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**Qualifications Framework for Long-term Care
Workers in India, Japan, and the Philippines:
Discordance, Harmonisation, and Promotion of
Lifelong Career Development**

Edited by

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Qualifications Framework for Long-term Care Workers in India, Japan, and the Philippines:

Discordance, Harmonisation, and Promotion of Lifelong Career Development

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Foreword

Creating skilled long-term care workers is key to coping with population ageing, which is taking place at an unprecedented pace around the world. Japan, which has the most aged population in the world, has developed a qualification system for long-term care workers and created millions of certified care workers, particularly since the long-term care insurance system was introduced in 2000 as a public insurance system.

Keishin-Gakuen Educational Group is one of the pioneers of creating long-term care workers in Japan. Just after the launch of the government certification system for long-term care workers in Japan, Keishin-Gakuen established a training course for certified care workers in 1989. Since then, Keishin-Gakuen has created over 3,000 certified care workers, and these workers have played crucial roles as practitioners and even leaders in long-term care services.

Japan had applied its conservative policy regarding the foreign workforce to the long-term care labour market, but the shrinking population of those of a productive age prevented Japan from continuing the policy. Led by the Cabinet Secretariat of the Government of Japan, the Asia Health and Wellbeing Initiative (AHWIN) was launched in 2016. Promoting the circulation of cross-border care workers is one of AHWIN's main objectives, and Keishin-Gakuen was proudly invited to participate in the initiative and agreed to launch a joint research project with the Economic Research Institute for ASEAN and East Asia. This study was initially designed to test and review the education system for potential care workers in India and the Philippines, which was developed by Keishin-Gakuen, but because of the COVID-19 pandemic, the pilot education courses that were planned in both countries were suspended. Instead, this study focuses on the comparison of the qualifications frameworks for long-term care workers in India, Japan, and the Philippines so that the international circulation of cross-border care workers can be promoted after the COVID-19 pandemic, and their skills and knowledge can be greater utilised in those countries.

No country in the world can be free from population ageing. It is true that population ageing poses a heavy burden on our social and economic systems, but at the same time, we must not forget that population ageing is a sign of the great success that human beings have long been seeking. All of us should think and work together to cope with population ageing for the bright future of our children. This study discusses qualifications frameworks for long-term care workers,

but I believe this study will also surely contribute to the improvement of the quality of life of older people as well as younger generations who are the main providers of long-term care.

Finally, I would like to express my sincerest gratitude to Professor Takeo Ogawa for his leadership in this project, particularly under the difficult circumstances caused by the COVID-19 pandemic. I would like to also express my appreciation for the great advice and insights provided by the experts from Indonesia, the Republic of Korea, Singapore, Thailand, and the United States who participated in the conference organised under this project in November 2019. Of course, I will never forget the dedicated work of our colleagues from Keishin-Gakuen for this study.

Thank you.

MITsutoshi Kobayashi

President Mitsutoshi Kobayashi

Keishin-Gakuen Educational Group

Preface

The demand for care workers for older people is growing worldwide as the global population is steadily ageing. Older people have traditionally been taken care of by (extended) family members in most societies and cultures, but shrinking family size has been making this difficult and businesses providing care for older people are emerging in these societies. Countries that have aged populations often fail to produce enough domestic labour for long-term care and rely on foreign care workers. Japan has taken a quite conservative policy on the long-term care worker labour market, though its population structure is oldest in the world. Until 2007, Japan, with very limited exceptions, had not allowed any non-Japanese to enter its labour market for long-term care, and instead tried to fulfil the demand for long-term care workers by creating highly skilled care workers, including the development of several certification systems. Nevertheless, Japan eventually opened the long-term care labour market in response to the skyrocketing demand for long-term care workers, particularly from long-term care businesses.

This study was first suggested in 2018 by the Office of Healthcare Policy of the Cabinet Secretariat of Japanese government, which promoted the Asia Health and Wellbeing Initiative, which it launched in 2016 to create vibrant and healthy societies where people can enjoy long and productive lives. The Cabinet Secretariat intended to develop a programme that promoted the capacity development of Indian care workers who would potentially apply for Japan's Technical Intern Training Program, in line with the Memorandum of Cooperation agreed between the two governments. The Cabinet Secretariat requested Dr. Mitsutoshi Kobayashi, the President of Keishin Gakuen, to be involved with this initiative and to launch a project to promote Indian care workers. Mr. Kobayashi is one of the pioneers on the establishment and dissemination of structured education systems for certified care workers in Japan. The Cabinet Secretariat suggested that this project could be sponsored by the Economic Research Institute for ASEAN and East Asia (ERIA) and Mr. Kobayashi agreed that Keishin Gakuen would carry out this project as an ERIA-sponsored study.

The planning of this study was not straightforward. It was difficult to find experts on long-term care in India, while the Philippines had more experience of creating and sending cross-border long-term care workers to Japan. As one of the leading countries that provide cross-border long-term care workers to the world, the Philippines has developed a training and education system

and has recently launched a qualifications framework that is consistent with ASEAN's qualifications framework of professional competencies. The problem of the Philippines, however, is its faulty strategy to reintegrate repatriated cross-border workers. We decided to include the Philippines in this study so that the system and practice of India to create cross-border long-term care workers could be compared with that of the Philippines from training and education to reintegration.

Keishin Gakuen had already developed the training and education materials in English for long-term care workers who intended to apply for Japan's recruitment programmes of foreign long-term care workers. When this study started, the study was supposed to conduct some pilot courses at vocational training institutions in India and the Philippines so that the effect of the training materials would be assessed and their consistency with the qualifications framework of each country analysed.

This study invited several experts. Professor Kyoko Nakamura of Kyushu Otani Junior College had conducted several pilot projects to provide training courses for long-term care workers in India, while Professor Reiko Ogawa of Chiba University agreed to participate as an expert on the migration of Filipino long-term care workers and nurses. The main author of this report (TO) worked together with her at Kyushu University's Asia Center from 2005 to 2010. Dr. Siriphan Sasat, associate professor at Chulalongkorn University (currently, associate professor, Her Royal Highness Chulabhorn Royal Academy) was also invited to be a study member so that the outcomes can be shared with ASEAN Member States, where cross-border movement of care workers is widely taking place and the harmonisation of qualifications frameworks is expected to optimise the distribution of limited human resources.

In November 2019, a workshop for expert dialogue was held in Kitakyushu City as one of the activities of this study. Valuable, insightful, and crucial suggestions on the issues related to cross-border care workers were provided at this event by the following experts: Dr. Cullen Hayashida, who had many years of experience in the education of the care for older people at Kapiolani Community College in Hawaii; Professor Tri Budi Rahardjo, Rector of Indonesia Respati University, who had long promoted community-based care programmes for older people in Indonesia; Ms. Thelma Kay, a former official of the United Nations Economic and Social Commission for Asia and the Pacific and a colleague of the Active Ageing Consortium in Asia Pacific (ACAP), which was established in 2005 by the main author (TO); Dr. Kaysorn Sumpowthong, assistant professor of

Thammasat University, an ACAP colleague; Prof. Sungkook Lee, Professor Emeritus, Kyungpook National University, an ACAP colleague; Prof. Yuko Hirano, Graduate School of Biomedical Science, Nagasaki University, who used to be a fellow researcher at Kyushu University's Asia Center under the main author (TO); and Prof. Masa Higo, Institute for Asian and Oceanian Studies, Kyushu University. The authors would like to express the sincere gratitude to all the experts who participated in this workshop, as well as the people who supported this workshop, particularly the Kitakyushu Conservation and Visitors Association and the Asian Aging Business Center.

At the beginning of 2020, the COVID-19 pandemic emerged and all the planned on-site activities at vocational training institutions in India were suspended. The authors recognise that Mr. Ambuj Sharma (counterpart in India), Professor Kyoko Nakamura, and the colleagues of Keishin Gakuen had made considerable efforts for the preparation of pilot project in India. It was extremely regrettable that the on-site activities were cancelled despite their great work.

As a result of the discussion amongst study members on the modification of study plans caused by COVID-19 pandemic, the members agreed that this study would focus on the analysis and comparison of vocational qualifications frameworks amongst India, the Philippines, and Japan using the available literature. This is the topic which the main author (TO) has been engaged with since 2013 with Katsuhiko Kikuchi (currently, Professor at Seitoku University) and Hiromi Kinebuchi (currently, Lecturer at Niigata University of Health and Welfare), who were also the study members of this project and used to be affiliated with the Research, Development, and Innovation Center for Vocational Education and Training of Keishin Gakuen. The authors would like to deeply appreciate the important suggestions and insightful advice provided by Professor Motoyuki Kawatei, Director of the Research, Development, and Innovation Center for Vocational Education and Training of Keishin Gakuen, as well as the dedicated work of Mr. Hiromi Kinebuchi and Mr. Sota Machida (ERIA) in terms of the management of this project.

Most cross-border long-term care workers are young and will be the driving force of the development of their home countries. The authors hope this report will contribute to the promotion of international cooperation and policy dialogue to create more skilled workers and to establish the systems which can fairly recognise their competencies so that the vocational skills can be much better utilised in any country. Development could not be achieved in any country without proper training and education, which unlock the potential of the ability of anybody, particularly younger generations.

Takeo Ogawa

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List of Abbreviations and Acronyms

ADL	Activities of Daily Living
AGHE	The Academy for Gerontology in higher Education (USA)
AHWIN	Asia Health and Wellbeing Initiative (Japan)
AQRF	ASEAN Qualifications Reference Framework (ASEAN)
BCM	Business Continuity Management
BCP	Business Continuity Plan
BESCRO	Basic Social Care Learning Outcomes
CCW	Certified Care Worker (Japan)
CCWC	Certified Care Worker Candidate (Japan)
ECC	European Care Certificate (EU)
EPA	Economic Partnership Agreement
EQF	European Qualifications Framework (EU)
GDA	General Duty Assistant (India)
IADL	Instrumental Activities of Daily Living
LPCGS	Long-term Care Professional Career Grade System (Japan)
LTC	Long-term Care
LTC:	Long-term Care Insurance (Japan)
LTCW	Long-term Care Worker
MHLW	Ministry of Health, Labour and Welfare (Japan)
MOC	Memorandum of Cooperation
NOS	National Occupation Standards (India)
NQF	National Qualifications Framework
NSQF	National Skills Qualifications Framework (India)

NVEQF	National Vocational Education Qualifications Framework (India)
OWWA	Overseas Workers Welfare Administration (The Philippines)
PHLQF	Philippines Qualifications Framework (The Philippines)
PQF	Professional Qualifications Framework
QP	Qualification Pack
QP-NOS	Qualification Pack-National Occupation Standard
SSCs	Sector Skill Councils (India)
TESDA	Technical Education and Skills Development Authority (The Philippines)
TITP	Technical Intern Training Program (Japan)
TLRC	Technology Livelihood Resource Center (The Philippines)
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNFPA	United Nations Population Fund

Chapter 1

Qualifications Framework of Long-term Care Workforce

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.

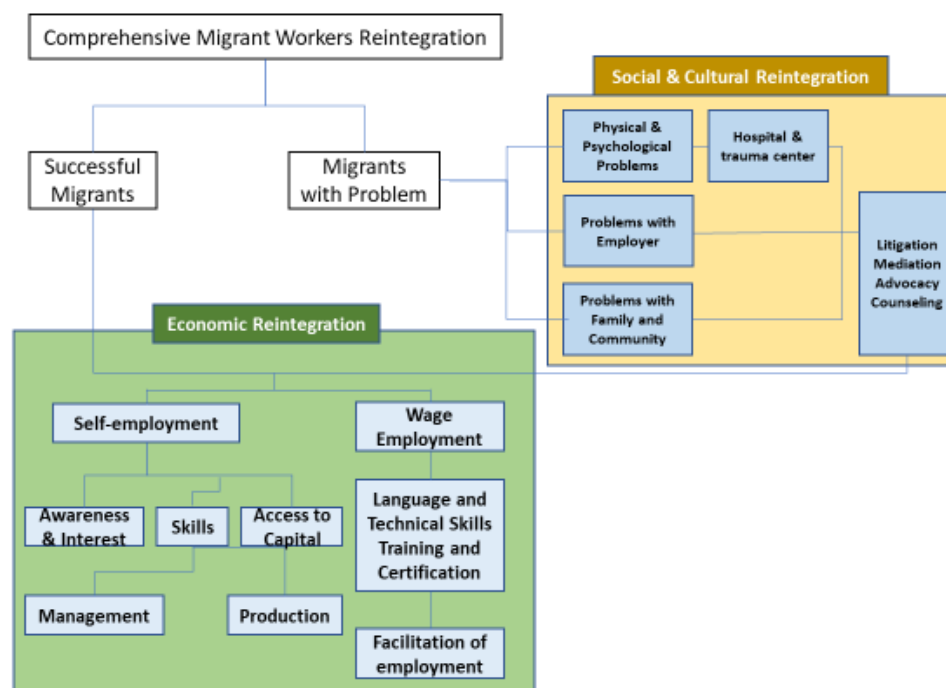
3. International Harmonisation of Qualifications Framework for Care Workers

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. 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

	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-efq-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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Chapter 2

Overview of Qualifications Framework on Long-term Care

1. Japan's Policy on LTC and Cross-Border LTCWs

To cope with growing demand for long-term care (LTC), Japan has developed a unique system based on social (or compulsory) insurance. Before the introduction of LTC insurance in 2000, Japan's LTC systems had been heavily dependent on traditional care where informal family caregivers and community volunteers, particularly women, played a central role. Due to the shrinking family size caused by demographic transition, such systems could no longer work. One of the most important goals of LTC insurance was to relieve family caregivers from the burden of care for older people. Since the introduction of LTC insurance in 2000, Japan has developed various LTC service providers, education, and training systems for professionals and workers, and technological innovation.

