
| 5 | | | | |
| 4 | | | Long-term Care Facilities in Japan (Excepting Community-based Care) | |
| 3 | | | | |
| 2 | | | | |
| 1 | | | | |

Why is the Community Care excluded?

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 Administration

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:

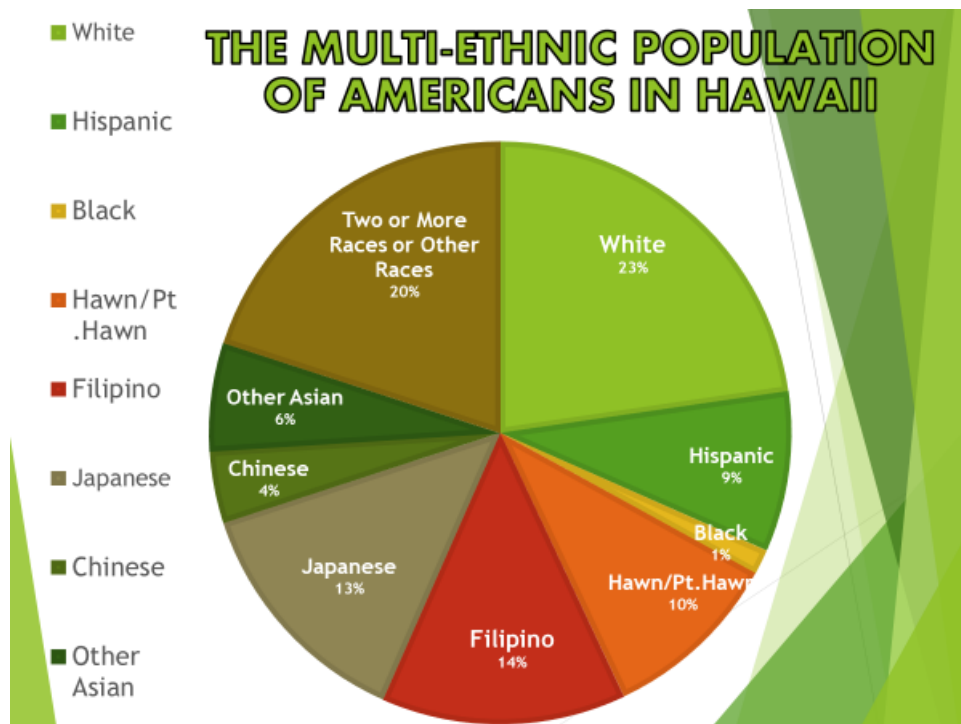
Training Programs for Entry Level Eldercare Workers: Issues & Directions for Change

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

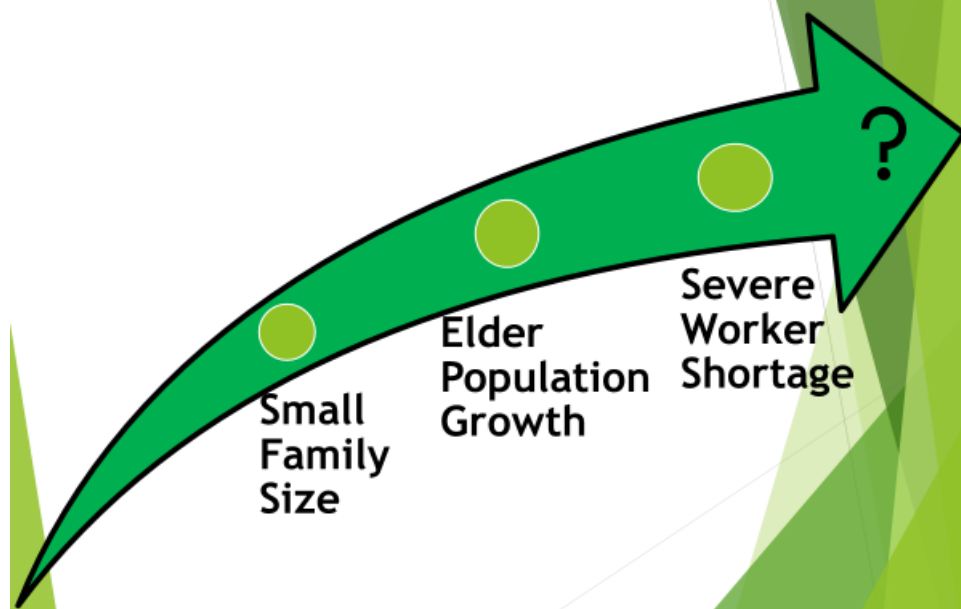
Hawaii: Population Characteristics

- ▶ 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





A Major Challenge by 2030!



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.

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

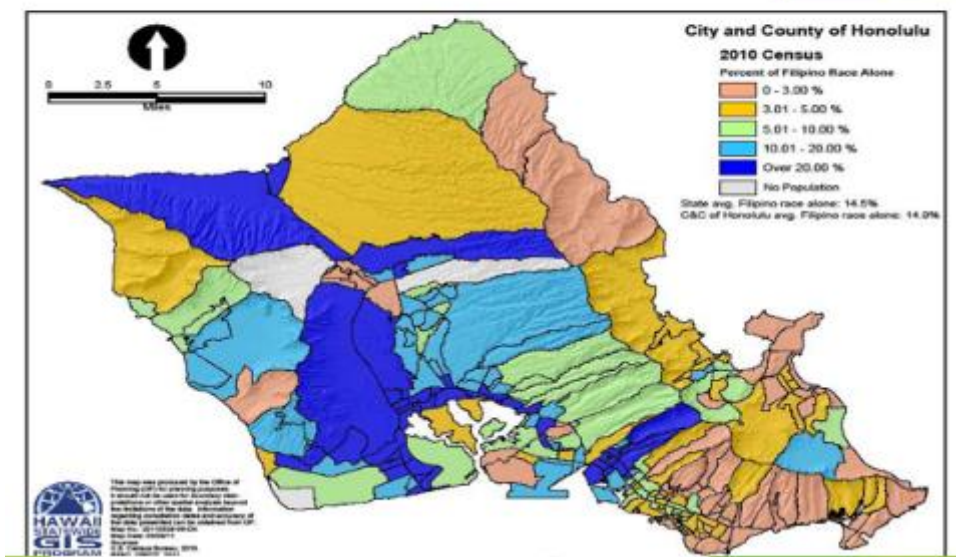
Occupation: Working class -among the last migrant group to Hawaii.



Geographic Concentration of Filipinos in Hawaii



Highest Concentration of Filipinos in Blue Areas on Oahu



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

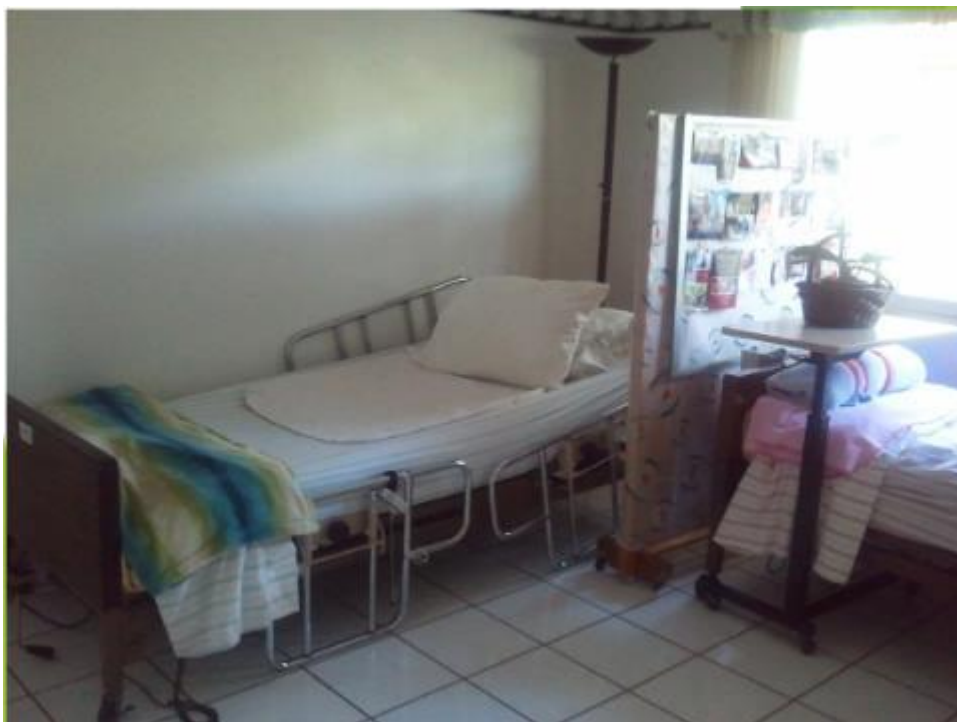
► **Services of Case Managers**

- 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?

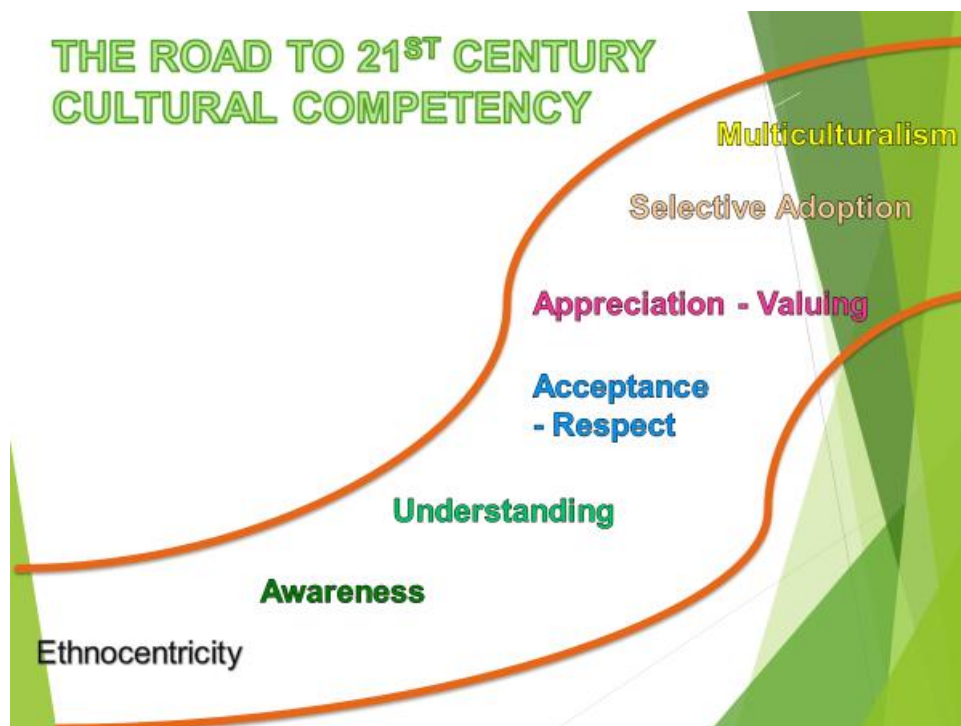
Filipino Immigration has made a very significant contribution to Hawaii's Eldercare System

