# Chapter **1**

# Qualifications Framework of Long-term Care Workforce

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## 1. Theoretical Background for the Discussion on Long-term Care Workforce

With the ageing of the global population, the number of older people who need long-term care (LTC) is also increasing. At the same time, low fertility is reducing the proportion of the working-age population. The market economy requires a working-age population as labour for economic development. Family members, mainly females, who were supposed to care for older persons in traditional societies are also expected to be absorbed into the market as labour. Therefore, the occupation of caring for older people has become a social need. The social convergence theory suggests that such a trend is common regardless of the cultural differences throughout the world. The theory of demographic transition (from 'high fertility and high mortality' to 'low fertility and low mortality') belongs to the genealogy of social convergence. However, the social divergence theory argues that, even if a demographic transition occurs universally, the strategy to cope with it varies from country to country. The welfare regime theory and the care regime theory also belong to this genealogy (Espin-Andersen, 1990; Faur, 2008).

The Asia Health and Wellbeing Initiative was launched by the Government of Japan in 2016 to promote regional cooperation for creating vibrant and healthy societies where people can enjoy long and productive lives (Asia Health and Wellbeing Initiative, 2021). The Initiative promotes the circulation of long-term care workers (LTCWs) amongst the countries whose LTC systems differ from one another. Since any country needs skilled LTCWs if they have more older people, and populations are getting more aged region-wide and globally, cross-border movement of LTCWs will be accelerated beyond the differences in care-providing systems and practices. To discuss how the gap in care provision systems from country to country can be bridged, the theories of social convergence (global population ageing) and divergence (care provision systems uniquely developed in each country) can be employed. International harmonisation of the professional qualifications frameworks (PQFs), which is indispensable for facilitating the smooth circulation of LTCWs across countries, cannot be achieved without the full understanding of social convergence and divergence. This paper discusses how such harmonisation can be

promoted in Asia, where the pace of population ageing is the fastest in the world.

LTC ('*kaigo*' in Japanese) requires a multi-disciplinary approach. Several professions are involved with LTC, such as physicians, nurses, rehabilitation therapists, dietitians, etc., as well as care workers who are called '*kaigo shokuin*' in general or '*kaigo fukushishi*' if they are certified through the national qualification system. Japan has trained many care workers, whether '*kaigo fukushishi*' or not, to work for the improvement of quality of life of older people. Censuses show Japan has increasing number of people who are engaged in social work, most of whom are care workers, particularly after the introduction of national LTC insurance in 2000 (Hayashi, 2019). In this paper, we define LTCWs as any *kaigo shokuin,* whether or not they are certified (*kaigo fukushishi*, or Certified Care Worker: CCW). Also, we stress that Japan is one of the few countries in the world that creates LTCWs as one profession that is clearly distinct from both medical professionals and social workers. Japan, however, still needs to continue to establish a system that clearly indicates the required skills for each level of care worker in LTC industries, i.e. what kinds of jobs are suitable for unqualified care workers, what kinds of tasks should be assigned to CCWs as professional skilled care workers, etc. Such a system will optimise the limited human resources and the development of the LTC businesses.

This report focuses on the LTCW training system in Japan, the challenges to cross-border circulation of foreign LTCWs, and the international harmonisation of PQFs, particularly vis-à-vis the human resources from the Philippines and India. After analysing these situations, this report suggests how to harmonise international LTCW training systems so that cross-border circulation can be promoted.

## 2. King-Dejardin's Discussion on International Migration of Care Workers

International migration of the care workforce has attracted consistent academic attention. Researchers on gender issues have revealed that women are predominantly involved with the care economy, and most cross-border care workers are women. They also frequently raise the issue of the global care chain and brain drain on caregiving (King-Dejardin, 2019).

King-Dejardin provided a glossary of care work terms in her working paper published by the International Labour Organization, such as 'home care (or domiciliary care)', 'home health care', 'institutional care', 'long-term care', 'non-person-care', 'older person care (eldercare, elderly care, or aged care)', 'person-care', 'residential care services', 'semi-residential services', 'social care',

etc. (King-Dejardin, 2019).