Japan's care regime is taking the strategy of reducing reliance on family caregivers as well as the reliance on tax revenues, so some services of LTC insurance may be provided by private companies, though the system, including the fee schedule, is regulated by the government. In this system, the quality of long-term care workers (LTCWs) is ensured by the professional qualification system (PQF) of certified caregivers and training programmes related to the LTC insurance system.

Japan opened its labour market for LTCW in 2008 for the first time through the bilateral economic partnership agreement (EPA) with Indonesia, followed by the Philippines in 2009 and Viet Nam in 2014. Under this system, cross-border LTCWs are accepted as 'candidates of certified caregivers' in LTC facilities providing institutional care. Their work permit is issued for 4 years (a 1-year extension is allowed); after their duty years as 'candidates of certified caregivers', they are supposed to take the national examination. If they pass the exam, they receive Japan's national caregiver certification and are granted work permits with unlimited renewals; otherwise, they are obliged to return to their home countries. The Japanese government introduced this strict regulation to secure the quality of LTCWs in Japan's LTC system, so only highly specialised

persons are eligible to be a cross-border LTCW under the EPA programme. In fact, degrees of nursing or caregiving are included in the requirements for the applicants of the EPA certified-care-worker-candidate (CCW-candidate) programme.

The EPA CCW-candidate programme was designed, at least officially, to provide job opportunities to potential caregivers of the counterpart countries, not to alleviate the shortage of the LTC workforce in Japan. Several years after this programme started, only a few candidates had been certified as caregivers and the majority had returned to their home countries. This programme, however, was not designed to recognise these human resources in their home countries as valuable and skilled LTCWs who were well trained in a country with a well-established LTC system. When Japan intended to expand the programmes to accept more cross-border LTCWs, the utilisation and reintegration of foreign-skilled LTCWs in the sending countries after their return should have been taken into consideration.

In 2016, based on a policy brief made by the Liberal Democratic Party, the Japanese government launched the Asia Health and Wellbeing Initiative. This is the first Japanese government policy that incorporates the concept of cross-border circulation of LTCWs. Because of the growing demand for LTC due to population ageing, it was expected that Japan would face a critical LTC workforce shortage. To attract LTCW-sending countries and quality cross-border LTCWs, Japan was required to ensure that such human resources could benefit even sending countries, which were also expected to have a more aged population in the near future.

In response to the Asia Health and Wellbeing Initiative, the Japanese government enacted three new pathways that let cross-border LTCWs work in Japan: 1) the new resident status of 'Care Work' for foreigners who are registered as certified care workers in Japan; 2) the new occupation category under the Technical Intern Training Program (TITP) allowing cross-border LTCWs work in Japan as trainees for 5 years maximum; and 3) the new resident status 'Specified Skills' providing the opportunities, as an example, for the trainees who have completed the contract under TITP to continue working in Japan if they succeed in showing (probably through a screening test) that they have enough skills and knowledge to contribute to Japan's LTC industries. As a result, the number of cross-border LTCWs coming into Japan has increased, but it is expected that most of them will still return to their home countries after they complete their duty years in Japan, even if they won the resident status with unlimited opportunities for renewal (personal communication with Prof. Hirano of Nagasaki University and Dr. Hiruma of Shizuoka University).

If Japan hopes to have more cross-border LTCWs, it will need to contribute to reintegration programmes in the sending countries, such as workplace development and life support. So far, not many cross-border LTCWs have returned to their home countries, but sooner or later, the development of a training model for cross-border LTCWs who can work both in Japan and in home countries could be urgently needed. Upon such discussion, international harmonisation of PDFs for LTCWs is crucial to encourage the reintegration of home-returned LTCWs so that what to learn in destination countries and how to make use of it in the home countries can be clearly indicated.

In this study, we focused on the Philippines and India as LTCW-sending countries. These countries have had a high interest in the development of human resources trained for working overseas, but have not been ready for population ageing of their own countries. We would like to suggest a training model of LTCWs whose knowledge and skills can be utilised by both sending and destination countries. We believe such a model will contribute to the circulation of cross-border caregivers and benefit both types of countries.

2. Qualifications Framework on LTC in the Philippines

The Philippines is one of the leading sources of overseas workers. Many older people in the Philippines rely financially on their family members who work overseas and make remittances, while they are physically supported by extended families and community members. Market-based LTC services have not developed in the Philippines.

On the other hand, the Philippines provides the Special Resident Retiree Visa to foreign elderly people who are supposed to stay at specially designed residential homes, mainly in resort areas. In these homes, however, quality LTC services have not been provided so far. In 2019, the Universal Health Care Act was enacted, so it is expected that more affordable healthcare services will be provided in the Philippines, covering the growing number of older people, as well as the people who need LTC.

2.1. Government bodies regulating overseas Filipino workers

The Philippine government has several bodies that regulate and support overseas Filipino

workers, namely the Philippine Overseas Employees Administration, Overseas Workers Welfare Administration (OWWA), and Technical Education and Skills Development Authority (TESDA). TESDA was established to regulate a variety of vocational training programmes to meet overseas labour needs, since, in the Philippines, professional education, which is regulated by the Ministry of Education, is differentiated from vocational education. Vocational training for LTC falls into the category of domestic workers and caregivers according to the TESDA classification. The Philippines had sent a large number of cross-border domestic workers and caregivers, but sending caregivers overseas has been often suspended because of overseas scandals. The Philippine PQF was developed by TESDA and 'caregiver' is positioned at level 2.

TESDA had talks with the Association of Southeast Asian Nations (ASEAN) to harmonise the Philippine PQF with the ASEAN Qualifications Reference Framework (AQRF) since the former has already been accepted as a criterion aligned to AQRF (Commission on Higher Education, 2019). In addition, the Philippines reached a bilateral agreement with many countries on the mutual recognition of its nursing certification under the jurisdiction of the Ministry of Education.

Reintegration programmes for returned overseas Filipino workers are implemented by OWWA. Not a few caregiver-candidates under the Japan-Philippine EPA have already come back to the home country but they have not been given enough information on the reintegration programmes. Considering the expectation that more Filipino LTCWs will work in Japan and come back to the Philippines, both governments and stakeholders of LTC industries are encouraged to strengthen cooperation to establish a model of the circulation of human resources of LTC so that Filipino LTCWs can smoothly get used to the LTC practice in Japan and can be reintegrated into the services provided in the Philippines after their return.

2.2. Requirements for cross-border LTCWs

Requirements for cross-border LTCWs directly affect the quality of the services they provide. CCW-candidates of EPA programmes are supposed to acquire high-level knowledge and skills that enable them to pass Japan's national certified caregiver examination. In the case of the Philippines, EPA CCW-candidates must fulfil either of the following requirements: 1) graduate from a 4-year university and be certified as a caregiver by the Philippine government; or 2) graduate from a 4-year Philippine nursing school (bachelor's degree is required). To be consistent

with the requirements of Japan-Philippine EPA CCW-candidate programme, the Philippine PQF was amended to incorporate the years of education into the criteria.

Before coming to Japan, the EPA candidates are required either to participate in a 6-month Japanese language training course or to have the certificate of N4 or higher on the Japanese Language Proficiency Test (JLPT) (N5: beginner, N4: basic, N3: intermediate, N2: advanced, N1: expert). For this reason, private Japanese language schools in the Philippines that can also provide caregiving training are ideal places for potential EPA CCW-candidates to acquire required skills and knowledge.

The requirements for TITP trainees for LTC are different from EPA. The TITP trainees for LTC are supposed to satisfy the following two requirements: 1) Japanese language proficiency equivalent to N4 of JLPT (N3, when they move on to the second year of TITP-LTC trainee); and 2) work experience of LTC or similar tasks in other countries. The Japan International Trainee and Skilled Worker Cooperation Organization (JITCO) shows eligibility for TITP trainees in terms of work experience as follows (JITCO, n.d.): (1) A person who has experience in a foreign country (country other than Japan) working in a care worker facility for older persons or persons with disabilities or in homes, etc. performing care for activities of daily living, functional training, etc.; (2) a person who completed a nursing course or has nursing qualification in a foreign country; or (3) a person who has been certified as a care worker by a foreign government. In the Philippines, there are very few people who fulfil category (1), while many people can satisfy category (2) because of the excessive supply of nurses in the Philippines who are trained to work overseas. The problem is category (3), as it has not been officially endorsed whether or not TESDA's certification of caregiver can be considered as satisfying its requirements.

The Japanese government and the Philippine government signed a memorandum of cooperation (MOC) on TITP (not limited to care workers but all occupational categories) and both parties agreed that TITP trainees can be accepted only from the organisations accredited by the Philippine government. The Philippine Overseas Employees Administration, OWWA, and the National Reintegration Center for Overseas Filipino Workers under OWWA are involved with this agreement, but TESDA is not participating. For this reason, mutual understanding on the work experience requirements for TITP trainees for LTC was not achieved. Also, the Department of Education and the Department of Health of the Philippines were not involved with this agreement, so educational curricula for healthcare professionals in the Philippines have not been

well integrated into the requirements of TITP trainees for LTC. Such a lack of coordination may negatively affect the development of reintegration programmes.

3. Qualifications Framework on LTC in India

Care for older people in India is still dominated by the belief in filial piety. In 2007, India enacted the Maintenance and Welfare of Parents and Senior Citizens Act, the so-called filial piety law, but in reality, older people are neglected. By illustration, India's Hindi festival of Kumbh-Mela provides opportunities for the abandonment of older people, often older widows. They are deliberately abandoned by family members in the crowd; estimates of abandoned older women are 10,000 in Varanasi and 16,000 in Vrindavan (Kardile, 2017; Spinney, 2013).

3.1. Care for older people in India

The number of old age homes is steadily increasing in India (Old Age Solutions, n.d.). As of 2009, India has 1,279 old age homes. Amongst them, 543 provide free services, 214 accept cases needing medical care, and 133 are exclusively for older women (Policy Research and Development Department HelpAge India, 2016; 2009).

India is attempting to reform the healthcare system in response to the global initiative for universal health coverage and changing disease epidemiology from infectious to non-communicable diseases. In addition to the National Health Mission, which focuses on primary healthcare, the Ayushman Bharat Programme was announced to be included in the union budget of India for 2018–19. It provides insurance coverage for a selected package of medical and surgical procedures for hospitalised patients of the socioeconomically vulnerable population. It also has the component of upgrading about 150,000 primary health centres throughout India (Kumar, 2020; Lahariya, 2018).

India started addressing the challenges of population ageing in the 1990s and adopted the National Policy on Older Persons in 1999. The government launched the National Programme for Health Care of the Elderly in 2011, which was renamed as Rashtriya Vrishta Jan Swasthya Yojana. Under this programme, the government makes interventions in old age care, such as the development of geriatric services, home care services and skilled labour, screening of non-communicable diseases, the development of mobile healthcare services, etc. particularly for the

population aged 75 years or above (UNESCAP, 2016).

In terms of the supply of caregivers, however, India has a growing crisis, especially in urban areas. India is not the exception of the countries where demographic and social transformation is taking place, such as the shrinking size of (extended) families and migration of younger generations to urban areas. Trained and qualified caregivers are almost non-existent and are in high demand. On the other hand, a high percentage of youths in India are unemployed. Care work can become a vocation for them to pursue and in which to be trained (HelpAge India, 2019).

3.2. Deskilled Indian nurses abroad

India is one of the major sources of cross-border healthcare workers, most of whom are nurses. Because of their cultural and religious background, Hindus, particularly the upper caste, and Muslims are not encouraged to enter the profession of nursing, so the stereotypical image of nurses as coming from very poor Christian families prevails (Nair and Percot, 2007). Nevertheless, nursing is a highly specialised profession that requires comparatively high-level education. Schooling for nursing imposes a heavy burden on supporting families and they expect the dividend of their investment on nursing education. According to a study in Singapore focusing on migrant nurses from India, many Hindu and some Muslim nurses could be found (Oda and Tsujita, 2018). This study revealed that many Indian nurses are not allowed to work as licensed nurses but as nursing aides or health assistants. This phenomenon is caused by Singapore's limited quota for foreign licensed nurses; as a result, many Indian-licensed nurses do not aim to queue for working as nursing immigrants but instead do so without a licence. Such downgrading of tasks for skilled personnel can be defined as 'deskilling'.

The problem of deskilling can be found in Japan's programmes to accept cross-border caregivers. The requirements of EPA CCW-candidates or TITP trainees for LTC include a nursing qualification, but caregiving does not necessarily require the specialised skills and knowledge for nursing, though it overlaps somewhat. This problem is deeply connected to the discussion on appropriate vocational training. To optimise the human resources, vocational training should correspond to the expected jobs that the trainees will be engaged in. The current deskilling of Indian nurses in Singapore may negatively impact the healthcare system of India, which suffers from a shortage of healthcare professionals.

3.3. Memorandum of cooperation between India and Japan

India and Japan signed an MOC in 2017 to promote skill development through TITP. In addition, both governments signed another memorandum in 2018 to deepen healthcare cooperation. In the first MOC, organisations sending TITP trainees from India that are approved by the Ministry of Skill Development and Entrepreneurship are required to cooperate on the follow-up surveys for returned trainees. This survey is carried out by the Ministry of Japan to obtain feedback from former TITP trainees on how the skills acquired in Japan are utilised in India.

The second MOC was made in line with Japan's Asia Health and Wellbeing Initiative. As the main areas of possible cooperation, this MOC includes some items related to the training of potential TITP trainees for LTC, such as establishing a Japanese language education centre, supporting sending organisations in providing pre-lectures on LTC through sending certificated care workers from Japan, etc.