- ▶ 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

THE ROAD TO 21ST CENTURY CULTURAL COMPETENCY



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**

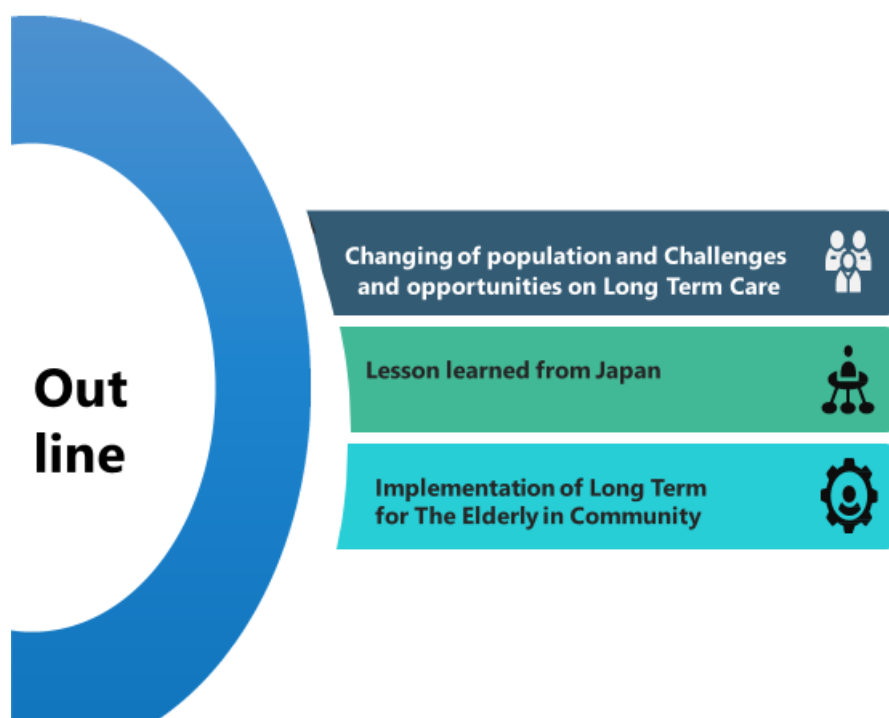
**Multiculturalism can work.
Let's look at places like
Hawaii!**

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 Erjin Amigo,
Yuko Hirano, Takeo Ogawa

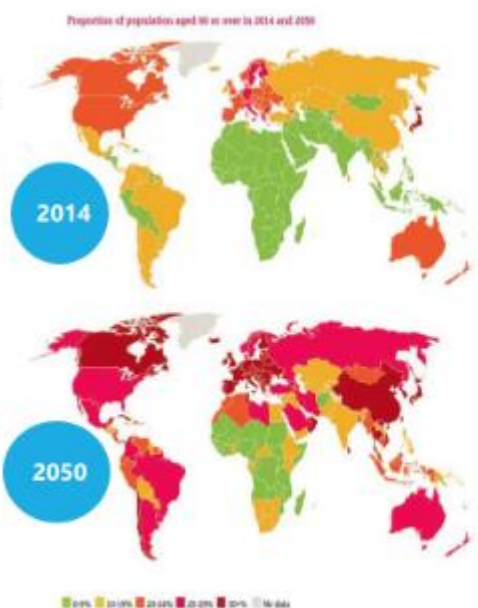


Changing of Population and Challenges and opportunities on Long Term Care for The Elderly



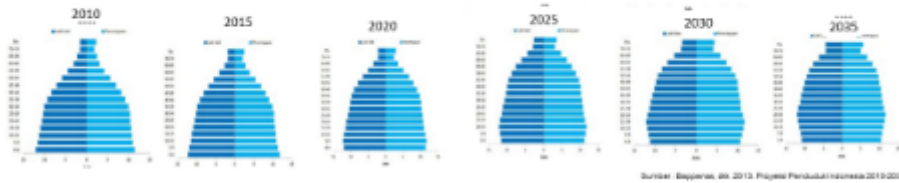
Asia has the fastest
ageing
population

By 2050, number of **Senior
Citizen** will
become twice of it's current
number
Around **65% world
senior citizen**
live in **Asia**

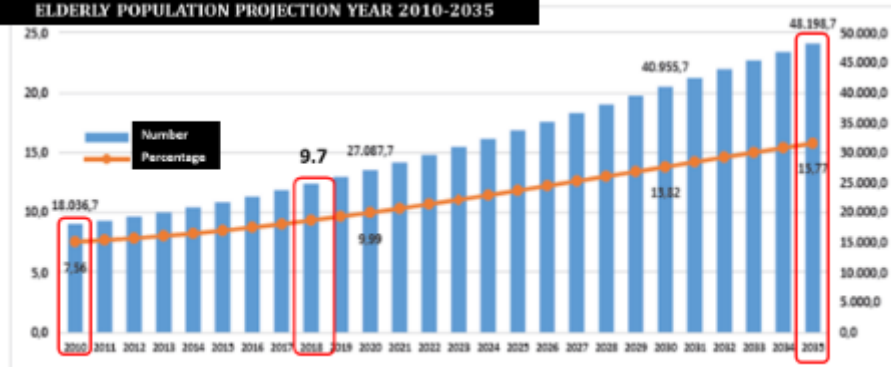


INDONESIA AGEING POPULATION

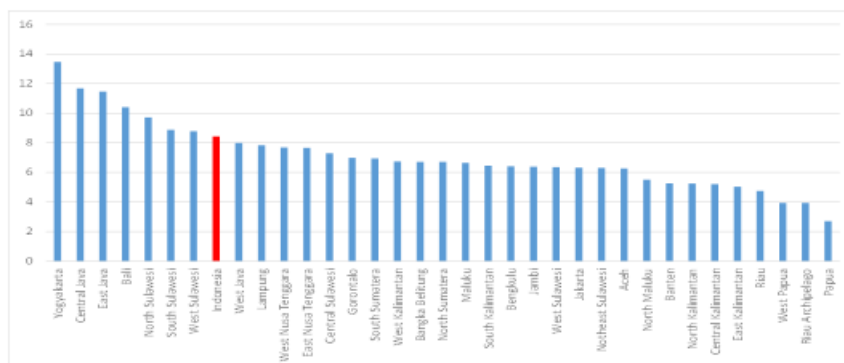
POPULATION STRUCTURE, 2010-2035



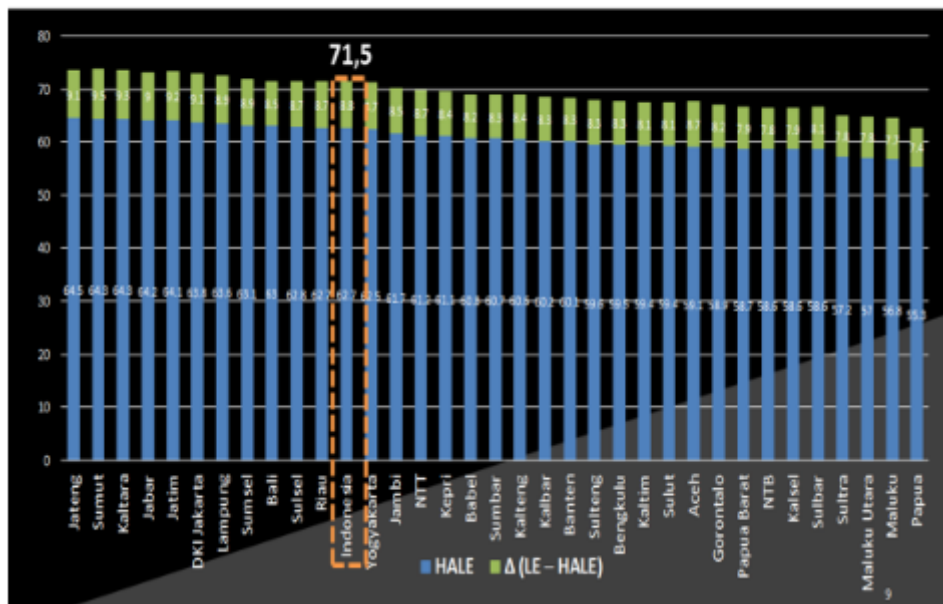
ELDERLY POPULATION PROJECTION YEAR 2010-2035



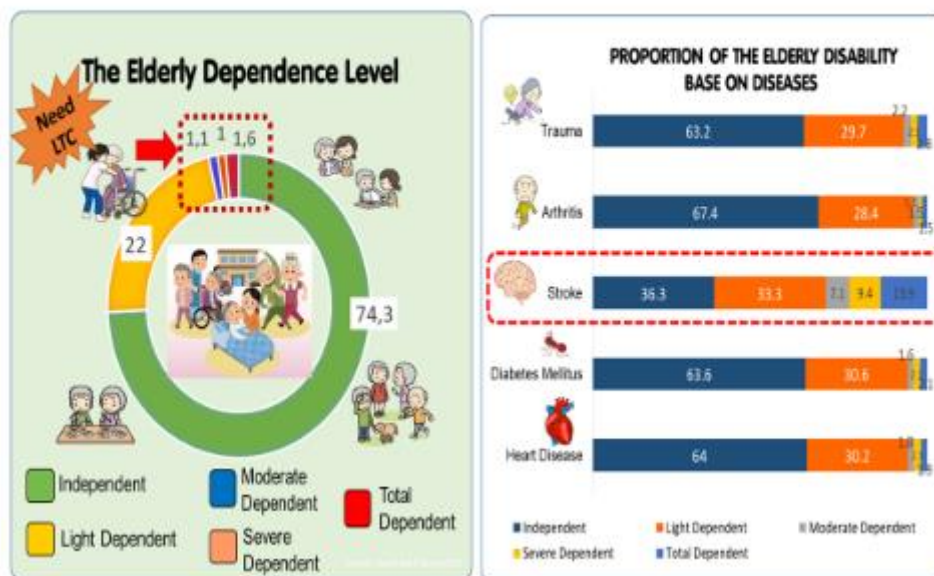
Proportion of Older Persons by Province (SUPAS, 2015)