The term 'nursing' or 'nursing care' is not included in this glossary, but the Japanese term '*kaigo*' is often translated into 'nursing' or 'nursing care' in English. '*Kaigo*' embraces several concepts mentioned in King-Dejardin's glossary. The English translation of '*kaigo*' can be often seen in relation to Japanese government's Technical Intern Training Programme (TITP). Under TITP, Japan accepted cross-border workers in the labour markets for agriculture, fishery, construction, etc. since the 1990s; this programme was expanded to the LTC workforce in 2017. TITP LTC trainees, however, are limited to working only in institutional care facilities, so they can be categorised as the workforce providing 'residential care services' in King-Dejardin's glossary. If we focus on their being paid in accordance with Japan's Labour Law, they can be called paid care workers rather than simply as caregivers.

The care regime theory was developed based on Espin-Andersen's welfare regime theory and has been revised and corrected through the discussions on the international migration of care workers in Asia. As a conceptual framework of the care regime, a diagram called the 'care diamond' was proposed by Razavi, which has four components: 'family/household', 'state (federal/local)', 'market', and 'non-profit' (Razavi, 2007; King-Dejardin, 2019). Care models, such as the 'familialist care model', 'public service model', 'market-driven care model', and 'mixed care model' can be characterised using the care diamond concept, and the characteristics of care labour, including cross-border care workers, can be predicted from the models of the societies where care labour is created. The analysis of care labour, however, has been focusing on the care regime on the side that accepts cross-border care workers, while that of those of the societies that send them has not been well discussed. Annex 1 of King-Dejardin's report, titled 'BRAIN GAIN/BRAIN DRAIN; CARE GAIN/CARE CRISIS', discusses whether or not international migration of care workers has resulted in reduced care capacity, 'brain gain' or 'brain drain', etc. King-Dejardin argues that more data are required but the impact of international migration on the labour-sending societies should not be ignored.

# 3. International Harmonisation of Qualifications Framework for Care Workers

Systems, frameworks, and regulations have not been well established for the international care worker labour market. A mature labour market with good governance is required to protect cross-border care workers and to optimise the use of their knowledge and skills in both their destination and home countries.

## 3.1. Reintegration of returned migrant care workers

Home countries of migrant care workers attempt to prevent brain drain and achieve brain gain, with the Philippines and Indonesia having already developed a reintegration policy for this purpose (Figure 1.1 for Indonesia). The Philippines' reintegration programme is being promoted by the Overseas Workers Welfare Administration (OWWA).