3.4 Qualifications framework of India

India has been rapidly developing its PFQ in recent years. India used to have two different PFQs, but, in 2013, they were unified into the National Skills Qualifications Framework (NSQF). It has an outcome-based, rather than input-based, assessment system, so the skills acquired informally can also be recognised. NSQF consists of 10 levels, with 1 representing the lowest level and 10 the highest. India's skill-assessment system, however, still needs improvement with regard to the quality and standards of assessors, and funding to the organisations in charge of assessment (British Council and ILO, 2014). India has been working to align its PQF with the EU and other countries (Ministry of Finance Department of Economic Affairs, 2013).

4. Comparison of Vocational Skills Qualifications Framework

We compared vocational qualifications frameworks (VQFs) amongst Japan, the Philippines, and India. Materials for comparative study are readily available online. Skills acquired both from school and vocational education are integrated into the VQFs of all three countries. As for the grading of LTC-associated professionals, Certified Care Worker of Japan is positioned at level 4 of the seven-grade career grade system of care work. In the Philippines, Advanced Professional Nursing is positioned at level 6 and Care Giver and Health Care Services are placed at level 2 of

the Philippine PQF, which has an eight-grade system. In India's 10-grade NSQF system, bachelor-level professionals including nurses are positioned at level 7, with master's levels at level 8, while Geriatric Aide is positioned at level 5 and General Duty Assistant is ranked at level 4.

Every country targeted in this study has an articulated qualifications framework that determines the competency level based on the assessment of vocational skills, and the modules and curricula of vocational training are developed in accordance with each level's expected outcomes. International migration, however, creates many mismatches between the level in the worker-sending countries and the job descriptions of destination countries. This study discussed how and why such mismatches arose by desk research.

5. Integration of School Education and Vocational Education into a VQF

There is a movement to develop VQFs in many countries around the world. It aims to integrate school and vocational education, which previously had been separately supervised. VQFs can be used as a good benchmark of recurrent education which is getting more encouraged in response to increasing social demand to improve the knowledge and skills of any professionals in accordance with the rapidly advancing technological innovation. Higher education, however, has not been well integrated into qualifications frameworks because of the following reasons.

Higher education is supposed to pursue truth scientifically. Institutions of higher education are usually keen to promote mutual credit recognition, sandwich programmes, double degrees, and mutual certifications with other higher institutions domestically and internationally; by contrast, vocational education has been developed uniquely under the socio-cultural, political, and economic background of each country, so international standardisation has not been required. Only after the international community realised the need to regulate the movement of the labour force and secure the quality of migrant workers was the necessity of qualifications frameworks recognised.

Even if higher education is not well integrated into qualifications frameworks, it is crucial to discuss what kinds of fields are associated with each category of vocational knowledge and skills because this can provide the theoretical background that is essential for qualifications frameworks. In the case of LTC, the related fields of higher education have not been well recognised. Without the backbone of scientific evidence, LTC would never be recognised as an

established field of business, nor an occupation category, and the problem of deskilling would never be cleared up.

The scientific fields of geriatrics and gerontology are closely related to LTC. The term 'geriatrics' is used referring to medical science specialised for older people, whilst 'gerontology' covers a wide range of science related to older people from natural science to the humanities and social sciences. The findings of these academic fields are meant to contribute to the development of LTC-related qualifications frameworks so that LTC can be recognised as an established occupational category required for systematic vocational training.

The authors of this report organised a workshop that was designed for the promotion of dialogue between higher education and vocational training, as a part of the activities of this study. Experts both of geriatrics and gerontology as well as training institutions of LTCWs were invited, and they exchanged information and discussed how vocational education of LTC can be improved. The presentation materials of this workshop are attached with this report as Appendices 3–7.

6. Conceptual Framework of Long-term Care Workforce

As mentioned in the previous section, the concept and practice of LTC has not necessarily been established in some countries, and many kinds of workers, professionals, and experts are involved with LTC practice. To understand the realities of the LTC workforce and to categorise the people and professions involved with its practice, we developed a conceptual framework (Figure 2.1).

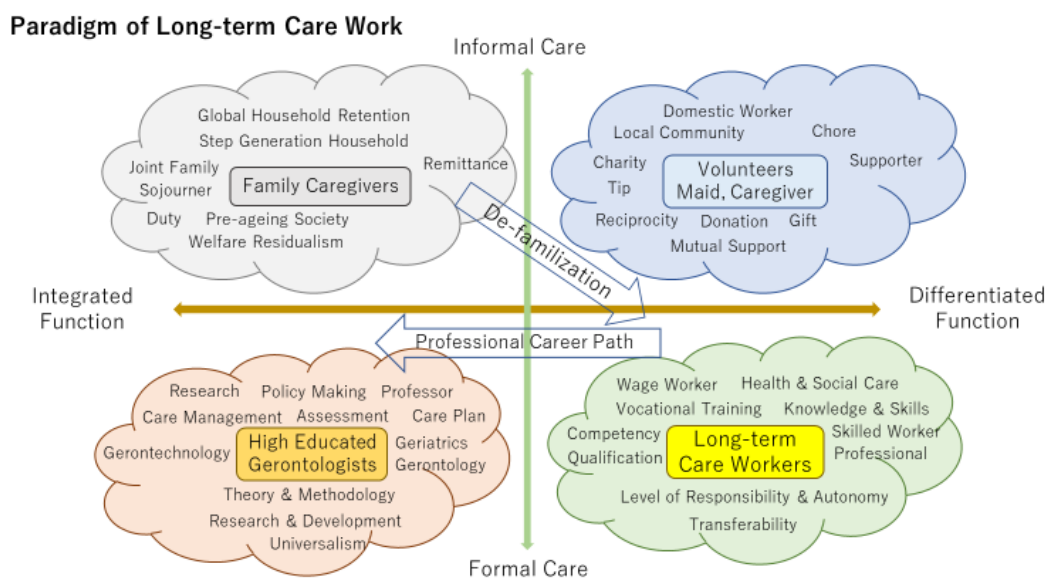
The vertical axis is 'informal care' or 'formal care'. In traditional societies, particularly those that still have the strong virtue of filial piety, LTC relies on family caregivers including extended family members, which can be interpreted as informal caregivers, while most countries which have aged population have developed the certification system of LTCWs and the cost for LTC is covered by formal market system including tax revenue or insurance. The latter type of care can be recognised as 'formal care'.

The horizontal axis is specialisation of LTC work, which has been taking place because more people work outside the home and family size shrinks due to urbanisation and demographic transition. In such societies, caregiving by family members cannot be sustained. As a result, care

work has been externalised to the labour market. For example, family-employed domestic workers are usually supposed to support household chores for busy family members, but many domestic workers are specialised in LTC for older people. This phenomenon can be interpreted as ‘specialisation’ of domestic workers in LTC.

If more people are engaging in LTC-specialised jobs, the formal and official system of LTC also develops. In the case of Japan, the concept of LTC or *kaigo* has already been recognised by the public, and it is differentiated from nursing. As the concept of LTC develops, LTC attracts more attention of academia and scientists are getting more involved with applied research. As shown in the bottom left quadrant of Figure 2.1, academia and/or policy makers related to LTC contribute to the development of the basic concept, though they are not necessarily specialised in it. Using this kind of conceptual framework, a potential qualifications framework can also be understood as shown in Figure 2.2. The qualifications frameworks which are developed based on the conceptual framework of the LTC workforce can contribute to the establishment of career path of LTCWs through encouraging their self-promotion in hierarchical promotion system from lower to higher grade.

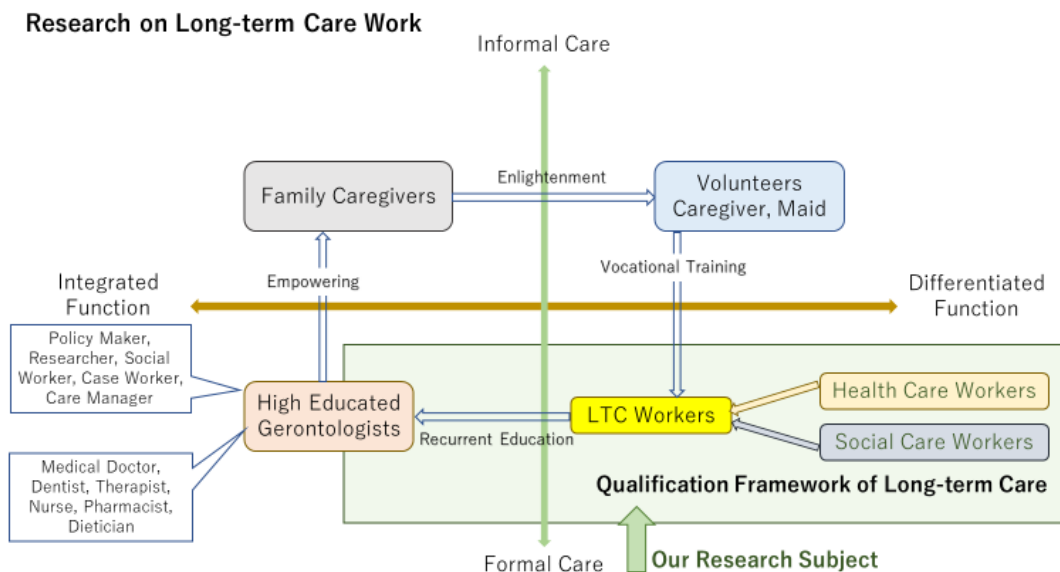
Figure 2.1. Conceptual Framework of LTC Workforce



LTC = long-term care.

Source: Author's original for this report.

Figure 2.2. Qualifications Framework of LTC workforce



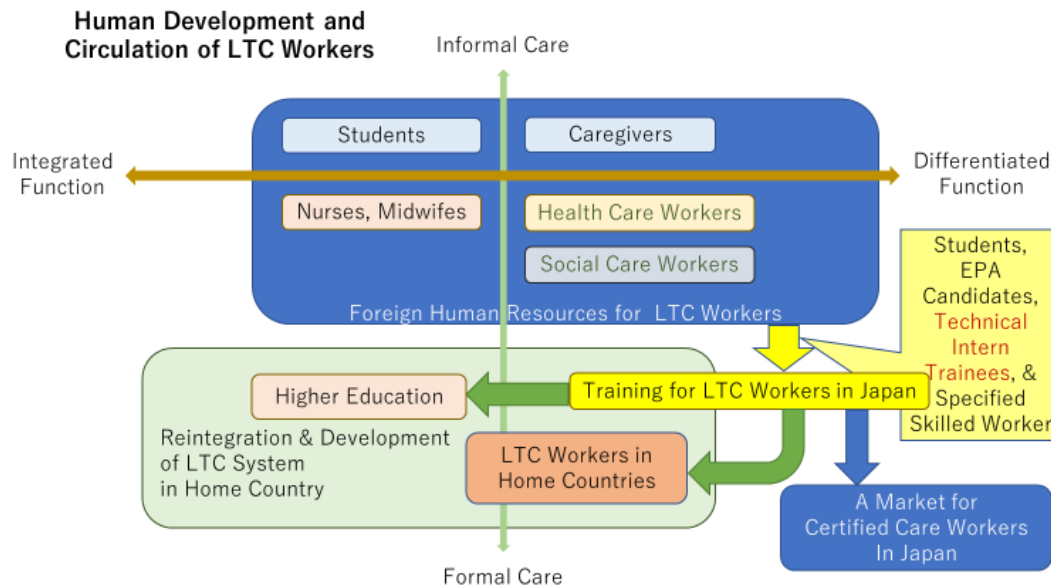
LTC = long-term care.

Source: Author's original for this report.

LTCWs, however, may be ranked differently in PQFs from country to country. Such inconsistency may hinder the optimisation of LTC human resources in international migration of LTCWs and may create deskilling, for example, deskilling of cross-border nurses from India as shown in the previous section.

In the case of Japan, the concept of *kaigo* is consistent with the one of the World Health Organization on long-term care. Japan has a nationally standardised certification system of care workers and certified care workers that is clearly distinguished from the nurse qualification system, with Care Worker not categorised as a healthcare worker but as a social worker. Nevertheless, in countries that do not have established qualification system of care workers, they are often considered as unskilled workers and placed at lower level of the grading system. This is the reason why inconsistency of the grading levels of LTCWs in PQFs emerges. Using the conceptual framework, we can analyse the actual characteristics of the people who are called LTCWs but have a different background of education and vocational training from country to country, and find the right grading levels that are consistent with their actual skills and knowledge. Such analysis can contribute to the cross-border harmonisation of PQFs for the LTC workforce.

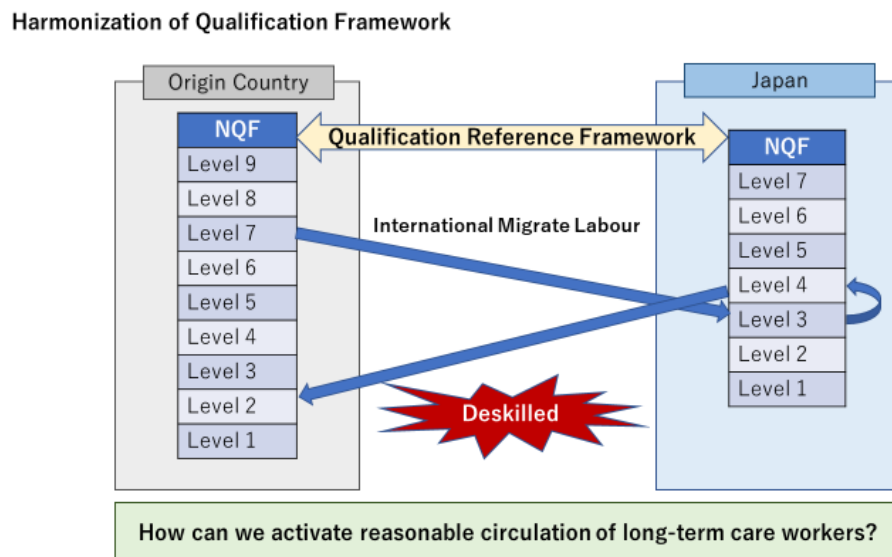
Figure 2.3. Cross-border LTCWs to Japan in the Conceptual Framework



EPA = Economic Partnership Agreement, LTC = long-term care.
Source: Author's original for this report.