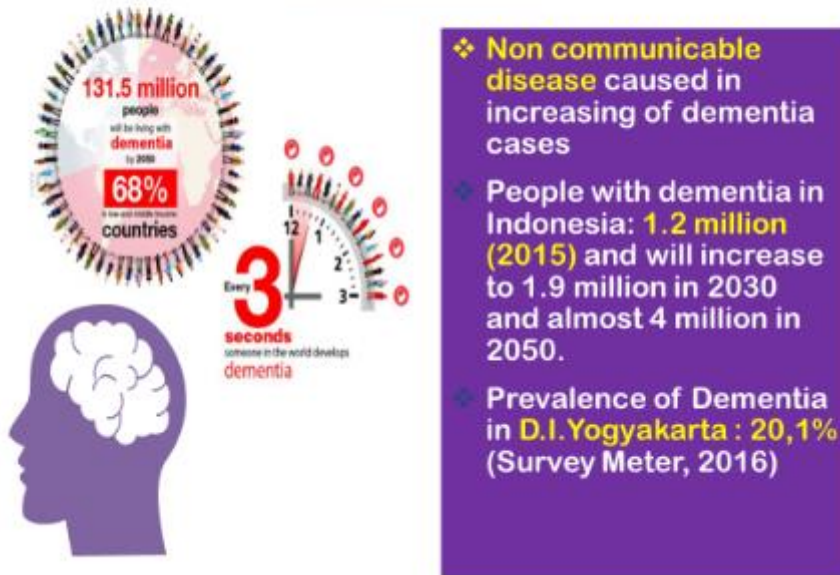
LE AND HALE IN INDONESIA, 2017



PROPORTION OF THE ELDERLY DISABILITY IN INDONESIA YEAR 2018



DEMENTIA IN INDONESIA

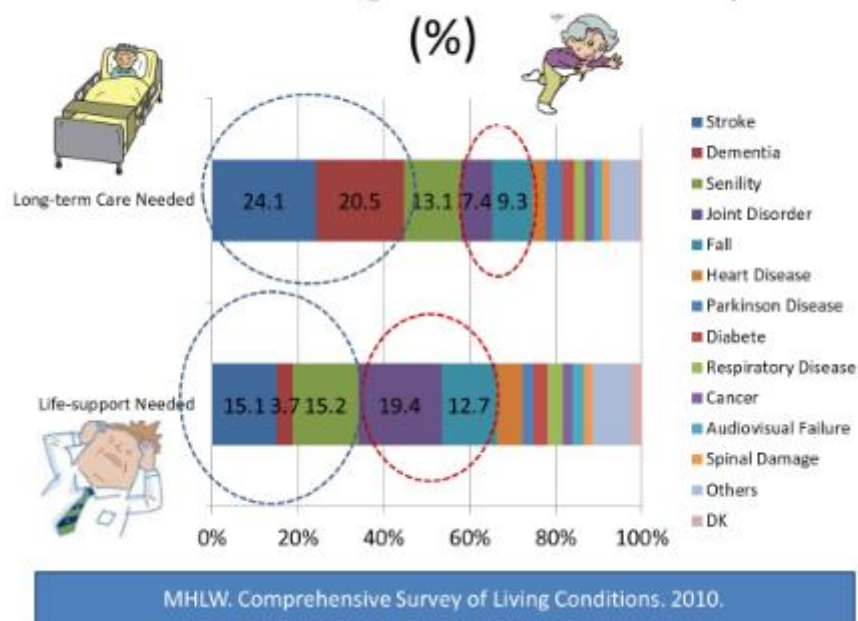


Source: Alzheimer Disease International (2013)

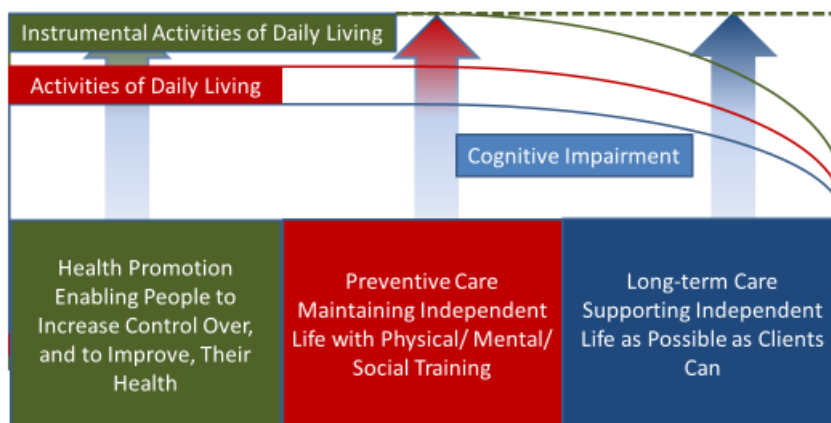
Lesson Learned from Japan

(Takeo Ogawa, 2014 – 2018)

Causes of Long-term Care in Japan

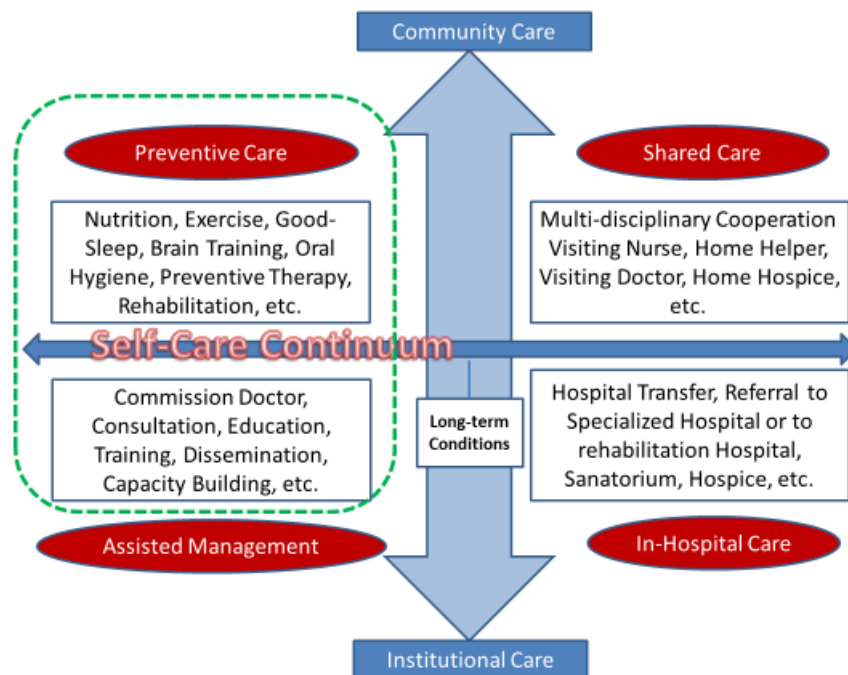


Prevention Long Term Care

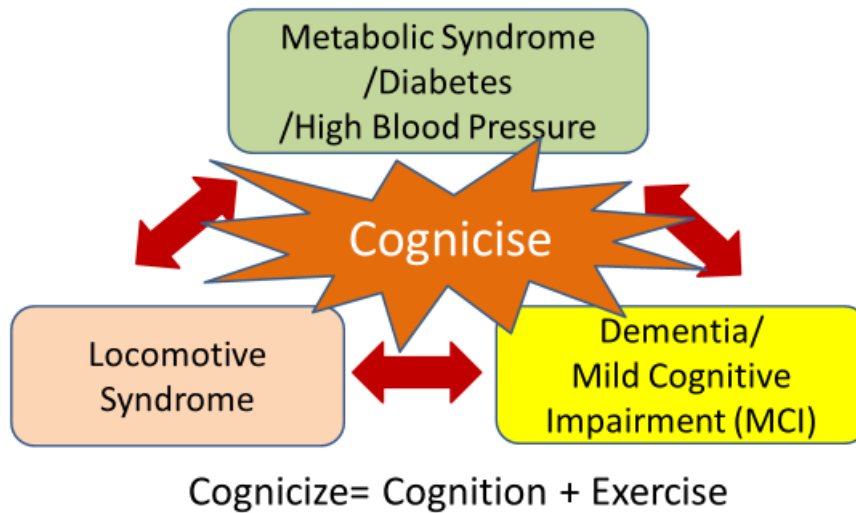


Assessment Tests

- 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



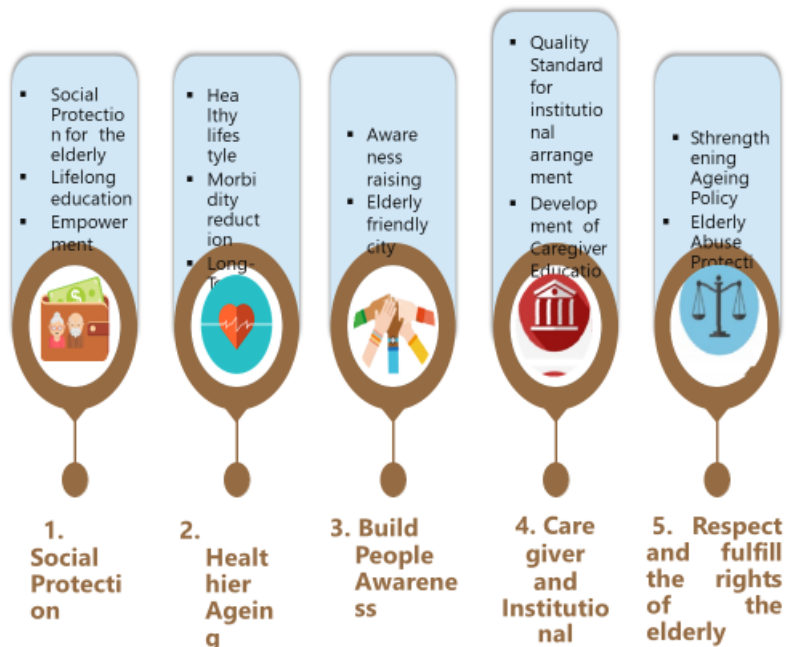
Career Grade System of Care Work in Japan (Takeo Ogawa, 2014)



Implementation Of LTC for the Elderly In Indonesia



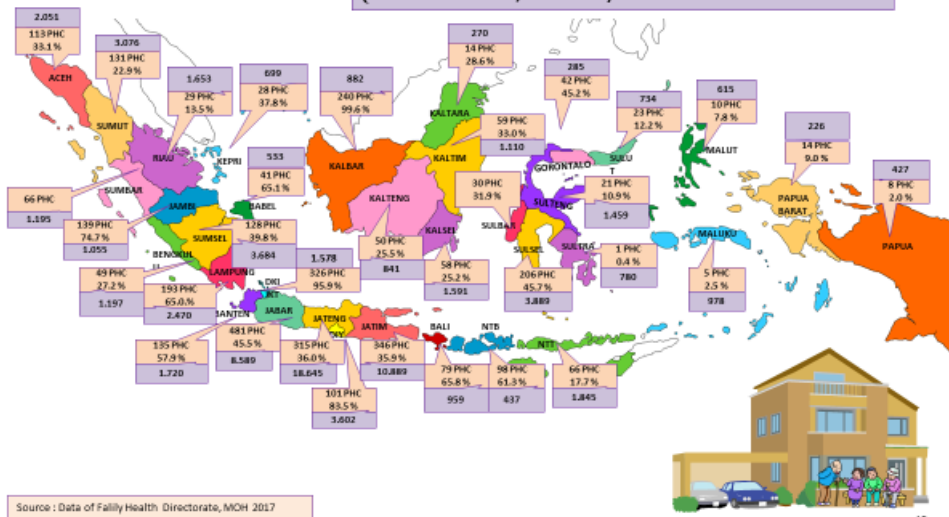
Strategies and Policy Directions



ELDERLY FRIENDLY PRIMARY HEALTH CENTRE (PHC) AND ELDERLY INTEGRATED HEALTH SERVICES POST IN 2017

TOTAL PHC: 9.825, saat ini
TOTAL ELDERLY FRIENDLY PHC : 3.645 (37,10%)