**Figure 1.1. Comprehensive Reintegration Framework**
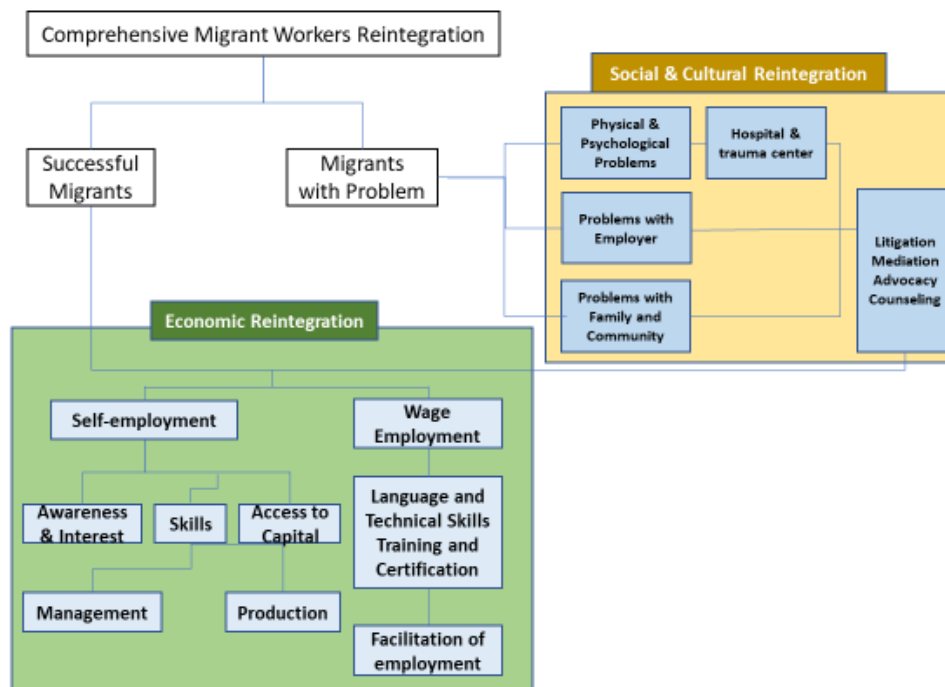


Source: Bachtiar, P.P. and D.D. Prasetyo (2017), 'Return Migration and Various Reintegration Programs for Low-Skilled Migrant Workers in Indonesia', *SMERU Research Report*. Jakarta: The SMERU Research Institute. https://smeru.or.id/en/content/return-migration-and-various-reintegration-programs-low-skilled-migrant-workers-indonesia (accessed 4 May 2021).

In the Philippines, the reintegration programme is offered to encourage overseas Filipino workers to repatriate rather than remaining in destination countries. Supporting overseas workers who have completed contracts and hope to return home, the programme supports the establishment of self-employed and livelihood businesses as a means of generating family income. Also, under the 'Balik-Pinas! Balik-Hanapbuhay!' programme, technical guidance and entrepreneurship support are provided to returned overseas workers who have fallen into unfavourable situations due to illegal recruitment and human trafficking. Details of the reintegration programme in the Philippines are provided in Chapter 4.

In Indonesia, reintegration programmes are promoted both by governments and private organisations (Bachtirar and Prasetyo, 2017). With regard to the returned care workers from Japan to Indonesia, however, some modification will be required for this programme because Indonesia does not have the PQF or any equivalent system to appraise their LTC knowledge and skills. The background of Indonesian care workers in Japan is mostly nurses, but LTC is clearly distinguished from professional nursing in Japan. Indonesians' work experience in Japan as care workers cannot be counted as nursing experience at home, but just recognised as the work experience of lower level of career. In Indonesia, the years of work experience make critical sense for their promotion and salary. Such disadvantage of returned care workers caused by the underestimation of their experience in foreign countries may hinder their reintegration and brain gain. To solve this problem, harmonisation of the PQFs is required.

In the case of ex-TITP trainees returning from Japan, the restriction of their activities there can cause a problem when they intend to build LTC businesses in Indonesia. TITP trainees of the LTC category are only allowed to work at LTC facilities providing institutional care in Japan, and cannot be engaged in community-based care, such as home-visit services, day services, etc.; in Indonesia, institutional care is not common. These kind of gaps between the allowed activities in Japan and the needed skills in Indonesia make it difficult to promote the entrepreneurship of cross-border LTCWs returning from Japan.

As one of the countries that benefit from cross-border LTCWs, Japan is encouraged to cooperate with the sending countries so that they can be smoothly reintegrated into the societies of their home countries. In addition, it is highly recommended to include not only the practical knowledge and skills of LTC in the training programmes of LTCWs, but also to develop their leadership. Destination countries of LTCWs are also encouraged to share their experiences and

lessons on the development of various LTC businesses and the opportunities in LTC industries, whether public or private.

## 3.2. Qualifications framework of long-term care workers

The discussion of PQFs has arisen in order to facilitate the migration of cross-border labour forces in connection with European Union (EU) integration since 2008. In line with the Erasmus Project, which aims to harmonise vocational education, the EU has built the European Qualifications Framework (EQF) (Table 1.1). As for long-term care, the EU has established a standard called the European Care Certificate (ECC), coupled with Basic Social Care Learning Outcomes, as the goal of entry-level training. However, this standard is limited to social care, or welfare services in the sense of Japan's LTC system and does not cover the services related to healthcare. EQF divides the ability to achieve competency into eight grades. Additionally, it clarifies what is required as a competency, and details the associated knowledge and skills. Each country has established their own vocational qualifications framework (National Qualifications Framework), which can be mutually matched with EQF.