Figure 2.3 shows where cross-border LTCWs working in Japan are placed in the LTC workforce conceptual framework. Most countries that create cross-border LTCWs have not established a grading system and LTC services are mainly provided by informal caregivers, including family caregivers. Because of that, potential cross-border LTCWs to Japan need to be trained systematically so that they acquire enough knowledge and skills to work there as LTCWs. As discussed in the first section of this chapter, they have the chances to renew their work permit of Japan indefinitely, but not all cross-border LTCWs to Japan are successful in that; even if they are, many of them hope to return to their home countries. Promoting reintegration programmes for them and the development of an LTC system in their home countries are crucially important to utilise their knowledge and skills.

Figure 2.4. A Risk of Deskilling in Training and Circulation Process of LTC Workforce



NQF = national qualifications framework.
Source: Author's original for this report.

Underdevelopment of LTC systems in the countries which create cross-border LTCWs creates deskilling, as shown in Figure 2.4. For example, Japan accepts cross-border LTCWs from Indonesia, the Philippines, and Viet Nam as caregiver-candidates under the EPA programmes; most such EPA CCW-caregivers have nursing qualifications in their home countries. Particularly in the case of Viet Nam, one of the requirements of EPA CCW-candidates is the completion of nursing education. Nurses are usually positioned at a higher level in PQFs, but care workers are not. Even if cross-border LTCWs who have nursing backgrounds acquire substantial knowledge and care work skills during their stay in other countries, such experiences are not well recognised in the PQFs of their home countries because care work is not considered a job requiring advanced knowledge and skills.

6.1. Comparison of PQFs between Japan and the Philippines

We made comparative studies on PQFs related to LTC workforce between India and Japan, and between Japan and the Philippines. The Philippine qualification framework (PHLQF) consists of eight grades. For each competency-grading level, PHLQF takes into the account the three units of 'basic competencies', 'common competencies', and 'core competencies'. Assessment criteria

are developed in line with these three units. Registered nurses are positioned at Level 6, which is third highest in PHLQF, while ‘caregiver’ and ‘health care services’ are positioned at a much lower level: Level 2 (Figure 2.5). ‘Caregiver’ here covers any job taking care of somebody including babies, while ‘health care services’ means the jobs like nursing assistants and other attendants working in hospitals and facilities. Both jobs overlap with the work of care workers in Japan, but their knowledge and skills are not well recognised in the PHLQF, considering its low grading level.

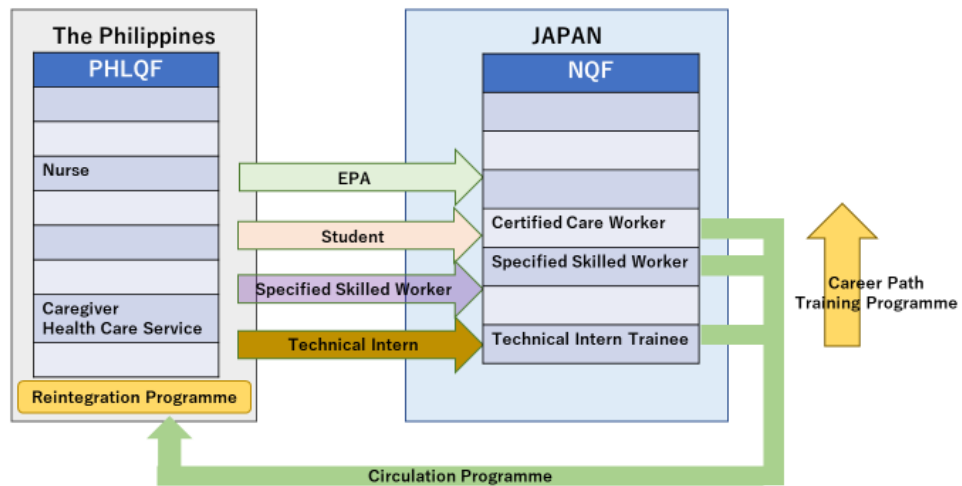
Ideally, the requirements for the application of each pathway¹ for cross-border LTCWs to Japan should be consistent with the grading level in PQFs. Unfortunately, ideal PQF levels are not clearly designated in the requirements for the applicants of each pathway that are shown by the Japanese government. In the case of the EPA CCW-candidates program, the minimum requirement is just the bachelor’s degree in whatever they specialise in (in the case of subjects other than nursing, applicants need to have the certification of care work by TESDA), while the requirements for TITP trainees for LTC are not limited to a bachelor’s degree, but a 1-year working experience at LTC facilities is also taken into account. Such a discordance of PQF levels within the requirements of same programme can confuse the potential cross-border LTCWs and may undermine the optimisation, as well as smooth circulation of human resources.

TITP trainees of LTC are supposed to start their training from Level 1 in Japan’s PQF of LTCWs, which consists of seven grades, and are expected to improve to Level 3 in 3 years (Figure 2.5). The goal of EPA candidates and the applicants of residential status, ‘Care Work’ is the national certification of care worker, which is placed at Level 4 in Japan’s qualifications framework for LTCWs. The PHLQF, however, does not have the equivalent positions for them as skilled care workers who have extensive expertise.

¹ Details of each pathway are provided in section 3.2.1.

Figure 2.5. Comparison of PQFs of LTCWs between the Philippines and Japan

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

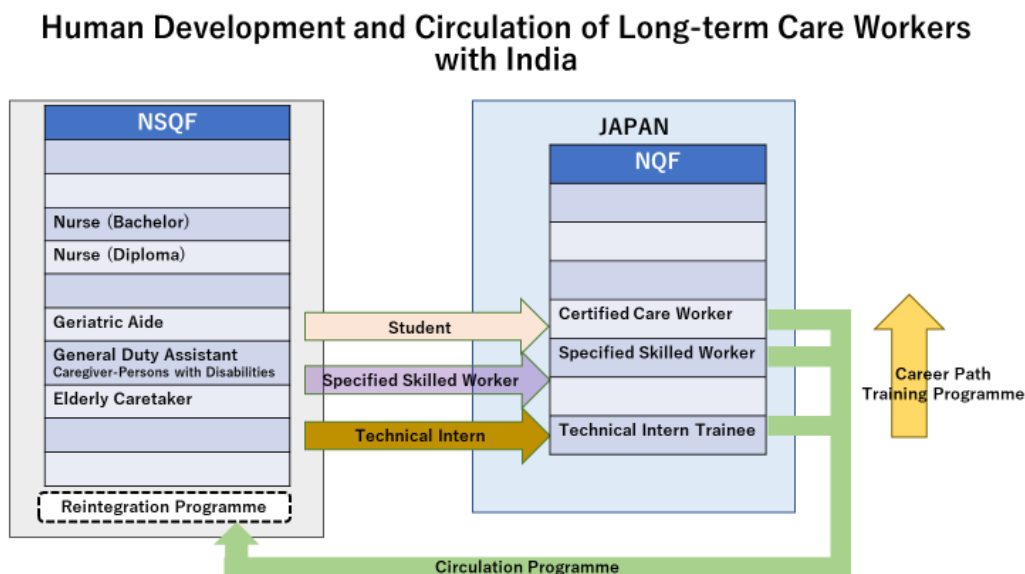


EPA = Economic Partnership Agreement, LTCW = long-term care worker, NQF = national qualifications framework, PHLQF = Philippines qualification framework.

Source: Author's original for this report.

6.2. Comparison of PQFs between India and Japan

Figure 2.6. Comparison of PQFs of LTCWs between India and Japan



NQF = national qualifications framework, NSQF = national skills qualifications framework, PQF = professional qualification framework.

Source: Author's original for this report.

In India's 10-grade NSQF, nurses with a bachelor's degree are placed at the third-highest level (Level 8), nurses with a diploma at Level 7, while 'elderly caretaker' is placed at Level 3, and 'caregiver for persons with disabilities' at Level 4.² The latter two occupational categories fall in the category 'domestic workers sector'. Two more job categories related to long-term care which fall in the healthcare services can be found amongst the job categories in India's NSQF: 'general duty assistant' (Level 4) and 'geriatric aide' (Level 4).³

As mentioned in section 2.3.3, India and Japan signed two memoranda of cooperation in 2017 and 2018. Promotion of the circulation of LTC workforce is part of this initiative. Nevertheless,

² According to the Domestic Workers Sector Skill Council, this job category was renamed into 'Supervisor (Day Care/ PWD/ Old Age Home)' and upgraded into Level 5 in 2021 (Domestic Workers Sector Skill Council, 2021).

³ The job category of 'geriatric aide' used to be ranked at Level 5 but was downgraded in September 2020. This job category was considered equivalent to Japan's national certified caregivers by the Indian counterpart of Keishin Gakuen's pilot project to provide the training of care workers in India. This course was scheduled to be carried out in 2020 under this study but was suspended due to the COVID-19 outbreak.

India can provide only limited opportunities for the returned LTCWs from Japan because of the lack of reintegration programmes for them and underdevelopment of LTC industries.

The criteria of each NSQF level are described as learning outcomes of the following five domains: 1) process; 2) professional knowledge; 3) professional skill; 4) core skill; and 5) responsibility (Ministry of Finance Department of Economic Affairs, 2013). Language skills and communication skills, specifically writing skills, reading skills, and oral communication, are mentioned in the 'core skill' domain of NSQF, while Japan's PQF of LTCWs does not have the domain describing language skills. It is encouraged to incorporate language elements in Japan's PQF so that potential cross-border LTCWs can clearly understand the required language proficiency levels.

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Chapter 3

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

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

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

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

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

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

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

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

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

1.3. Education and training of care workers in Japan

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

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

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

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

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

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

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

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

Table 3.1. Long-term Care Professional Career Grade System

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

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

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

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

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

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

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

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

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

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

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

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* Only selected items are assessed.

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

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

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

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

a. EPA pathway

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

b. CCW-training institution pathway

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

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

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

c. TITP pathway

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

d. Direct 'Specified Skills' status pathway

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

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

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

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

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

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

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

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

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

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

TITP = technical intern training program.

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

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

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

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

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

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

3.1. Goals of TITP trainees of ‘Care Work’

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

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

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

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

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

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

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

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

* May be practiced if condition allows.

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

Care Workers (2020), *Textbook for the Training Course of the Supervisors of TITP Trainees for Care Work (介護職種の技能実習指導員講習テキスト)*. Tokyo: The Japan Association of Certified Care Workers. http://www.jaccw.or.jp/pdf/home/foreign/2020/ginou_kaigo_202007.pdf (accessed 22 March 2021).

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

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

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

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

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

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

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

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

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

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

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

3.3. Grading of highly skilled care workers

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

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

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

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

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

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

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

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

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

‡ Officially confirmed equivalent levels as shown in Table 3.2.

Source: Author's original for this report.

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

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

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

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

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

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

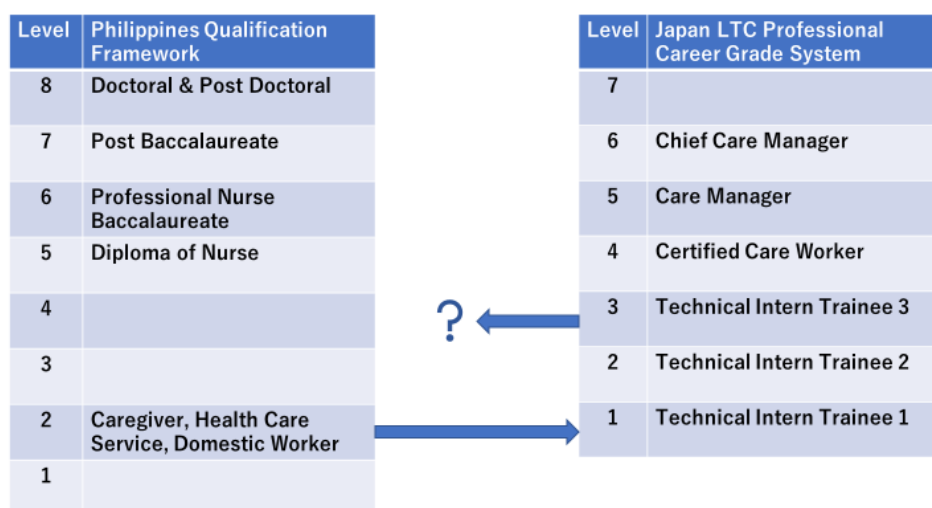
This unique background of Japan's LTC system may be one of the factors that have hindered the cross-border harmonisation of qualifications frameworks of LTCWs between Japan (institutional-care-dominated) and LTCW-sending countries (community-care-dominated).

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

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

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

Figure 3.1. PHLQF and JQF of Caring



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

Source: Author’s original for this report.

Figure 3.2. India NSQF and JQF of Caring

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

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

Source: Author's original for this report.