TOTAL ELDERLY INTEGRATED HEALTH SERVICES POST
(POSYANDU LANSIA/POSBINDU) : 80.353 ssat ini 100 000



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)

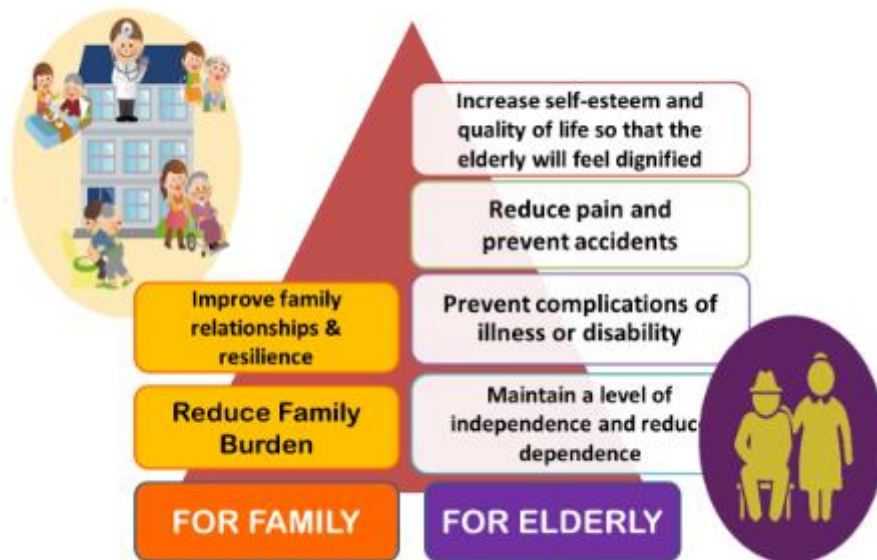
Home Care (integrated with Public Health Nursing/ *Perkesmas*)

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 a subjects to participate in the caring activities brought by **the PHC health workers team**.



Long Term Care Benefit



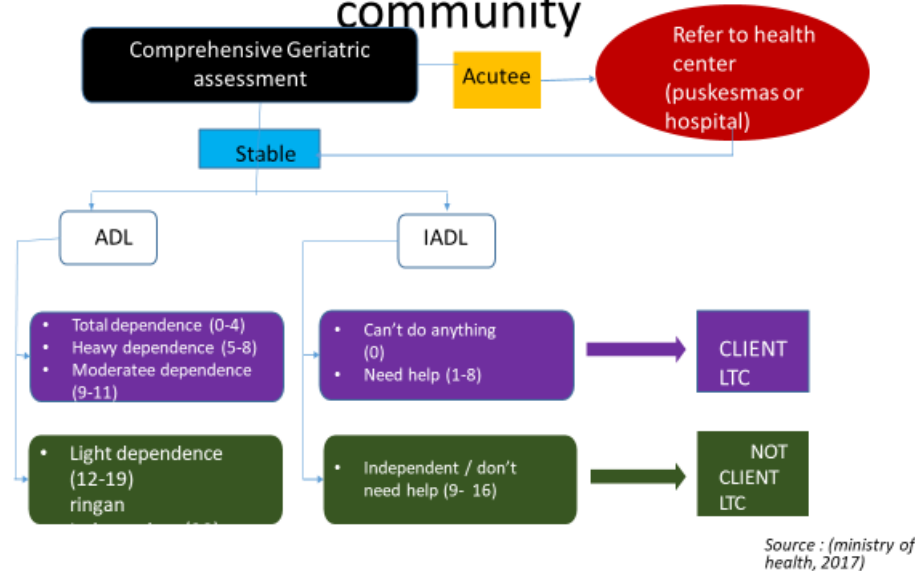
Purpose of LTC in community

(Indonesia Ramah Lansia/Age Friendly Indonesia)

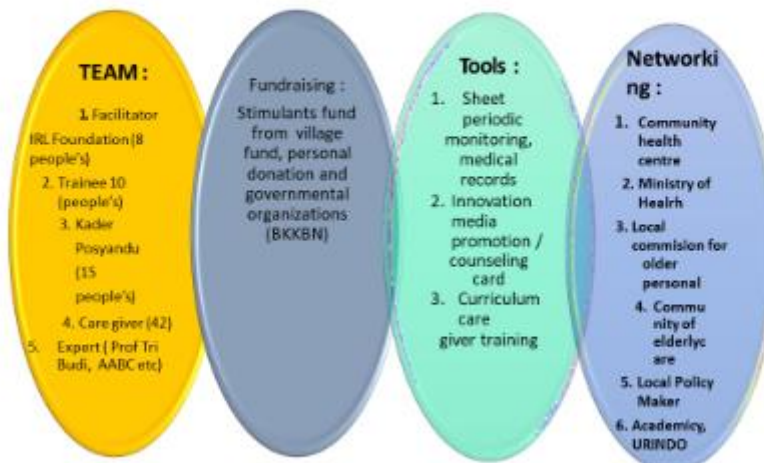
- Independence for the Elderly
- Able to care for the elderly at home with the family
- Supported an older person in their own home generally costs less than keeping them in a nursing home or other residential care option.
- It is assumed however, that fewer children and kind will be available to care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



Assessment of LTC indications in the community



INPUT (Resource) LTC in Community



ECONOMIC RESEARCH INSTITUTE FOR
ASEAN and EAST ASIA (ERIA) :WITH URINDO, NAGASAKI
UNIVERSITY,ON ORAL CARE AND LONG TERM CARE

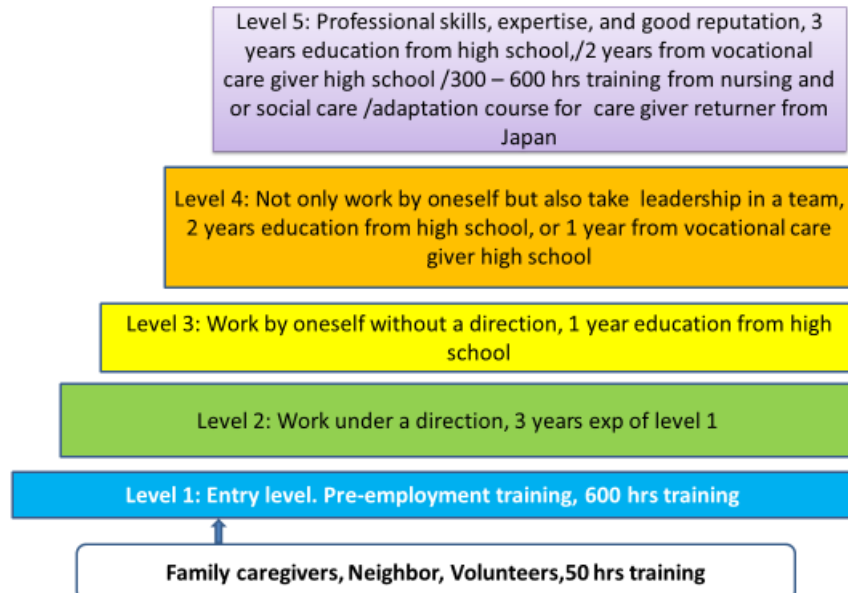


**The distribution of knowledge about
Long Term Care (Result of study 3 in Indonesia)**

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

Care giver training and education on Itc

Ministry of Health The Republic of Indonesia , 2017



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, HOMECARE, 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. Physioteraphy, Traditional Treatment with Herbs
 13. Psychological and Spiritual Elderly
 14. Access to health services and health insurance
- Methods : Lectures,Practical sessions,Case-discussions, video



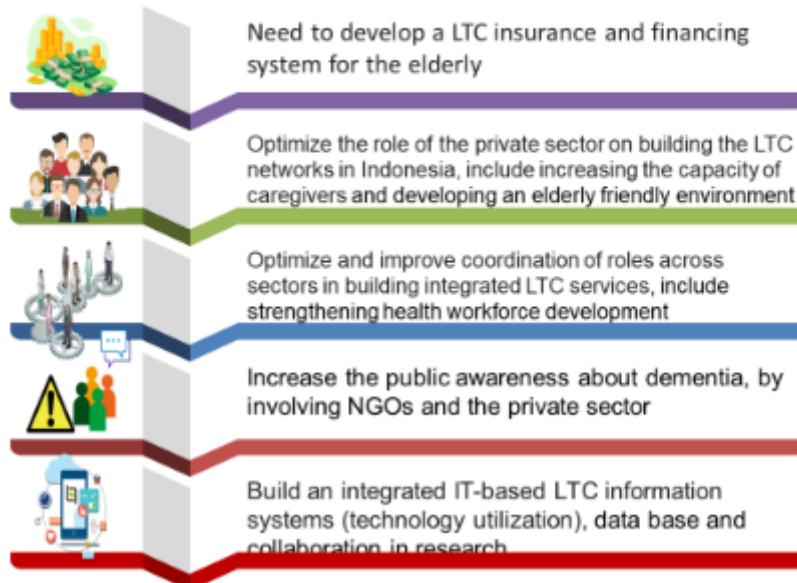
Workshop on Long Term Care
for Policy Makers , Ministry of
Social Affair



Frailty prevention in community



HOPE AND PROSPECTS FOR THE LTC PROGRAM DEVELOPMENT IN INDONESIA



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 care giver training and education is still being developed and standardized, and will be implemented by Ministry of Health 2019, referring Japan 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