In Japan, it was required to incorporate elements of healthcare services in LTC vocational qualifications frameworks. When *Keishin Gakuen*, some staff of whom are co-principal investigators of this study, developed an entry-level LTC training module commissioned by the Ministry of Education, Culture, Sports, Science and Technology, they added the elements of healthcare services to Basic Social Care Learning Outcomes.

**Table 1.1. European Qualifications Framework**

| Level | Knowledge | Skills | Responsibility and Autonomy |
|---|---|---|---|
| 8 | Knowledge at the most advanced frontier of a field of work or study and at the interface between fields. | The most advanced and specialised skills and techniques, including synthesis and evaluation, required to solve critical problems in research and/or innovation and to extend and redefine existing knowledge or professional practice. | Demonstrate substantial authority, innovation, autonomy, scholarly and professional integrity, and sustained commitment to the development of new ideas or processes at the forefront of work or study contexts, including research. |
| 7 | Highly specialised knowledge, some of which is at the forefront of knowledge in a field of work or study, as the basis for original thinking and/or research.<br><br>Critical awareness of knowledge issues in a field and at the interface between different fields. | Specialised problem-solving skills required in research and/or innovation in order to develop new knowledge and procedures and to integrate knowledge from different fields. | Manage and transform work or study contexts that are complex, unpredictable, and require new strategic approaches; take responsibility for contributing to professional knowledge and practice and/or for reviewing the strategic performance of teams. |
| 6 | Advanced knowledge of a field of work or study, involving a critical understanding of theories and principles. | Advanced skills demonstrating mastery and innovation required to solve complex and unpredictable problems in a specialised field of work or study. | Manage complex technical or professional activities or projects, taking responsibility for decision-making in unpredictable work or study contexts; take responsibility for managing professional development of individuals and groups. |
| 5 | Comprehensive, specialised, factual, and theoretical knowledge within a field of work | A comprehensive range of cognitive and practical skills required to develop creative | Exercise management and supervision in contexts of work or study activities where there is unpredictable |

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|---|---|---|---|
| | or study and an awareness of the boundaries of that knowledge. | solutions to abstract problems. | change; review and develop performance of self and others. |

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|---|---|---|---|
| **4** | Factual and theoretical knowledge in broad contexts within a field of work or study. | A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study. | Exercise self-management within the guidelines of work or study contexts that are usually predictable, but are subject to change; supervise the routine work of others, taking some responsibility for the evaluation and improvement of work or study activities. |
| **3** | Knowledge of facts, principles, processes, and general concepts, in a field of work or study. | A range of cognitive and practical skills required to accomplish tasks and solve problems by selecting and applying basic methods, tools, materials, and information. | Take responsibility for completion of tasks in work or study; adapt own behaviour to circumstances in solving problems. |
| **2** | Basic factual knowledge of a field of work or study. | Basic cognitive and practical skills required to use relevant information in order to carry out tasks and to solve routine problems using simple rules and tools. | Work or study under supervision with some autonomy. |
| **1** | Basic general knowledge. | Basic skills required to carry out simple tasks. | Work or study under direct supervision in a structured context. |

Source: European Union (n.d.), *Description of the Eight EQF Levels*. https://europa.eu/europass/en/description-eight-eqf-levels (accessed 20 April 2021).

The movement to establish PQFs, which began in the EU, has spread around the world, including the ASEAN Qualifications Reference Framework (AQRF) though it does not have the grading system for the competencies of LTCWs (Table 1.2).

The Philippines' professional qualifications framework (PHLQF), which complies with AQRF, consists of eight grades. Professional Nurse is positioned at level 6, while Caregiver is at level 2. India's qualifications framework (NSQF) consists of 10 grades. Specially Skilled Nurse is ranked as high as level 7, as is Geriatric Aide, who cares for geriatric diseases, while Caregiver for Persons with Disabilities is ranked at level 4. General Duty Assistant, which includes Nursing Assistant, is placed at level 3, and Caretaker for Older Persons is at level 2.