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

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

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

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

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

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

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

4.2. Language proficiency and culture learning

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

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

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

4.3. Solutions to avoid the mismatch of skills

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

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

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

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

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

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

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

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Chapter 4

Comparison of the Qualifications Framework for Long-term Care between Japan and the Philippines

1. Introduction

1.1. Overseas Filipino workers

Supported by one of the highest fertility rates amongst the countries in the region, the population of the Philippines still has a comparatively young age structure, with the percentage of people aged 60 years or above estimated to be just 8.6% in 2020 (UNDESA, Population Division, 2019). Although this percentage is one of the lowest in the region, some older people inevitably have disabilities. A survey of older people in the Philippines shows 13.4% reported that their activities had been severely limited because of health problems for at least the past 6 months, and 2.5% of older Filipinos had been bedridden during the past 2 weeks. Among the respondents who have primary caregivers in this survey, more than 75% were cared for by spouses, daughters, or sons; 22.5% were cared for by extended families, such as daughters-in-law, grandchildren, etc.; and only a few older Filipinos were cared by non-family members (Cruz, Cruz, and Saito, 2019).

The high dependency of families on overseas Filipino workers (OFWs) affects the tradition of family care for older people. According to the 2019 Survey on Overseas Filipinos, the number of OFWs was about 2.2 million, 56% of whom were females. As for the age groups, 46.9% of female OFWs were 25–34 years old, while 32.7% were 35–44 years old. Considering that most family caregivers are females, it is expected that cross-border migration may undermine the capacity of family caregiving of Filipino households.

On the other hand, the remittance from OFWs can improve the finances of their home households in the Philippines. The total remittance sent by OFWs from April to September 2019 was estimated at PHP211.9 billion (Republic of the Philippines, Philippine Statistics Authority, 2020). It can be interpreted that the Philippines is heavily dependent on remittances from OFWs

if it is compared with the gross domestic product of the Philippines from April to September 2019, which is estimated to be PHP4.84 trillion at constant prices of the year 2000 (Republic of the Philippines, Philippine Statistics Authority, 2019). If the remittances from OFWs stop when they complete the contract periods or any other reasons, home families would face a financial crisis. This is why 'reintegration programmes' are encouraged by the government so that returned OFWs could mitigate the impact of decreased incomes caused by their repatriation.

1.2. Reintegration programme

The Overseas Workers Welfare Administration (OWWA) is the leading government agency responsible for the welfare and wellbeing of OFWs (Public Services International, 2015). OWWA organises several reintegration programmes. They provide programmes even for the OFWs who still work abroad, such as a financial literacy programme, entrepreneurial development training, techno-skills, and capacity building, etc. For the immediate relief of returning OFWs who are distressed or displaced, OWWA provides the 'Balik-Pinas! Balik-Hanapbuhay!' programme as a start-up or additional capital for the livelihood project. The applicants are required to develop business plans approved by OWWA Regional Welfare Officers.

OWWA also provides a loan programme for returning OFWs. In partnership with the Land Bank of the Philippines and the Development Bank of the Philippines, OWWA runs Overseas Filipino Workers – Enterprise Development and Loan Program. Applicants are required to complete Enhanced Entrepreneurial Development Training. The purpose of the loan should be the acquisition of working capital and fixed assets (Republic of the Philippines, OWWA, n.d.).

As a one-time grant assistance to the organisations supporting OFWs, OWWA has a programme called Tulong Pangkabuhayan sa Pag-unlad ng Samahang OFWs. The grant is provided aiming for the formation, enhancement, or the restoration of livelihood-supporting projects of OFW-supporting organisations.

The Migrant Workers Act of the Philippines created the National Reintegration Centre for Overseas Filipino Workers (NRCO) at the 2010 amendment as a one-stop centre related to all the reintegration services for returning OFWs. NRCO provides such services as counselling, enterprise development, assistance to distressed OFWs, etc. (Public Services International, 2015).

1.3. Training and protection of Overseas Filipino Workers

Working as a cross-border care worker is one of the common options for Filipinos to improve their financial condition, especially for women. The Philippine government has been promoting programmes to improve the skills of cross-border care workers so that they can gain advantage in the international labour market. Apart from nursing education, which is supposed to be provided at higher education institutions, care workers are trained at vocational schools and curricula have been developed in cooperation with other countries, which can be the destination countries of cross-border care workers.

The development of a Philippines qualifications framework (PHLQF) is also a part of the government's effort to build the capacity of cross-border workers. PHLQF fully complies with the ASEAN Qualifications Reference Framework (AQRF), as endorsed by the AQRF Committee (Commission on Higher Education, 2019).

In response to cases involving OFWs, in particular by the execution of Flor Contemplacion for allegedly killing two persons in Singapore in 1995, the Philippine government enacted the Migrant Workers and Overseas Filipinos Act of 1995 (Republic Act No. 8042). The Act highlights the protection of Filipino workers overseas and states that the government must not promote overseas employment but only facilitate the deployment of Filipinos to the countries that uphold and guarantee the individual rights and protection of OFWs (Rodriguez, 2002; Guevarra, 2006). With this background, the Philippine government has been encouraging the development of knowledge and skills of potential migrant workers. The Philippine-Japan EPA programmes, under which Japan accepts candidates for registered nurses and certified care workers (CCWs), were also agreed by both countries based on this principle of the policy of the Philippines on migrant workers.

The Philippines creates many migrant workers who have considerable knowledge and skills, but it also means that the intellectual capital necessary for the development of the country is draining out. To facilitate the 'brain gain' rather than 'brain drain', the international harmonisation of qualifications framework is crucial so that knowledge and skills of returning OFWs are properly recognised and utilised well in the country.

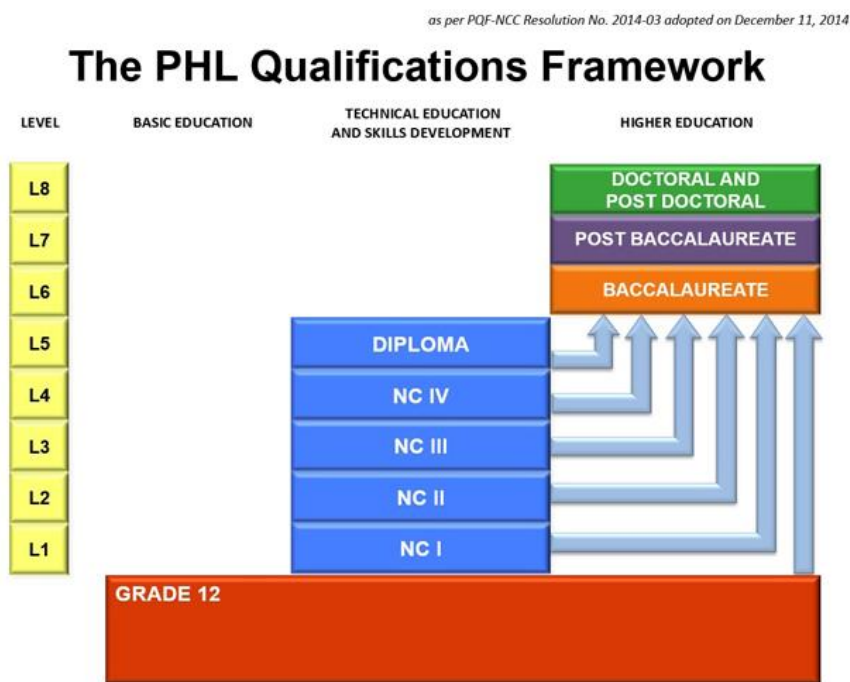
2. Structure of the Philippine Qualifications Framework and Long-term Care Related Occupations

2.1. Overview of the Philippine Qualifications Framework

The PHLQF has eight levels of qualification. It considers Senior High School (Grade 12) as the foundation of the eight levels. The Philippines used to have a 10-year basic education system and it created inconsistency with most of other countries in the world, which had 12-year basic education system; however, after the reform of education system starting from early 2010s, the Philippines has also had a 12-year system.

The PHLQF has sub-frameworks corresponding to the subsystems of education and training system: basic education, Technical Education and Skills Development Authority (TESDA) subsystem, and higher education. The graduates of Senior High School (Grade 12) are eligible for obtaining qualifications up to Level 5 as well as the admission to degree programme in Level 6 (Figure 4.1). The TESDA subsystem covers National Certificates (NCs) I through IV, which correspond to the first four Levels of PHLQF 1 through 4 depending on the extent of expertise. The higher education subsystem covers baccalaureate and above that correspond to PHLQF Levels 5 through 8 (Republic of the Philippines, Philippine Qualifications Framework, n.d.).

Figure 4.1. Philippine Qualifications Framework



NC = national certificates, PHL = Philippines.

Source: Republic of the Philippines, Philippine Qualifications Framework (n.d.), *Framework*. <https://pqf.gov.ph/Home/Details/7> (accessed 31 March 2021).

2.2. Levels of the long-term-care-related personnel in the PHLQF

As described in section 4.2.1, the PHLQF has three sub-frameworks. Among several job categories related to LTC, 'nurse' falls into the sub-framework of 'higher education' because the applicants for nursing licensure are required to have a baccalaureate; if so, they are ranked at Level 6 in the PHLQF, or if they have post-graduate degrees, they are at Level 7 or 8.

Other LTC-related job categories are included in TESDA subsystem. TESDA promulgates training regulations, which are used as the basis for the development of competency-based curricula, instructional materials, and competency assessment tools, as well as the competency standards for national qualification (Republic of the Philippines, TESDA, n.d.-a). As the LTC-related competency categories, the following three items can be found: Caregiving (Elderly) NC II, Domestic Worker NC II, and Health Care Services NC II. These training regulations clearly advise the terms that are commonly used to represent the job categories suitable for the persons who acquired the qualification based on each training regulation. The persons who acquire the qualification based on 'Caregiving (Elderly) NC II' are supposed to be competent as 'Caregiver for

Elderly’ (Republic of the Philippines, TESDA, 2020); the qualification of ‘Domestic Worker NC II’ is good for ‘Domestic Worker’, ‘Houseboy’, ‘Housemaid’, ‘Housekeeper’, ‘Hand-lauderer’, ‘Helper, Kitchen’ or ‘Cleaner, Hotel’ (Republic of the Philippines, TESDA, 2017); and the qualification of ‘Health Care Services NC II’ can work for ‘Nurse Attendant’, ‘Nursing Aide’, ‘Hospital Assistant’ or ‘Health Aide’ (Republic of the Philippines, TESDA, n.d.-b).

2.3. TESDA’s training regulations of ‘Caregiving (Elderly) NC II’

Each training regulation developed by TESDA has the following four sections: Definition of Qualifications (Section 1), Competency Standards (Section 2), Training Arrangements (Section 3), and Assessment and Certification Arrangements (Section 4). The training regulation for ‘Caregiving (Elderly) NC II’ is not the exception. The following contents of this subsection is the summary of this training regulation (Republic of the Philippines, TESDA, 2020).

Section 1: Definition of qualification

The ‘Caregiving (Elderly) NC II’ qualification consists of competencies to recognise the ageing process, participate in the implementation and monitoring of client’s care plan, perform caring skills, perform specialty care procedures, and assist clients in administering medication.

The competencies required for this qualification are classified into basic, common, and core competencies. Each category of competency is divided into several units and each unit is assigned with unit codes. For example, the category of ‘Basic Competencies’ is divided into eight units: ‘Participate in workplace communication’, ‘Work in team environment’, ‘Solve/address general workplace problems’, etc. The ‘Common Competencies’ has four units, such as ‘Respond effectively to difficult/challenging behaviour’, ‘Apply basic first aid’ etc., while the ‘Core Competencies’ has five units, such as ‘Develop the ability to recognise the ageing process’. ‘Participate in the implementation and monitoring of client’s care plan’, ‘Perform caring skills’, etc.

Section 2: Competency standards

This section gives the details of the contents of each unit shown in Section 1. Each unit is divided into several elements. For each element, ‘performance criteria’, ‘required knowledge’, and ‘required skills’ are provided. Taking an example of one unit from eight units under ‘Basic

Competencies', the unit 'Participate in Workplace Communication' has three elements: 'Obtain and convey workplace information', 'Perform duties following workplace instructions', and 'Complete relevant work related documents'. Table 4.4 shows the detail of the element 'Obtain and convey workplace information', as an example.

This section also provides the definition of the unit, resource implications, and the assessment guide. For example, the competency covered in the unit 'Participate in Workplace' is defined as the knowledge, skills, and attitudes required to obtain, interpret, and convey information in response to workplace requirements.

As for the resources, the guide requires equipment, such as a fax machine, writing materials, computer with an internet connection, etc.

The candidate is required to show evidence of the following critical competencies: 1) preparing written communication following the standard format of the organisation; 2) accessing information using workplace communication equipment/systems; 3) making use of relevant terms as an aid to transfer information effectively; and 4) conveying information effectively adopting formal or informal communication. Methods of assessment are also suggested here: 1) demonstration with oral questioning; 2) interview; 3) written test; and 4) third-party report.

This is just an example of one unit. For all 17 units defined in the training regulation for 'Caregiving (Elderly) NC II', a detailed assessment guide is provided.

Table 4.1. Example of an Element of a ‘Participate in Workplace Communication’ Unit under ‘Basic Competencies’

ELEMENT	PERFORMANCE CRITERIA	REQUIRED KNOWLEDGE	REQUIRED SKILLS
1. Obtain and convey workplace information	1.1 Specific and relevant information is accessed from appropriate sources 1.2 Effective questioning, active listening and speaking skills are used to gather and convey information 1.3 Appropriate medium is used to transfer information and ideas 1.4 Appropriate non-verbal communication is used 1.5 Appropriate lines of communication with supervisors and colleagues are identified and followed 1.6 Defined workplace procedures for the location and storage of information are used 1.7 Personal interaction is carried out clearly and concisely	1.1 Effective verbal and nonverbal communication 1.2 Different modes of communication 1.3 Medium of communication in the workplace 1.4 Organisational policies 1.5 Communication procedures and systems 1.6 Lines of communication 1.7 Technology relevant to the enterprise and the individual’s work responsibilities 1.8 Workplace etiquette	1.1 Following simple spoken language 1.2 Performing routine workplace duties following simple written notices 1.3 Participating in workplace meetings and discussions 1.4 Preparing work-related documents 1.5 Estimating, calculating and recording routine workplace measures 1.6 Relating/ Interacting with people of various levels in the workplace 1.7 Gathering and providing basic information in response to workplace requirements 1.8 Applying basic business writing skills 1.9 Applying interpersonal skills in the workplace 1.10 Performing active-listening skills

Source: Republic of the Philippines, Technical Education and Skills Development Authority (TESDA) (2020).