Arigatōgozaimashita



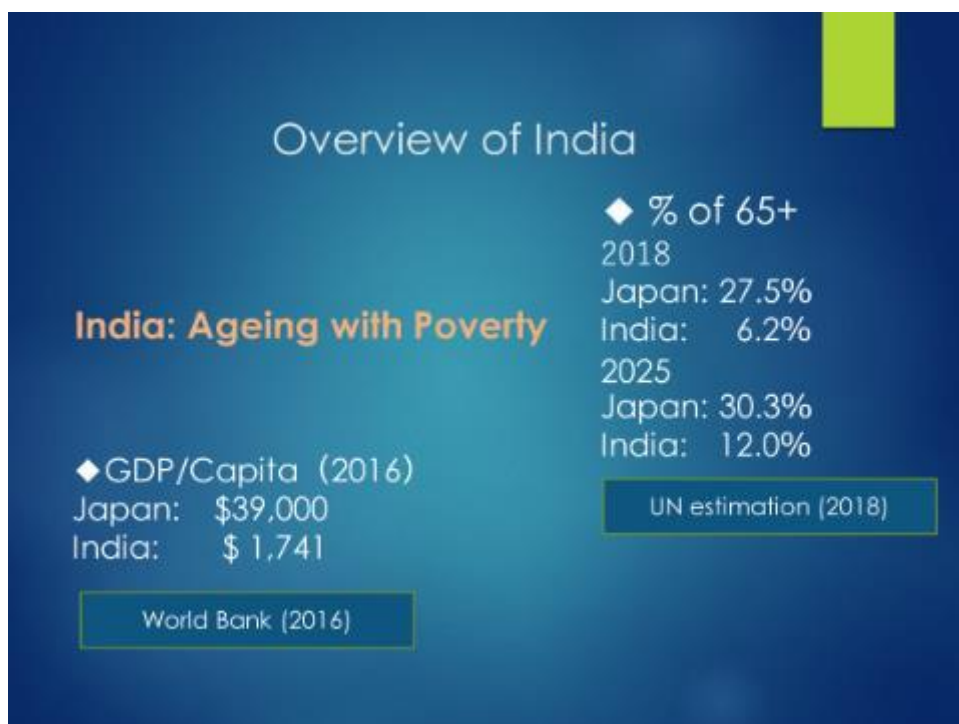
ARIGATOGOZAIMASHITA

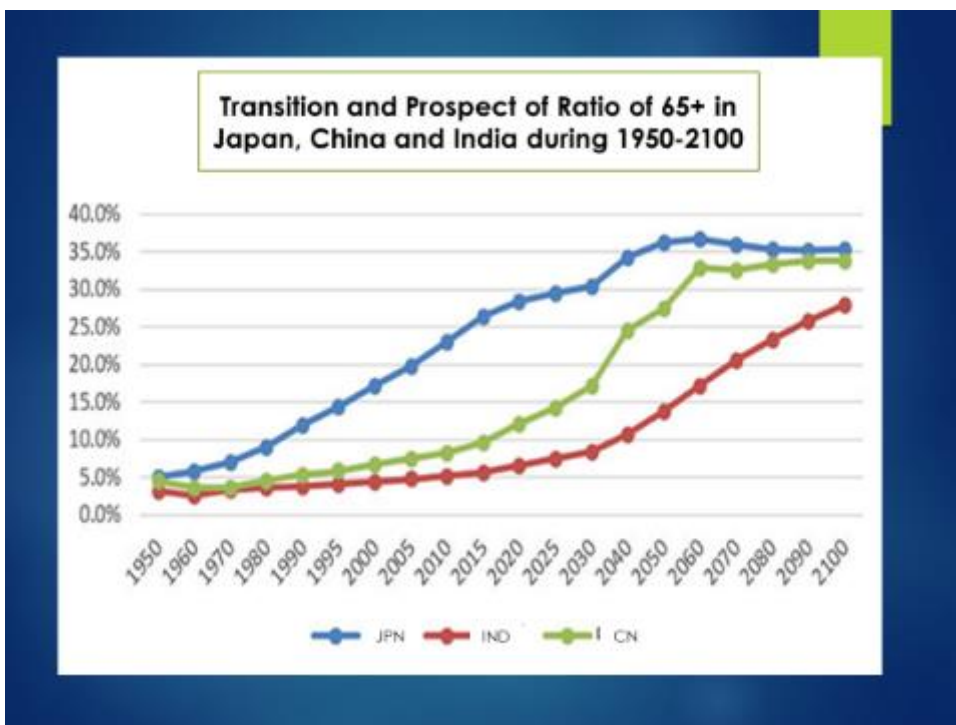
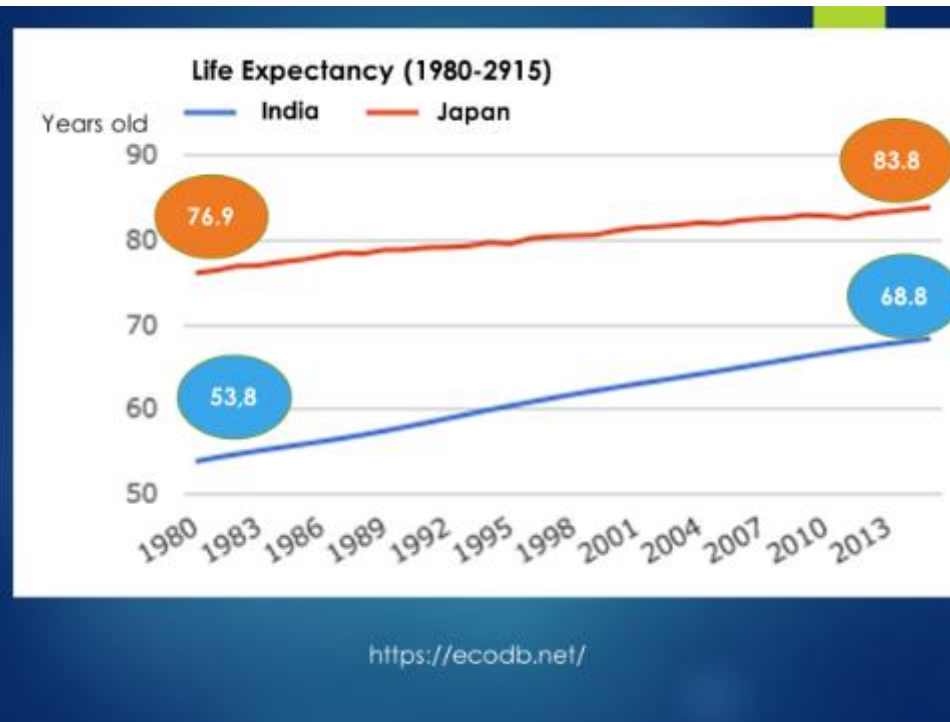
*Age is not how old you are,
But how many years of fun you've had*

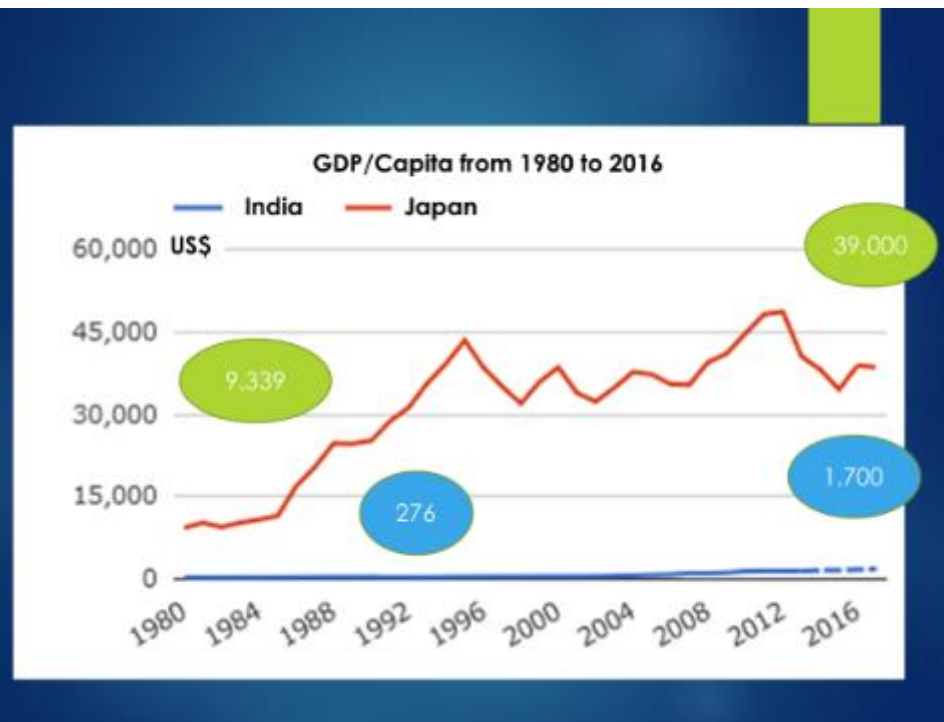
Terima Kasih

THANK YOU

Appendix 5:







| Research Activities in India | | | |
|------------------------------|---------|--|--|
| | | | Research |
| 2013Dec. | Delhi | | An investigation for fact finding Status Quo of Long-term Care & Social Welfare Lifestyle and Culture |
| 2014Dec. | Kelala | | Grants - in - aid for Scientific Research |
| 2016Sep. | | | Transmitting Japanese life-support skills to the aging India with taking into consideration the differences in culture and lifestyle |
| 2017Mar. | | | Workshop of Body Mechanics Toolkit: DVD & Leaflet |
| 2019Oct. | Kolkata | | Mother Teresa Homes Participant Observation |

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**

**R facilities and emergency hospital G of same auspices
Japanese Embassy in India (Information Gathering)
Visit to The National General Hospital**

► **Deploying**

Observation Tours on facilities for the elderly & Dialogues with manager and Staffs.

Interview with a dispatched official from the Japanese Ministry of Health, Labour and Welfare, in the Indian Embassy.

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.

Kelala

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

Society
and
Human
Beings

Nurse/Public Nurse

Mind
and
Body

Kyoko
NAKAMURA
九州大谷短期大

Yayoi ANTOKU
NISHIKYUSHU
UNIVERSITY

Certified Care Worker

Toshimichi OSAWA
Takaradai
Rehabilitation Hospital

Long-
term
Care

Toshiaki BABA
Kyushu 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 carer , 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



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 (Wheelchair-Bed) • Transfer assistance
 - Wheelchair operation (reclining) (unplanned)
- ⑤ Back Pain Prevention Exercise (Stretching)
- ⑥ Summary

Training Schedule

| Plan | | Result | |
|-------------|--|-------------|--|
| 10:00~11:00 | Greeting Purpose of training Introduction of Japan | 10:00~11:30 | Ceremony (Prayer) Welcome Talks by Guests Introducing Instructors |
| 11:00 | Tea Break | 11:30~12:30 | Lectures, such as training purposes |
| 11:15~12:00 | Lectures and Demonstrations | 12:30~13:30 | Lunch |
| 12:00~13:00 | Lunch | 13:30~14:30 | Lectures and Demonstrations |
| 13:00~15:30 | Lectures and Seminars | 14:30~14:45 | Tea Break |
| | Summary | 14:45~15:30 | Lectures, demonstrations and Seminars |

Indian Life-style

Washing tools



Hu Za
Sitting with one's legs crossed

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

◇ 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-Ie).

-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.