**Table 1.2. ASEAN Qualifications Reference Framework**

| Level | Knowledge and Skills... | Application and Responsibility... |
|---|---|---|
| 8 | are at the most advanced and specialised level and at the frontier of the field. | are highly specialised and complex involving the development and testing of new theories and new solutions to resolve complex, abstract issues. |
| | involve independent and original thinking and research, resulting in the creation of new knowledge or practice. | require authoritative and expert judgement in management of research or an organisation and significant responsibility for extending professional knowledge and practice and creation of new ideas and/or processes. |
| 7 | are at the forefront of the field and show mastery of a body of knowledge. | are complex and unpredictable and involve the development and testing of innovative solutions to resolve issues. |
| | involve critical and independent thinking as the basis for research to extend or redefine knowledge or practice. | require expert judgment and significant responsibility for professional knowledge, practice, and management. |
| 6 | are specialised technical and theoretical within a specific field. | are complex and changing. |
| | involve critical and analytical thinking. | require initiative and adaptability, as well as strategies to improve activities and to solve complex and abstract issues. |
| 5 | are detailed technical and theoretical knowledge of a general field. | are often subject to change. |
| | involve analytical thinking. | involve independent evaluation of activities to resolve complex and sometimes abstract issues. |

| 4 | are technical and theoretical with general coverage of a field. | are generally predictable but subject to change. |
|---|---|---|
|   | involve adapting processes. | involve broad guidance requiring some self-direction. |
|   |   | and coordination to resolve unfamiliar issues. |
| 3 | includes general principles and some conceptual aspects. | are stable with some aspects subject to change. |
|   | involve selecting and applying basic methods, tools, materials, and information. | involve general guidance and require judgement and planning to resolve some issues independently. |
| 2 | are general and factual. | involve structured processes. |
|   | involve use of standard actions. | involve supervision and some discretion for judgement on resolving familiar issues. |
| 1 | are basic and general. | involve structured routine processes. |
|   | involve simple, straightforward, and routine actions. | involve close levels of support and supervision. |

ASEAN = Association of Southeast Asian Nations.

Source: The ASEAN Secretariat (2018), *ASEAN Qualifications Reference Framework: A Practical Guide and All You Need to Know*. Jakarta: The ASEAN Secretariat. https://asean.org/storage/2018/12/AQRF-Publication-2018-Final.pdf (accessed 6 April 2021).

In Japan, the caregivers certification system has been developed in relation to the LTC insurance system, which was introduced in 2000, such as the entry-level training diploma, national certification of caregivers, certification of care managers, etc., but these certification systems do not necessarily assess the practical knowledge and skills of caregivers. The care work career-grading system was developed to fill the shortcomings of Japan's official certification system of caregivers (Figure 1.2). It is a seven-level grading system for professional care work careers.

This grading system was developed by a private organisation as a part of a project to promote the development of career paths of certain job categories under the initiative of the Cabinet Office of the Japanese government. In light of global trends, it can be considered as Japan's LTC PQF. Japan's official certification can be placed on this grading system. For example, the Japanese national care worker certificate is equivalent to level 4 of this grading system. Grading systems are expected to encourage the capacity building of LTC personnel and to facilitate training programmes. Also, grading systems are crucial for cross-border LTCWs to assess themselves and to select the suitable programmes that allow them to work in Japan. The stakeholders of LTC industries in Japan, including the government, are strongly encouraged to show the levels of knowledge and skills required for cross-border LTCWs in accordance with the types of programmes; for example, the level required for applicants of TITP programmes. In the current programme, the first-year trainee of TITP may be required to have the knowledge and skills of Level 1 in this grading system.

**Figure 1.2. Japanese Qualifications Framework for Long-Term Care Workers**



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

This study examined the factors contributing to the effective training and smooth circulation of LTCWs, and the harmonisation of international LTC PQFs. The goals of this study are: 1) building a model for promoting cross-border circulation of care workers through the harmonisation (or matching the levels in PQFs) of knowledge education, skills training, and language education between LTCW sending countries and destination countries; and 2) policy recommendations to encourage the development of such model.

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