Section 3: Training arrangements

This section provides the standards of technical and vocational education and training, including the important requirements for the training providers that should be considered when they design their programmes. As for the duration of the training curricula, this regulation prescribes at least 37 hours for 'Basic Competencies', 112 hours for 'Common Competencies', and 252 hours for 'Core competencies', as well as 160 hours for 'Supervised Industry Learning'. The total is 561 hours. The training regulation says the learners must complete all units prescribed for this qualification, in order to demonstrate their competencies to be employed.

Table 4.5 shows the curriculum-designing guideline of the unit 'Develop the Ability to Recognise Ageing Process' under 'Core Components' as an example. Each unit under any competency category is provided with 'Learning Outcomes', 'Learning Activities', 'Methodology', 'Assessment Approach', and 'Nominal Duration' like this.

This section also shows the requirements for the trainees. They must have completed at least 10 years basic education or must be the holders of the certificate equivalent to that. Basic communication skills are also required. The training can be delivered through any mode, as in the following: institution-based, enterprise-based, or community-based.

There are the requirements for trainers as well. A trainer must be a holder of National TVET (Technical and Vocational Education and Training) Trainer's Certificate Level I in Caregiving (Elderly) NC II, must be a graduate of any allied health courses or possess a Bachelor's degree, must possess good communication skills, and must have at least 2 years industry experience within the last 5 years. The section also provides the recommended lists of tools, equipment, and materials.

Table 4.2. Example of Curriculum Guideline: ‘1. Develop the Ability to Recognise Ageing Process’ Unit under ‘Core Competencies’

Learning Outcomes	Learning Activities	Methodology	Assessment	Duration
1.1 Interpret knowledge of ageing process	<ul style="list-style-type: none"> • Read and understand the ageing process • Read and understand phases of the ageing process to determine any problems regarding client health • Apply caregiver’s roles and responsibilities in giving care and support for elderly in accordance with standard policies and regulations 	<ul style="list-style-type: none"> • Interactive discussion • Role play • Demonstrate with guided demonstration 	<ul style="list-style-type: none"> • Oral question • Written Test 	16 hours
1.2 Apply principles of caregiving	<ul style="list-style-type: none"> • Read and understand principles of caregiving practice • Read and understand legal standards based on applicable laws and government regulations • Apply legal and ethical fundamentals in accordance with established industry standards • Apply interpersonal skills • Use keen attention to details • Apply therapeutic and non-therapeutic communication techniques 	<ul style="list-style-type: none"> • Interactive discussion • Role play • Demonstrate with guided demonstration 	<ul style="list-style-type: none"> • Oral question • Written Test 	8 hours
1.3 Apply infection control principles and sanitation practices	<ul style="list-style-type: none"> • Read and understand infection control principles and sanitation practices • Apply infection control principles and sanitation practices • Apply interpersonal skills • Use keen attention to details • Apply effective oral and written communication • Use of materials, supplies and tools • Use of Personal Protective Equipment (PPE) 	<ul style="list-style-type: none"> • Interactive discussion • with power point presentation • Film showing • Role play 	<ul style="list-style-type: none"> • Oral question • Demonstration • Written test 	8 hours

Source: Republic of the Philippines, Technical Education and Skills Development Authority (TESDA) (2020).

Section 4: Assessment and certification arrangements

Assessment can be conducted only at the Assessment Centre accredited by TESDA. Competency assessors should also be authorised to conduct assessment of competence. Assessment focuses on the 'Core Competencies' and the 'Basic Competencies' and the 'Common Competencies' are integrated concurrently with 'Core' units. Besides the graduates of the training programmes related to 'Caregiving (Elderly) NC II', experienced workers who gained competencies in providing caregiving services for at least 2 years within the last 5 years are also qualified to undergo assessment and certification. The successful candidates are awarded with the National Qualification of Caregiving (Elderly) NC II signed by the TESDA Director-General.

2.4. Lack of the opportunities for recurrent education

One of the problems with vocational education in the Philippines is the lack of opportunities for recurrent education, which is a crucial element of career paths that are embodied in the PQFs in the Philippines.

Taking the example of 'Caregiving (Elderly) NC II', which is the second lowest rank of PHLQF, it has not been advised by TESDA or any other stakeholders involved with the development of PHLQF how people who attained this qualification can promote themselves to higher levels within the same job category through work experience and/or training experience; in other words, through recurrent education. The stakeholders of PHLQF are encouraged to show what kinds of knowledge and skills are required for care workers to be certified as higher levels of PHLQF, i.e. Level 5 or above.

Such efforts can solve the deskilling problem. Registered nurses are ranked at Level 6, at the lowest, in PHLQF because only baccalaureates can apply for the national examination of nurses in the Philippines. The Philippines-Japan EPA programme allows registered nurses to apply for the CCW-candidates under this programme, but the PHLQF does not have the appropriate rank for highly skilled care workers, which are equivalent to registered nurses. If the career paths for care workers are established together with the recurrent education system for care workers as one distinguished job category, the caregiving skills of Filipino nurses returning from working in Japan as EPA CCW-candidates would be satisfactorily recognised and the deskilling problem could be avoided.

3. Position of Long-term Care Worker in Qualifications Frameworks of ASEAN, Japan, and the Philippines

3.1. ASEAN Qualifications Reference Framework and PHLQF

As one of the major countries that send migrant workers, the Philippines has been actively promoting mutual international recognition of qualifications. The ASEAN Qualifications Reference Framework (AQRF) was developed in 2014 by a task force comprising officials and experts from ASEAN ministries of trade, labour and manpower development, education, etc., and endorsed by relevant ASEAN ministers' meetings in 2014 and 2015. The PHLQF was endorsed by the AQRF committee in 2019 as aligned with the AQRF referencing criteria (Commission on Higher Education, 2019). The AQRF has the following six objectives: 1) support recognition of qualifications; 2) develop qualifications frameworks to encourage lifelong learning; 3) develop approaches to validate non-formal education; 4) promote learner and worker mobility; 5) lead to better understanding of qualifications systems; and 6) promote higher quality qualifications systems (The ASEAN Secretariat, 2018). The AQRF is shown in Table 1.3 and the PHLQF is shown in Table 4.3.

Table 4.3. Description of Philippine Qualifications Framework

Level	Qualification Type	Knowledge, Skills and Values	Application	Degree of Independence
Grade 12		<p>Possess functional knowledge across a range of learning areas and technical skills in chosen career tracks with advanced competencies in communication; scientific, critical, and creative thinking; and the use of technologies.</p> <p>Have an understanding of right and wrong; one's history and cultural heritage; and deep respect for self, others and their culture, and the environment.</p>	<p>Apply functional knowledge, technical skills, and values in academic and real-life situations through sound reasoning, informed decision-making, and the judicious use of resources.</p>	<p>Apply skills in varied situations with minimal supervision.</p>

I	National Certificate I	Knowledge and skills that are manual or concrete or practical and/or operational in focus .	Applied in activities that are set in a limited range of highly familiar and predictable contexts; involve straightforward, routine issues which are addressed by following set rules, guidelines, or procedures.	In conditions where there is very close support , guidance or supervision; minimum judgment or discretion is needed.
II	National Certificate II	Knowledge and skills that are manual, practical and/or operational in focus with a variety of options .	Applied in activities that are set in a range of familiar predictable context; involve routine issues which are identified and addressed by selecting from and following several set rules, guidelines, or procedures.	In conditions where there is substantial support , guidance, or supervision; limited judgment or discretion is needed.

III	National Certificate III	Knowledge and skill that are a balance of theoretical and/or technical and practical . Work involves understanding the work process, contributing to problem solving, and making decisions to determine the process, equipment, and materials to be used.	Applied in activities that are set in contexts with some unfamiliar or unpredictable aspects; involve routine and non-routine issues which are identified and addressed by interpreting and/or applying established guidelines or procedures with some variations.	Application at this level may involve individual responsibility or autonomy , and/or may involve some responsibility for others. Participation in teams including team or group coordination may be involved.
IV	National Certificate IV	Knowledge and skill that are mainly theoretical and/or abstract with significant depth in one or more areas ; contributing to technical solutions of a non-routine or contingency nature; evaluation and analysis of current practices and the development of new criteria and procedures.	Applied in activities that are set in a range of contexts , most of which involve a number of unfamiliar and/or unpredictable aspects; involve largely non-routine issues which are addressed using guidelines or procedures which require interpretation and/or adaptation.	Work involve some leadership and guidance when organising activities of self and others.

V	Diploma	<p>Knowledge and skills that are mainly theoretical and/or abstract with significant depth in some areas together with wide-ranging, specialised technical, creative, and conceptual skills. Perform work activities demonstrating breadth, depth and complexity in the planning and initiation of alternative approaches to skill and knowledge applications across a broad range of technical and/or management requirements, evaluation, and coordination.</p>	<p>Applied in activities that are supervisory, complex, and non-routine, and that require an extensive interpretation and/or adaptation/innovation.</p>	<p>In conditions where there is broad guidance and direction, where judgment is required in planning and selecting appropriate equipment, services, and techniques for self and other. Undertake work involving participation in the development of strategic initiatives, as well as personal responsibility and autonomy in performing complex technical operations or organising others.</p>
VI	Baccalaureate Degree	<p>Demonstrated broad and coherent knowledge and skills in their field of study for professional work and lifelong learning.</p>	<p>Application in professional/creative work or research in a specialised field of discipline and/or further study.</p>	<p>Substantial degree of independence and or/in teams of related fields with minimal supervision.</p>

VII	Post-Baccalaureate Program	Demonstrated advanced knowledge and skills in a specialised or multi-disciplinary field of study for professional practice, self-directed research and/or lifelong learning.	Applied in professional/creative work or research that requires self-direction and/or leadership in a specialised or multi-disciplinary professional work/research.	High substantial degree of independence that involves exercise of leadership and initiative individual work or in teams of multi-disciplinary field.
VIII	Doctoral Degree and Post-Doctoral Programs	Demonstrated highly advanced systematic knowledge and skills in highly specialised and/or complex multi-disciplinary field of learning for complex research and/or professional practice and/or for the advancement of learning.	Applied for professional leadership for innovation , research and/or development management in highly specialised or multi-disciplinary field.	Full independence in individual work and/or in teams of multi-disciplinary and more complex setting that demands leadership for research and creativity for strategic value added. Significant level of expertise-based autonomy and accountability.

Source: Republic of the Philippines, Philippine Qualifications Framework (n.d.), Domains and Descriptors. <https://pqf.gov.ph/Home/Details/4> (accessed 7 April 2021).

Both PHLQF and AQRF have been deliberately developed based on a strong theoretical background, but the detailed career paths of each job category are not necessarily described well. In the case of LTC, both PQFs have not recognised highly skilled LTCWs, such as those who have acquired Japan's national qualification of CCWs, or who have worked as TITP-LTC trainees for several years, etc. The lack of a relevant rank in the PQFs can create deskilling. In this circumstance, even if migrant workers have accumulated working experience abroad, until they can be recognised as highly skilled workers, they will not be able to utilise such competencies in their home countries after returning. Reintegration programmes could be developed if they could be coupled with the recognition of returnees' competencies in the PQFs of their home countries. ASEAN and the Philippine government are encouraged to work together to improve their PQFs so that they can fairly appraise any competency, including autonomy, independence, and leadership, that can be obtained through work experience and training programmes, as well as formal education.

4.3.2. Importance of harmonisation between PHLQF and Japan's career grading system

As discussed in Chapter 3, one of the main reasons why Japan has developed LTC-related services, including the qualification system of CCWs, is its finance system based on the social (compulsory) LTC insurance. Japan's LTC Professional Career Grade System has also been developed to be consistent with the LTC insurance system, but another goal of Japan's LTC career grading system is to appraise the competencies of foreign LTCWs and integrate them into Japan's LTC system in response to their growing number in Japan. To this end, Japan's LTC career grading system shares the same goal with AQRF and PHLQF, though the number of levels is different.

To facilitate the self-promotion of LTCWs, Japan's career grading system focuses on career development from beginner's level up to the expert level. As discussed in section 3.3.3, however, the higher three levels (Levels 5, 6, and 7) have not been working, though some suggestions have been made to map the already-existing certifications for LTCWs and/or new certification systems for LTCWs on the higher three levels of this career grading system (Table 3.9). On the other hand, the AQRF and PHLQF have comparatively more detailed description than Japan's LTC career grading system, particularly for highly skilled level (Table 1.3 for AQRF, and Table 4.6 for PHLQF). Instead, the AQRF and PHLQF do not fully incorporate the system of career development. For

example, as already discussed in this chapter, the PHLQF has only 'Caregiving (Elderly) NC II' as the competency-recognising levels for LTCWs, which is ranked at the second lowest level: Level 2, and it does not provide which level is equivalent to highly skilled LTCWs like Japan-certified LTCWs in PHLQF.