③ 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 differed. 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

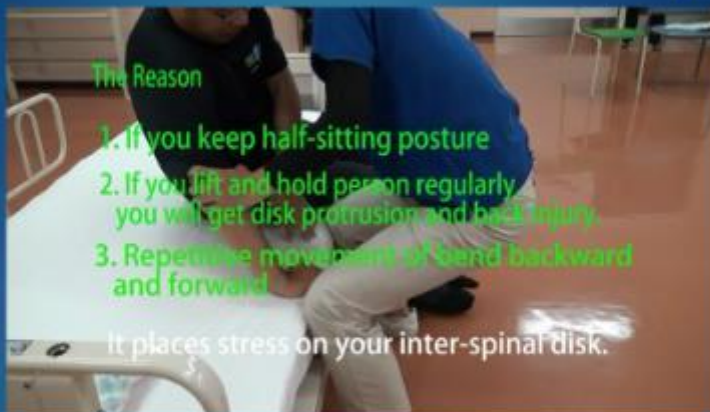


In order to compare the correct/incorrect behavior, basic movements are repeated.

Basic 4 rules

1. Open your legs about shoulder width.
2. Lower your body weight.
3. Close to the person.
4. Make the person contract bringing legs, hands, head close.





Zoom up hand movements in detail, etc.



Narration in Japanese for describing of important posture with simplified English caption.



Basic 6 rules

1. Open your legs about shoulder width.
2. Lower your body weight.
3. Close to the person.
4. Make the person contract, bring hands, head close.
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 person.
4. Make the person contract, bring hands, head close.
5. Use the principle of leverage.



narrators

Same persons who taught in the training Video in order to impress the linkage with workshop.



Leaflet

Care support technology
ശരീരം നിയന്ത്രിക്കുന്ന
Body Mechanics
ശരീരം നിയന്ത്രിക്കുന്ന

is the technology, we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

get information about the technology, we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

This is a summary of the workshop held on March 4, 2017. We want you to get to know about the technology and to avoid the risk. If you could describe the basic we just help you to do.

Care support technology
ശരീരം നിയന്ത്രിക്കുന്ന
Body Mechanics
ശരീരം നിയന്ത്രിക്കുന്ന

The Project:
getting information about the technology, we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

The reason is:
we want you to get to know about the technology and to avoid the risk. If you could describe the basic we just help you to do.

1. If you keep learning more about the technology, we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

2. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

3. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

4. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

5. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

6. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

7. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

8. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

9. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

10. If you use the technology regularly you will get the information and the basic we want you to get to know about before using care technology and to avoid the risk. If you could describe the basic we just help you to do.

The Malayalam as a local language is described, because English speakers are not popular in here.

Appendix 6:

The 2nd Expert Dialogue Workshop of Long-term Care
17 September 2020, 15:00-15:00 JST by Zoom

Modelling Human Development
and Circulation of Long-term
Care Workforce

Takeo OGAWA, Ph.D.
Project Leader



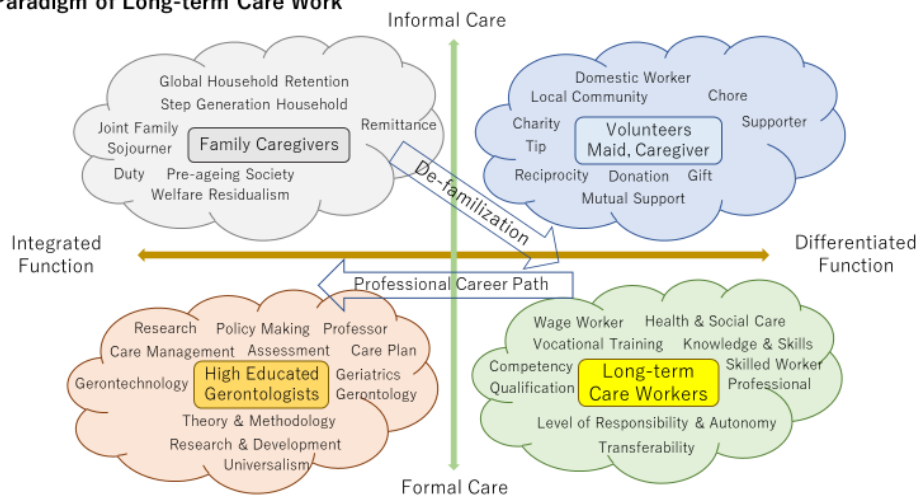
Pattern Variable 1 of Long-term Care Work



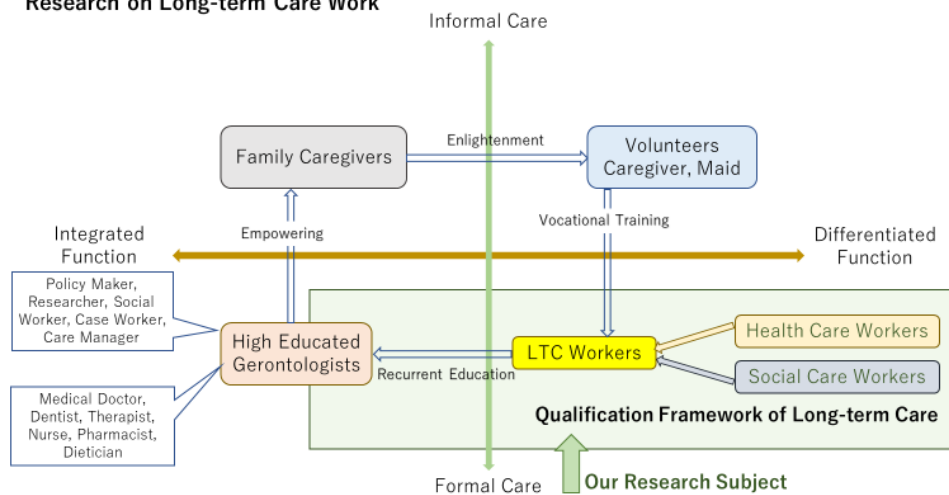
Pattern Variable 2 of Long-term Care Work



Paradigm of Long-term Care Work



Research on Long-term Care Work



Human Development and Circulation of LTC Workers

The diagram illustrates the flow of human resources for Long-Term Care (LTC) workers, categorized by function and care type.

Top Section: Informal Care

- Integrated Function (Left):** Students, Caregivers
- Differentiated Function (Right):** Nurses, Midwives, Health Care Workers, Social Care Workers
- Central Box:** Foreign Human Resources for LTC Workers

Bottom Section: Formal Care

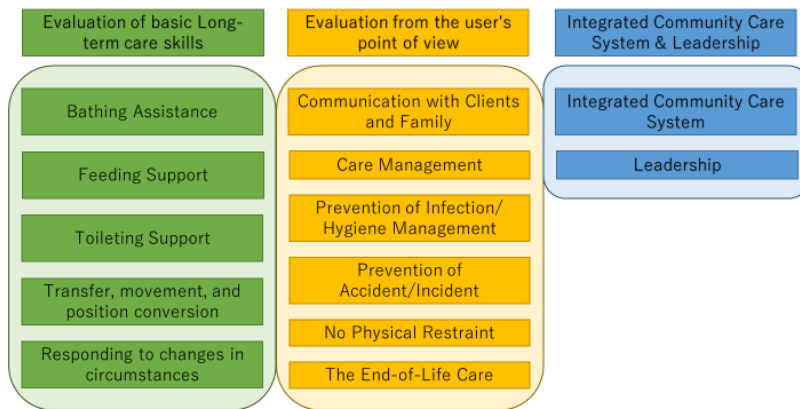
- Training for LTC Workers in Japan:** Receives input from Students and Caregivers. Outputs to:
 - LTC Workers in Home Countries:** Linked to Higher Education and Reintegration & Development of LTC System in Home Country.
 - A Market for Certified Care Workers In Japan:**

Right Side Box: Students, EPA Candidates, Technical Intern Trainees, & Specified Skilled Worker

The diagram shows two vertical NQF (National Qualification Framework) scales. The 'Origin Country' scale on the left ranges from Level 1 at the bottom to Level 9 at the top. The 'Japan' scale on the right ranges from Level 1 at the bottom to Level 7 at the top. A yellow double-headed arrow at the top is labeled 'Qualification Reference Framework'. Two blue arrows represent migration: one from Level 7 in the Origin Country to Level 3 in Japan, and another from Level 4 in the Origin Country to Level 2 in Japan. A red starburst labeled 'Deskilled' is positioned between these two migration paths. A circular blue arrow on the right side of the Japan scale indicates a loop or return path.

[illegible]

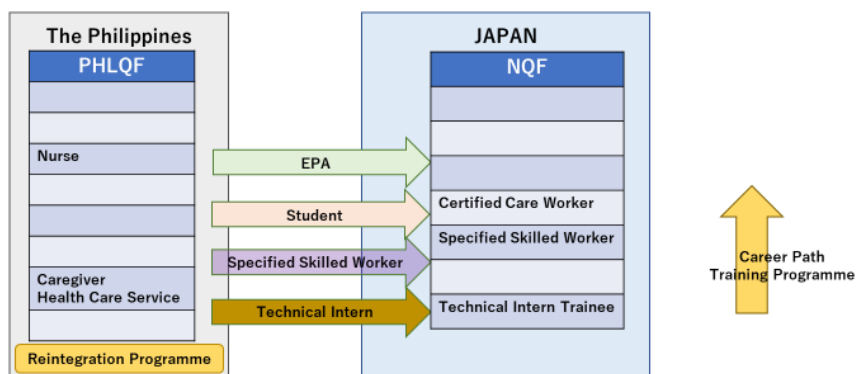
Skills for Unit Tasks of Long-term Care in Japan



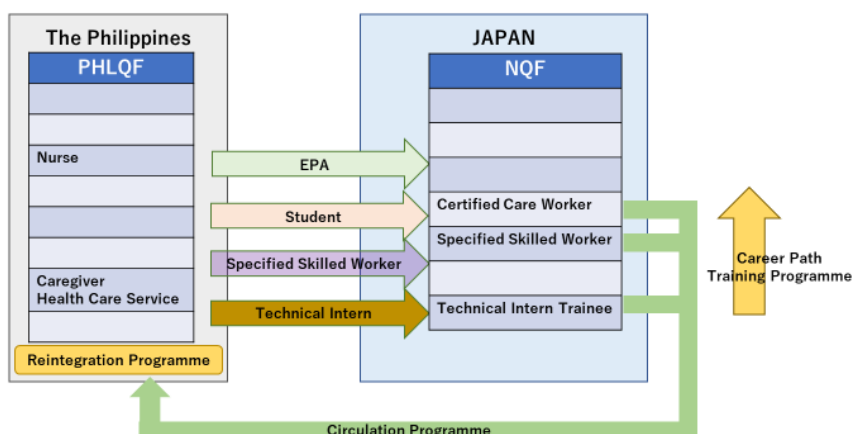
Structure of Competency: Training of Technical Intern Trainee of LTC in Japan

| Training Programme for Technical Intern Trainees | | | |
|--|--|--|---|
| Essential Tasks | | Peripheral Tasks | |
| | Physical Care | | Notices and Exhibits |
| | Grooming Care | | Reservation and Inspection of Welfare Equipment |
| | Mobility Care | | Management of Consumable Goods |
| | Feeding Care | Tasks for Maintaining Health and Safety and Outcomes | |
| | Care for bathing and cleanliness | | Safety and Health Education |
| | Care for Toileting | | Prevention of Disease and Back Pain |
| | Response According to Client's Characteristics | | Welfare Equipment Inspection |
| Related Tasks | | | Accident Prevention |
| | Sweeping, Washing and Cooking | | Emergency and Accident Detection |
| | Support for Rehabilitation and Recreational Activities | Japanese Language in Long-term Care | |
| | Recording and Reporting | General Japanese Language | |