From the Philippine side, Japan's TITP for LTC is an unfair system. As described in Chapter 3, TITP-LTC trainees are supposed to be gradually upgraded depending on the duration of their working in Japan from category 1 (first year), category 2 (second and third year), up to category 3 (fourth and fifth year). Their rank on career grading system can be also upgraded in accordance with the progress in their category of TITP-LTC; for example, TITP-LTC trainees of category 1 are ranked at Level 1 of Japan's career grading system. The Philippine certification of 'Caregiving (Elderly) NC II' requires 561 hours of training as already described in this chapter, so it should be equivalent to or more skilled than the LTCWs who completed 450 hours of training who are ranked at Level 3 of Japan's career grading system. Nevertheless, even if Filipino TITP-LTC trainees have acquired 'Caregiving (Elderly) NC II', they are obliged to start as category-1-TITP-trainees, which are ranked at Level 1 in Japan's system. In case of TITP-LTC trainees who are registered nurses in the Philippines, their rank is downgraded in Japan's system because only baccalaureates (Level 6 or higher) can apply for the national examination for registered nurses in the Philippines.

In this sense, deskilling is taking place at both sides. The competencies of Filipino care workers acquired in Japan, like the acquisition of CCW qualification, are not incorporated in PHLQF, while their competencies that have already been endorsed by PHLQF before heading for Japan are not recognised there. The stakeholders involved with PQFs for LTC work are encouraged to fill the missing link between Japan's PQF and PHLQF (and AQRf) so as to avoid deskilling and utilise the high competencies that cross-border LTCWs acquire through their working experience and training.

3.3. Solution to deskilling

PHLQF is a collaborative programme by the Department of Education, TESDA, Commission on Higher Education (CHED), Professional Regulation Commission (PRC), and Department of Labor and Employment (Republic of the Philippines, Philippine Qualifications Framework, n.d.). To promote the harmonisation of QFs of both countries, particularly for higher competency levels,

dialogue between the agencies in charge of higher education is required, rather than the agencies in charge of vocational training like TESDA. Support for university reform and/or degree awarding organisations is also crucial. Establishment of professional universities and/or graduate schools for LTCWs may contribute to the development of career paths of LTCWs and to the creation of relevant ranks for LTCWs who have advanced competencies in the PQFs of both countries. Of course, the development of LTC service industries in the Philippines is indispensable for LTCWs to get good job opportunities in the country, not only in Japan. Both countries are strongly encouraged to collaborate to develop the qualification frameworks that show visible career paths for any job category from beginners' level to expert level. It can be achieved through close dialogue between two countries and amongst the agencies and other stakeholders from vocational education to higher education.

4. Harmonisation of Language Education between Japan and the Philippines

4.1 Language skills required for 'Caregiver (Elderly) NC II' in PHLQF

Language Proficiency is a critical component of the competencies of care workers. Looking at the TESDA's training regulation for 'Caregiver (Elderly) NC II', language-related competency can be found in the unit of 'Participate in Workplace Communication', which is classified as one of the 'Basic Competencies'. Any of language skills (speaking, listening, reading, and writing) are required for all three elements under this unit: 1) obtain and convey workplace information; 2) perform duties following workplace instructions; and 3) complete relevant work-related documents.

The Japanese language has an extremely complicated writing system, but practical writing skills are required to satisfy the elements stated in the TESDA's training regulation for 'Caregiver (Elderly) NC II'. In the actual working site of LTC facilities, the information-sharing about clients is critical to providing quality care services and preventing accidents. Written records and oral communication, including under computer-based system, are still the main tool of information-sharing from shift to shift. Some terms commonly used in LTC services are shared with medical services, though such terms are not often used by ordinary people. It is quite challenging for Japanese-language learners to acquire the language skills required for 'Caregiver (Elderly) NC II', but it is also true that the number of 'LTC-specific' terms is limited, even if such terms are

uncommon and difficult even for native speakers. This obstacle may be overcome through the language education specifically oriented to LTC services.

4.2 Language training for TITP trainees

As described in the section 3.2.2, TITP trainees for LTC are required to undergo intensive language education, which is not applied to TITP trainees of other industries. As described in the section 3.3.1, the goals of TITP trainees are different depending on the length of their training (or *de facto* work experience) in Japan. Considering the characteristics of LTC as human-oriented services, language education should be continued throughout the training period for TITP-LTC trainees in accordance with their achievement goals. The achievement goals are linked to the ranks of Japan's LTC Professional Career Grade System, for example, TITP-LTC trainee of category 1 is ranked at Level 1. It has not been clear, unfortunately, whether the language skills in Japan's care grading system is equivalent to the levels in the PHLQF.

Language proficiency is closely linked to the overall competencies, particularly cross-border LTCWs. To promote the harmonisation of QFs, language proficiency should be taken into considerations, otherwise their competencies could not be appraised properly by QFs.

5. Recommendations for the Utilisation of the Competencies of Returned LTCWs

5.1. Integration of medical professionals into QF for LTC

This chapter discussed the merits and demerits of PHLQF, particularly TESDA's training regulation 'Caregiver (Elderly) NC II', and Japan's LTC Professional Career Grade System. The PHLQF fails to present the explicit career paths for LTCWs, while Japan's career grading system has not clearly indicated how to appraise the highest skills of LTC services. This report is based on the thought that LTCWs should be clearly differentiated from medical professionals, such as nurses, rehabilitation therapists, etc., but considering the proximity of the practices of both professionals, integration of both in PQFs can also be realistically discussed. For example, how can Filipino nurses, who are ranked at Level 6 in PHLQF, be ranked in Japan's career grading system for LTC? Even for Japanese nurses, how can they be ranked in Japan's career grading

system for LTC? LTC industries have many workers who have the background of medical professionals. Balance between differentiation and integration is required when the qualifications framework for LTCWs is discussed.

5.2. Importance of the development of LTC system in the Philippines

It is expected that more and more LTCWs will return from Japan to the Philippines. Reintegration programmes for repatriated OFWs are promoted by the government, but the job opportunities are still limited to paid retirement communities for older foreigners or non-LTC industries that require Japanese language skills, etc. Most older Filipinos who need care are dependent on family and/or community care, but the population of the Philippines is also steadily ageing. Whatever pathways they take when they are recruited as foreign LTCWs in Japan, their skills and knowledge acquired in Japan are highly useful and important to develop good LTC system in the Philippines.

The Philippine government and stakeholders of LTC in the Philippines are strongly encouraged to develop a reliable LTC system that is suitable for the Philippines and affordable for ordinary Filipino people, utilising the high competencies of returned LTCWs. Such an attempt will contribute to the development of reintegration programmes and lifelong education courses for LTCWs, as well as the establishment of career paths of LTCWs in PHLQF. Population ageing will surely come even in the Philippines. The high skills of returned LTCWs will be indispensable components of the LTC system in the Philippines. Japan is also encouraged to work together with the Philippines to establish the quality LTC system in the Philippines as a beneficiary of cross-border LTCWs.

The PHLQF is, unfortunately, still far from total harmonisation with Japan's LTC career grading system. Filling the gap between them will benefit both countries through the utilisation of competencies of cross-border LTCWs. Recognising high competencies of LTCWs in officially endorsed qualification frameworks is expected to change the general view on LTC from unskilled and onerous work to decent work, and will contribute to the empowerment of women, who are still predominant in LTC industries.

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Chapter 5

Comparison of Qualifications Framework for Long-term Care between India and Japan

1. Development of Skills Qualifications Framework in India

1.1. Background situation in India

India has shown good performance on economic growth over recent decades, but this has been achieved by relying on tertiary education and a relatively small number of sectors of global reach, particularly information and communications technology. India's literacy rate and participation rate in primary education have still been low compared with other emerging economies; as a result, India's inequality has increased (Ernsberger, 2012; Kamat, 2007). On the other hand, India has a rapidly growing working-age population and has the potential to increase productivity utilising this 'demographic dividend', so investing in the skills of the workforce is an urgent issue because the vast majority of the working-age population are engaged in low-skilled work. Without human capital development, India will miss out economic growth, which could result in social unrest (British Council and ILO, 2014; Ernsberger, 2012).

In 2009, the National Skill Development Policy was introduced aiming for the development of a national qualifications framework that would transcend both general education, and vocational education and training. Because of the absence of the authority, which was supposed to take central role, individual ministries worked on the development of frameworks, but in 2013, the National Skills Qualifications Framework (NSQF) (Table 5.1) was established as a unified framework, coupled with the formation of the National Skill Development Agency (NSDA). NSDA is supposed to anchor NSQF, with the latter implemented through the National Skills Qualification Committee, whose secretariat is set up under NSDA (Ministry of Finance Department of Economic Affairs, 2013).

Table 5.1. The National Skills Qualifications Framework of India

Level	Process Required	Professional Knowledge	Professional Skills	Core Skills	Responsibility
10	Highly specialised knowledge and problem-solving skills to provide original contribution to knowledge through research and scholarship.			Responsible for strategic decisions in unpredictable complex situations of work/study.	
9	Advanced knowledge and skill. Critical understanding of the subject, demonstrating mastery and innovation, completion of substantial research and dissertation.			Responsible for decision making in complex technical activities, involving unpredictable study/work situations.	
8	Comprehensive, cognitive, theoretical knowledge and practical skills to develop creative solutions, to abstract problem. Undertakes self-study, demonstrates intellectual independence, analytical rigour, and good communication.			Exercise management and supervision in the context of work/study having unpredictable changes, responsible for development of self and others.	
7	Requires a command of wide-ranging specialised theoretical and practical skill, involving variable routine and non-routine context.	Wide-ranging factual and theoretical knowledge in broad contexts within a field of work or study.	Wide range of cognitive and practical skills required to generate solutions to specific problems in a field of work or study.	Good logical and mathematical skill understanding of social political and natural environment good in collecting and organising information, communication, and presentation skill.	Full responsibility for output of group and development.
6	Demands wide range of specialised technical skills, clarity of knowledge and practice in broad range of	Factual and theoretical knowledge in broad contexts within a	A range of cognitive and practical skills required to generate solutions to specific problems in a field of work or	Reasonably good in mathematical calculation, understanding of social, political, and reasonably good in data	Responsibility for own work and learning and full responsibility for other's works and

	activity involving standard/non-standard practices,	field of work or study.	study.	collecting organising information, and logical communication.	leaning.
5	Job that requires well developed skill, with clear choice of procedures in familiar context.	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.	Desired mathematical skill, understanding of social, political, and some skill of collecting and organising information, communication.	Responsibility for own work and learning and some responsibility for other's works and learning.
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.
3	Persons may carry out a job that may require a limited range of routine and predictable activities.	Basic facts, process, and principles 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.

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.
1	Prepares person to carry out processes 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, additional subtraction personal financing, familiarity with social and religious diversity, hygiene, and environment.	No responsibility always works under continuous instruction and close supervision.

Source: Ministry of Finance Department of Economic Affairs (2013), *Notification No. 8/6/2013-Inv*. New Delhi: Ministry of Finance.

<https://www.nsda.gov.in/assets/documents/nsqf/NSQF%20Gazette%20Notification.pdf> (accessed 16 April 2021)

1.2. Features of National Skills Qualifications Framework of India

The Notification No. 8/6/2013-Invt by the Department of Economic Affairs of the Ministry of Finance describes the following reasons why the development of a PQF was needed (Ministry of Finance Department of Economic Affairs, 2013):

a. Transcending general education and vocational education and/or training

In India, separate systems between general education and vocational education (training) has generated hesitation amongst the youth regarding mobility from vocational to general education and vice versa. NSQF is expected to make qualification of both education systems more understandable and transparent.

b. Outcome-based approach

Different from the conventional system focusing on inputs, NSQF is defined and described with competencies that are required for each qualification level. Jobs corresponding to each competency are ascertained by corresponding industries through the respective Sector Skill Councils (SSCs).

c. Transparent progression pathway

Institutes, students, and employers can clearly understand what skills they have achieved, what they can do, and what they cannot do after completing particular courses.

d. Removal of negative perception of vocational education/training

NSQF shows the pathway to acquire higher qualification including degrees and doctorates, which can be achieved by those who started their career from vocational education/training.

e. Recognition of prior learning

Competency-based qualifications frameworks allow recognising the skills that have been acquired through informal learning and would not require additional formal education. The conventional qualification system has failed to recognise such skills.

f. Alignment of Indian qualifications to international qualifications

Without international alignment of qualifications, cross-border workers are required to undergo a course again to get a qualification in the destination country, even if they have already acquired the equivalent skills in the home countries. NSQF helps to avoid such problems in accordance

with recent bilateral and multilateral agreements.

g. Credit accumulation and transfer system

Any educational module from general education to vocational education/training can be integrated under NSQF. It facilitates the mobility of students and workers from education domain to practical experience and vice versa.

1.3. Levels, standards, and curricula

As shown in Table 5.1, NSQF consists of 10 levels, each of which represents a different level of required complexity, knowledge, and autonomy. Level 1 is the lowest, while Level 10 is the highest. In some cases, the standard time taken to acquire designated qualifications may be indicated for some levels of some sectors, but the users of NSQF should note that levels are not directly related to years of education and/or training, but rather are defined by competencies, i.e. professional knowledge, professional skill, core skill, and responsibility. Through lifetime learning, anybody can move to higher levels from lower levels ('vertical mobility') or across levels if they take on new a skill category ('horizontal mobility').