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



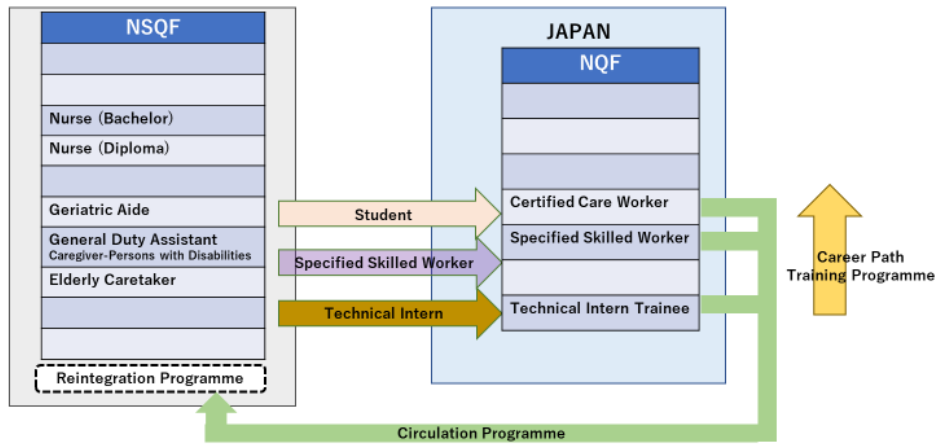
Human Development and Circulation of Long-term Care Workers with The Philippines



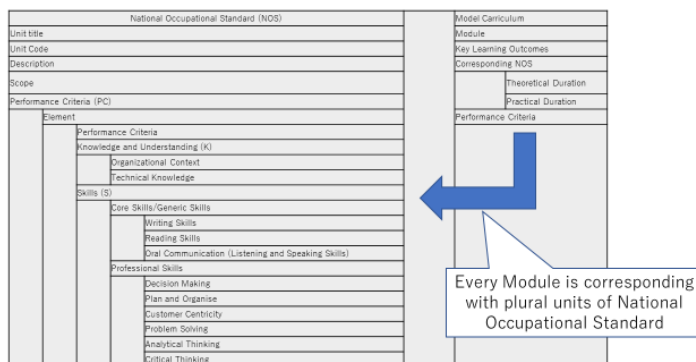
Structure of Unit Competency: The Philippines QF Qualifications Pack

| Competency Standard | | | | | | | | | | | |
|-------------------------------------|--|--|--|-------------------------------------|--|--|--|-------------------------------------|--|--|--|
| BASIC COMPETENCIES | | | | COMMON COMPETENCIES | | | | CORE COMPETENCIES | | | |
| UNIT OF COMPETENCY | | | | UNIT OF COMPETENCY | | | | UNIT OF COMPETENCY | | | |
| UNIT CODE | | | | UNIT CODE | | | | UNIT CODE | | | |
| UNIT DESCRIPTOR | | | | UNIT DESCRIPTOR | | | | UNIT DESCRIPTOR | | | |
| ELEMENT | | | | ELEMENT | | | | ELEMENT | | | |
| PERFORMANCE CRITERIA | | | | PERFORMANCE CRITERIA | | | | PERFORMANCE CRITERIA | | | |
| VARIABLE | | | | VARIABLE | | | | VARIABLE | | | |
| RANGE | | | | RANGE | | | | RANGE | | | |
| EVIDENCE GUIDE | | | | EVIDENCE GUIDE | | | | EVIDENCE GUIDE | | | |
| Critical aspects of competency | | | | Critical aspects of competency | | | | Critical aspects of competency | | | |
| Underpinning knowledge and attitude | | | | Underpinning knowledge and attitude | | | | Underpinning knowledge and attitude | | | |
| Underpinning skills | | | | Underpinning skills | | | | Underpinning skills | | | |
| Resource implications | | | | Resource implications | | | | Resource implications | | | |
| Method of applications | | | | Method of applications | | | | Method of applications | | | |
| Method of assessment | | | | Method of assessment | | | | Method of assessment | | | |
| Context of assessment | | | | Context of assessment | | | | Context of assessment | | | |

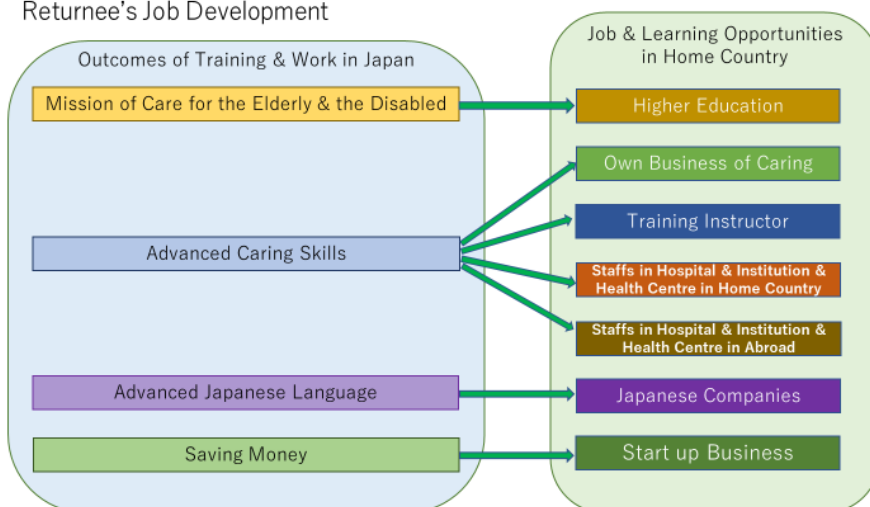
Human Development and Circulation of Long-term Care Workers with India



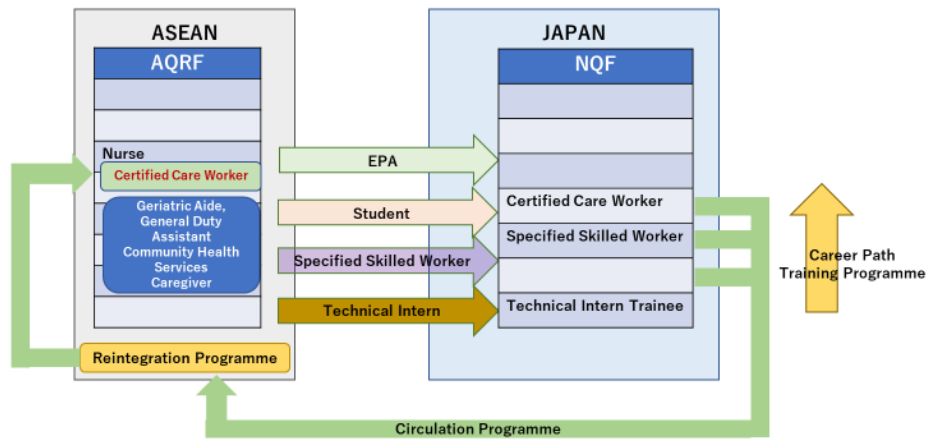
Structure of Unit Competency: India NSQF Qualifications Pack



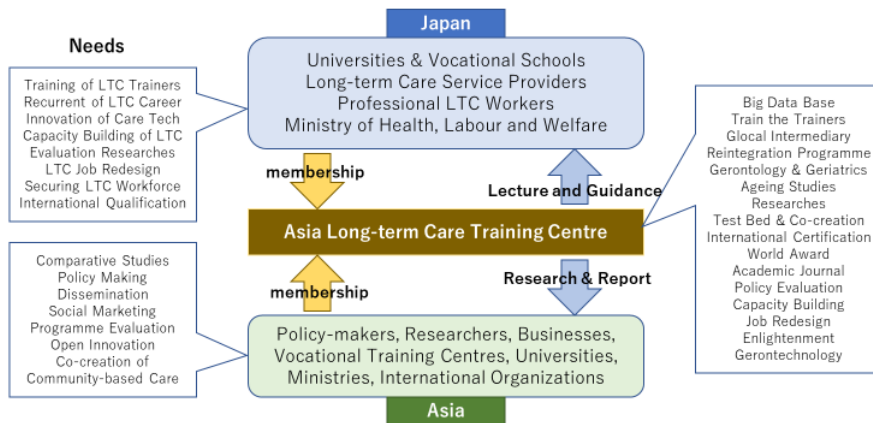
Returnee's Job Development



Human Development and Circulation of Long-term Care Workers



A Perspective of Asia Long-term Care Training Centre



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 SASAT, PHD., RN., C.P.G.
SENIOR LECTURER, FACULTY OF NURSING, HRH PRINCESS CHULABHORN COLLEGE OF MEDICAL SCIENCE,
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 or
 - 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

- Merged 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 included basic knowledge of disability and ageing, practical help to different type of disabilities and older persons.

SKILLSTRAINING FOR LONG-TERM CARE NURSES IN THAILAND



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.

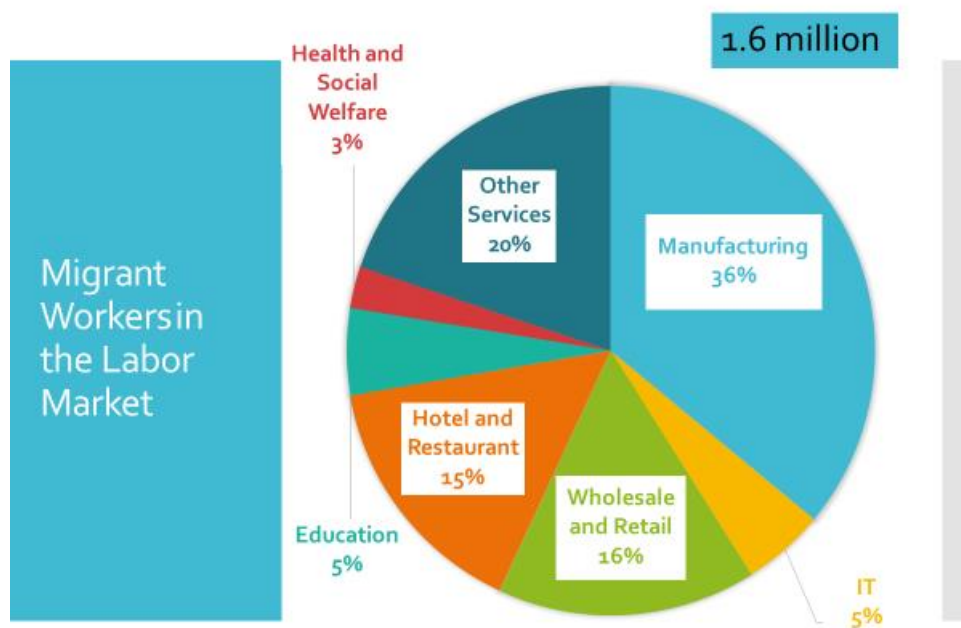
Appendix 8:

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

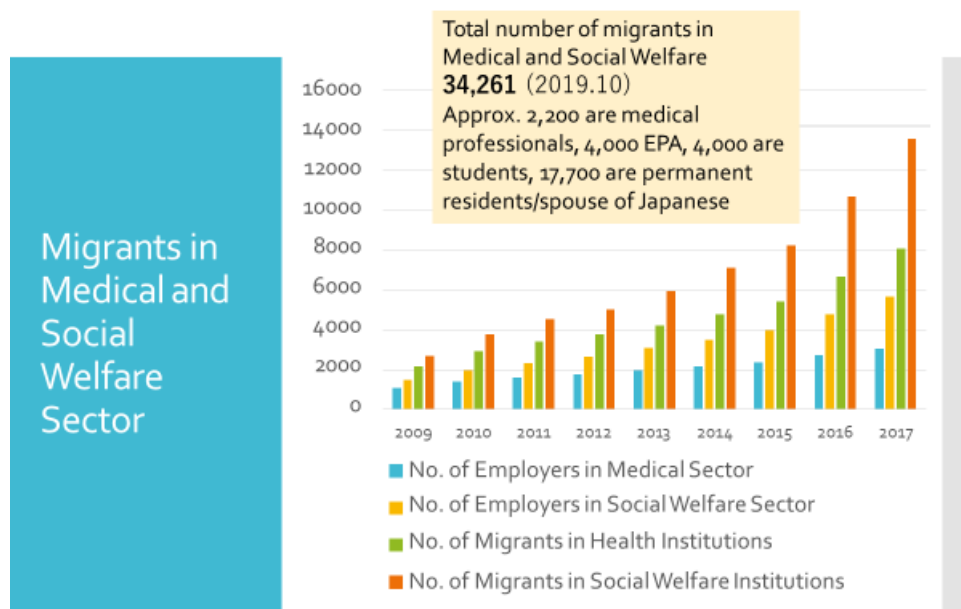
Reiko Ogawa
Chiba University
reiogawa@chiba-u.jp

Research Question

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



Source: MHLW, 2019, Gaikokujin Koyo Jyokyo no Todokede



MHLW, each year, Gaikokujin Koyo Jyokyo Chosa

Conceptualizing Long Term Care Work

- 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 fukushishi) (skilled?)
 - Shoninsha kenshu (初任者研修) (semi-skilled?)
 - Non-certified workers (unskilled?)

Economic Partnership Agreement (EPA) 2008 ~



- 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 S1, 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



JICWELS, 2015

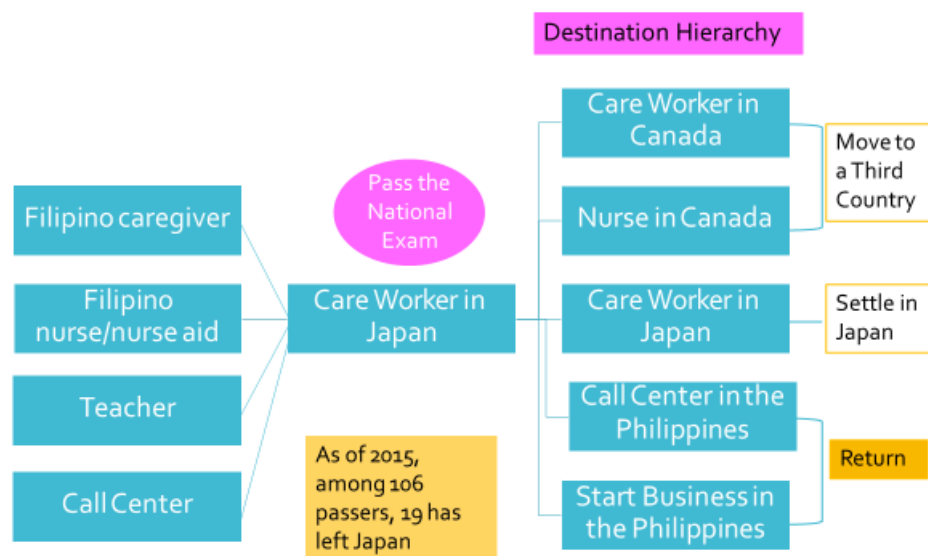
Settlement,
Upward
mobility and
Citizenship

- 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



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

Pass the exam

Return

Japanese language teacher

Work related to Japan

Work in Japan

Move to another facility

Migrate to another country

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

130,000 yen

None

Stay with family

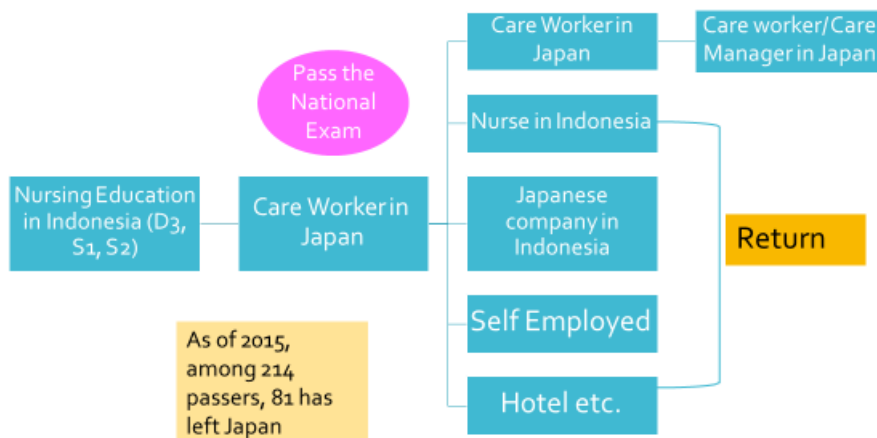
no

not so safe

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

Migration Trajectory of EPA Indonesians



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\$76~689

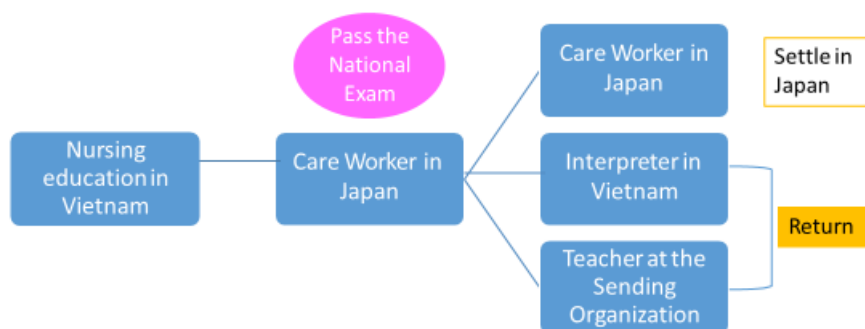
EPA Indonesian Returnees (Efendi, 2016) Job after Return

- **Nurse (49.2%), Non-nursing (50.8%)**
- ① **Nurse: Reason for return to nursing:** Love nursing (92%), want to help the others (90%), want to use the technology learned in Japan (88%), want to use the education in Japan (80%), 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 (58%), 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 Indonesian's Return Passage

- 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



EPA Vietnamese Return Passage

- 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.**

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.

Deskilling

- 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)

Ethical Recruitment of Health Personnel

- 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.**

Guidebook to Accept Migrant Care Workers

Setting Standards for Employment Practices



<https://www.tcsw.tvac.or.jp/bukai/kourei/2020-0521-1140-14.html>

Tokyo Council of Social Welfare (TCSW)

東京都社会福祉協議会

- 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

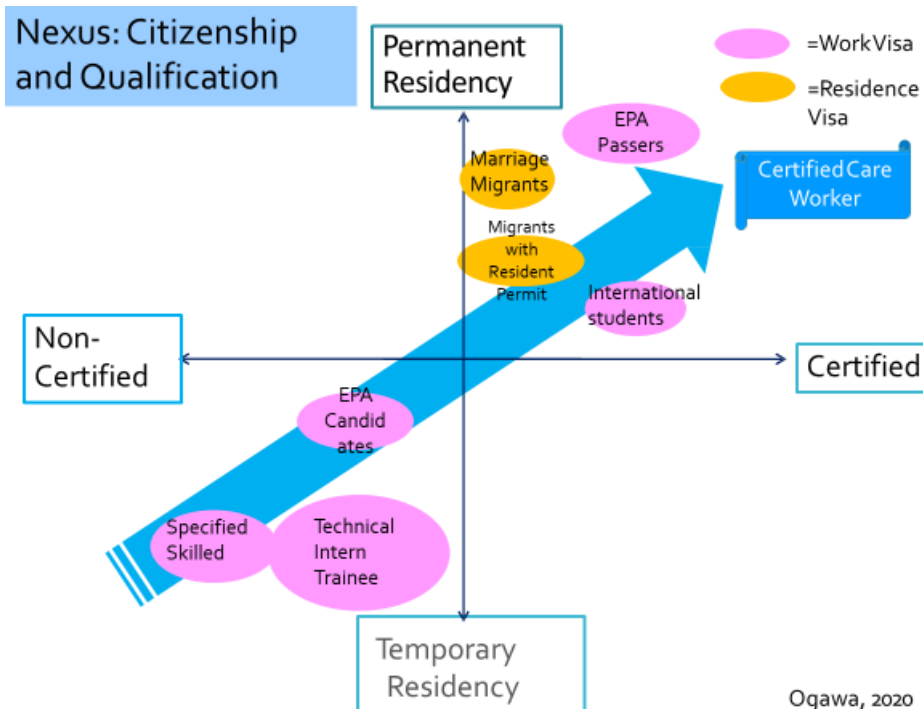
Migrants in Long Term Care Sector

1. Economic Partnership Agreement (EPA) (2008~) Indonesia, Philippines and Vietnam
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 JPT 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, 2016, 外国人介護人材受け入れの在り方に関する検討会



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.