The following are some important items on the development of standards and curricula in accordance with NSQF (Ministry of Finance Department of Economic Affairs, 2013).

a. National Occupational Standards

National Occupational Standards (NOSs) define the measurable performance outcomes required for a particular task. As each job role may require a combination of several tasks, the combination of NOSs required for a particular job role would form the Qualification Pack (QP) for that job role. NOSs and QPs are supposed to be formulated by the SSCs and each combination of NOSs and QPs ('QP-NOS' hereinafter) is assigned with each level of the NSQF. SSCs are set up as autonomous industry-led bodies by the National Skills Development Corporation (Ministry of Skill Development and Entrepreneurship, n.d.), which was established in 2008 by the Ministry of Finance as a Public-Private Partnership model aiming for the promotion of skill development and funding to enterprises, companies, and organisations that provide skills training (National Skills Development Corporation, 2017).

b. Curriculum packages

Curriculum Packages are developed for each NSQF level and for specific QPs that are identified by the responsible SSCs. NSQF curricula should be modular so that they allow skill accumulation and facilitate exit and entry of learners.

c. Industry engagement

Because NSQF is outcome-based, participation of the industry and employers is critical to the success of this system. Education and training courses are designed, developed, and delivered, and learners are assessed and certified in consultation with SSCs, industry, and employers.

1.4. Structure of qualification packs

Each QP-NOS is supposed to provide the following information: job role description, NSQF level, educational qualifications, minimum job entry age, experience, and applicable NOSs. As described in the previous section, each QP-NOS is composed of several NOSs. For example, the QP-NOS 'Elderly Caretaker (Non Clinical)' consists of four compulsory NOSs (and no optional NOS): 'Assisting the elderly person with daily activities and personal hygiene', 'Preparing food and assisting in consuming meals and drinks', 'Support in cleaning and tidying up client's room', and 'Building effective communication and relation with the elderly person, their social network and the medical/nursing staff' (Domestic Workers Sector Skill Council, 2016b).

Each NOS provides the 'performance criteria', 'knowledge and understanding', and 'skills' required for the tasks described under the designated NOS. The components of 'knowledge and understanding' are further classified into the following two categories: 'organisational context' (knowledge of the companies or organisation and its processes) and 'technical knowledge'. The item 'skills' consists of 'core skills/generic skills' (sub-items: writing skills, reading skills, and oral communication) and 'professional skills' (sub-items: decision making, plan and organise, customer centricity, problem solving, analytical thinking, and critical thinking).

1.5. Qualification Packs related to long-term care

Among 38 SSCs, two can be seen as those creating QP-NOSs related to long-term care. One of such SSCs, Domestic Workers SSC, developed the QP-NOS 'Elderly Caretaker (Non-Clinical)'

(Domestic Workers Sector Skill Council, n.d.), whilst under Healthcare SSC, three QP-NOSs, 'Geriatric Care Assistant', 'General Duty Assistant', and 'Home Health Aide', have the proximity to LTC services (Healthcare Sector Skill Council, 2017b). The NSQF levels assigned to each QP-NOS stated above are the following.

- Geriatric Care Assistant: Level 4 (Level 5 until September 2050)
- General Duty Assistant: Level 4
- Home Health Aide: Level 4
- Elderly Caretaker (Non-Clinical): Level 3

For reference, nurses who completed 2-year diploma courses are ranked at Level 6, and nurses who acquired a bachelor's degree are ranked at Level 7 of NSQF (University Grants Commission, 2019). India's most basic level nurses receive the designation 'auxiliary nurse-midwife', and they are required to complete 2-year diploma courses to be officially registered (World Health Organization, 2017). In other words, nurses are ranked at Level 6 of NSQF, even at the lowest, while all the jobs that are equivalent to long-term care workers (LTCWs) are ranked at lower levels than nurses.

1.6. Comparison of job roles of LTC-related job titles between India and Japan

Referring to the 'responsibility' domain of NSQF descriptors (Table 5.1), those who are qualified for Level 3 are able to take responsibility for their own work within defined limits only under close supervision, while Level 4 qualification enables them to take the responsibility without supervision. Those who have acquired Level 5 qualifications can take responsibility for their own work and learning, as well as some responsibilities for others' work and learning. Comparing these descriptors with Japan's Long-term Care Professional Career Grade System (Table 3.1), NSQF's Levels 3, 4, and 5 are roughly equivalent to Japan's Levels 2, 3, and 4, respectively.

As discussed in Chapter 3, Japan's Technical Intern Training Program (TITP) is designed to accept foreign care workers whose competence is ranked at Level 1 of Japan's grading system, but if the applicants of TITP-LTC trainees have already been qualified as Level 4 in India's NSQF, their qualification levels can be downgraded because their competency should be recognised as Level 3 in Japan's grading system. To the contrary, if Indian LTCWs have succeeded in acquiring Japan's

CCW qualification after working several years in Japan, at what level of India's NSQR can they be ranked? In Japan, they can be ranked at Level 4, but NSQF does not have the equivalent level that can be applied to LTCWs. The problem of deskilling can arise from both directions: India to Japan, and Japan to India.

Another noteworthy point is the classification of industrial sectors. As stated in Chapter 3, LTCW is considered as a distinct job category in Japan, and is different from medical professionals. In India, as described in the previous section, three QP-NOSs related to LTC were developed by Healthcare SSC, while one QP-NOS was developed by Domestic Workers SSC. Something like 'Long-term Care SSC' has not been established in India. If both countries intend to promote the personnel circulation of LTCWs, such discordance needs to be bridged. Further, in Japan, there is a growing demand for care for the steadily growing numbers of the people with dementia. This is why the Category 3 TITP-LTC trainees are required to have the skills of provident services for the people with dementia (refer to Table 3.5), but no specific NOS focusing on dementia care can be found in any QP-NOSs under NSQF. Such specific factors which may create strong needs should also be taken into considerations.

2. Descriptions of Long-Term-Care-Related Qualification Packs

As stated in section 5.1.5, four QP-NOSs can be seen as those that may include the components of LTC services. Description of the roles, applicable NOSs, etc. of each QP-NOS is shown in Table 5.2. The following points are the findings from Table 5.2.

- The QP-NOSs developed by Healthcare SSC (upper three QP-NOSs) are ranked at higher level and require higher educational background than the 'Elderly Caretaker (Non-Clinical)', which was developed by Domestic Workers SSC.
- Among three QP-NOSs, 'Geriatric Care Assistant' requires higher educational background (even the qualification of 'General Duty Assistant' and 'Home Health Aide' are included as educational qualification) and more advanced skills specified in geriatric care, but it is ranked at the same level as other two QP-NOSs developed by Healthcare SSC.
- 'General Duty Assistant' and 'Home Health Aide' seem to be designed to recognise

similar skills, such as the support for bathing, toileting, dressing, etc., but some descriptions of applicable NOSs in 'General Duty Assistant' include the term 'Assist Nurse'; it seems 'General Duty Assistant' is a job which is more dependent on the supervisors than 'Home Health Aide', probably because 'General Duty Assistant' is a hospital-based job. Generally, more teamwork is required in a hospital setting rather than a home setting.

- The upper three QP-NOSs, which were developed by Healthcare SSC, are medical-care-oriented jobs, rather than LTC-oriented ones because these QP-NOSs focus on hospital care and/or patient care in other settings.

Taking these findings into account, 'Elderly Caretaker (Non-Clinical)' can be the most relevant job amongst these four QP-NOSs, which has the potential to evolve into the occupational category responsible for LTC services in India that is distinct from medical care professionals. The other three QP-NOSs, developed by Healthcare SSC, seem to be designed to be subordinate to other medical professionals, such as physicians, nurses, etc. As discussed in Chapter 3, the occupational category responsible for LTC services should be developed separately from the medical care provision system so that LTCWs can find the definite career paths within the same occupational category.

Further key descriptions of the QP-NOS 'Elderly Caretaker (Non-Clinical)' will be shown per each NOS in the following sub-sections.

Table 5.2. Job Details of Qualification Packs Comprised of Components Related to Long-Term Care

Name of QP-NOS	Role description	NSQF level	Minimum educational qualification	Minimum job entry age	Applicable NOSs
Geriatric Care Assistant	Provide routine individualised care to geriatrics at hospitals, home set-up, old age homes, or community centres in maintaining daily activities.	4	Class XII (preferably biology)/ General Duty Assistant/ Home Health Aide	21 years	<ol style="list-style-type: none"> 1. Implement interventions to prioritise safety of geriatric patient 2. Assist in routine check-up and vital parameters measurement 3. Support geriatrics in maintaining daily activities 4. Assist to cope up with the ill health conditions and promote rehabilitation 5. Maintain interpersonal relationship with patients, colleagues and others 6. Maintain professional and medico-legal conduct 7. Maintain a safe, healthy, and secure working environment 8. Follow biomedical waste disposal and infection control policies and procedures
General Duty Assistant	Provide patient care and help maintain a suitable environment, particularly on patient's daily care, patient's comfort, patient's safety, and patient's health	4	Class X (Class VIII in certain cases)	18 years	<ol style="list-style-type: none"> 1. Assist nurse in bathing patient 2. Assist nurse in grooming the patient 3. Assist patient in dressing-up 4. Support individuals to eat and drink 5. Assist patient in maintaining normal elimination

	needs.				6. Transferring patient within hospital 7. Communicating appropriately with co-workers 8. Prevent and control infection 9. Assist nurse in performing procedures as instructed in the care plan 10. Assist nurse in observing and reporting change in patient condition 11. Respond to patient's call 12. Clean medical equipment under supervision of nurse 13. Transport patient samples, drugs, patient documents and manage changing and transporting laundry and linen on the floor 14. Carry out last office (death care) 15. Act within the limits of your competence and authority 16. Work effectively with others 17. Manage work to meet requirements 18. Maintain a safe, healthy, and secure environment 19. Practice code of conduct while performing duties 20. Follow biomedical waste disposal protocols
Home Health	Provide routine individualised healthcare to	4	Class X (Class VIII in	18 years	1. Assist patient in bathing

Aide	the elderly, convalescents, or persons with disabilities at the patient's home. Monitor or report changes in health status. Provide personal care such as bathing, dressing, and grooming of patient.		certain cases)		<ul style="list-style-type: none"> 2. Assist patient in grooming 3. Assist individual in dressing-up 4. Support patient to eat and drink 5. Assist individual in maintaining normal elimination 6. Prevent and control infection in the home setting 7. Communicate with geriatric, paralytic, and/or immobile patients and their carers 8. Enable geriatric, paralytic, and/or immobile patients to cope with changes to their health and well-being 9. Implement interventions with geriatric, paralytic, and/or immobile patients at risk of falls 10-15: same as 15-20 of 'General Duty Assistant'
Elderly Caretaker (Non-Clinical)	Assist client in day-to-day activities such as ambulation, eating, dressing, toileting, grooming and in running errands. Also assist in sanitation and housekeeping duties of	3	Class V (preferable)	18 years	<ul style="list-style-type: none"> 1. Assisting the elderly person with daily activities and personal hygiene 2. Preparing food and assisting in consuming meals and drinks 3. Support in cleaning and tidying up client's room 4. Build effective communication and relation with the elderly person, their social network and the medical and/or nursing staff

	elderly person's room and create and maintain hygienic and pleasant work environment.				
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QP-NOS = qualification pack – national occupational standard, NOS = national occupational standard, NSQF = national skills qualification framework.

Source: Healthcare Sector Skill Council (2017a), *Qualification Pack – Geriatric Care Assistant*. New Delhi: Healthcare Sector Skill Council. <https://www.healthcare-ssc.in/national-occupational-standards-page-193> (accessed 28 April 2021).

Healthcare Sector Skill Council (2013a), *Qualification Pack – General Duty Assistant*. New Delhi: Healthcare Sector Skill Council. <https://www.healthcare-ssc.in/national-occupational-standards-page-193> (accessed 28 April 2021).

Healthcare Sector Skill Council (2013b), *Qualification Pack – Home Health Aide*. New Delhi: Healthcare Sector Skill Council. <https://www.healthcare-ssc.in/national-occupational-standards-page-193> (accessed 28 April 2021).

Domestic Workers Sector Skill Council (2016b), *Qualification Pack – Elderly Caretaker (Non-Clinical)*. New Delhi: Domestic Workers Sector Skill Council. <https://nsdcindia.org/qp-nos-results> (accessed 28 April 2021).

QP-NOS: Elderly Caretaker (Non-Clinical)

(Source: Domestic Workers Sector Skill Council, 2016b)

As shown in Table 5.2, this QP-NOS is composed of four NOSs. The following is the detailed description of the first one: Assisting the elderly person with daily activities and personal hygiene. Some comparison with Japan's system is also described here.

NOS 1. Assisting the elderly person with daily activities and personal hygiene

The task of this NOS is described as: assisting the older persons who are partly self-sufficient or non-self-sufficient with the tasks of daily hygiene and dressing. This NOS also covers assisting older person's daily activities and communication with them and family. A performance criterion (PC) is provided for each scope of the tasks under this NOS as the followings.

Scope 1: To assist older person in personal hygiene tasks, dressing/undressing

PC1: assist in personal hygiene tasks depending on the clients' degree of ability

PC2: assist in dressing/undressing depending on the clients' degree of ability

PC3: assist in toileting with due respect to the clients' constraint and privacy

PC4: make beds and change linen on timely basis

Scope 2: To assist older person in his/her daily activities and tasks

PC5: assist with walking and light exercise if required

PC6: assist with bathing, dressing and grooming

PC7: reminder for daily medication and routine check-ups

PC8: escort to outdoor event and recreational activities

PC9: act as a companion or a friend to provide emotional support

PC10: taking care of laundry and ironing

Scope 3: Communication with the elderly person and the family

PC11: interact with clients to empower them and obtain their cooperation while

fully respecting individual identity and constraint

PC12: interact with clients' family and doctor to inform them of any changes of clients related to their health and well-being

Compared with Japan's assessment criteria for TITP-LTC trainees (Table 3.5), the performance criteria shown above cover the tasks required for TITP-LTC trainees almost completely. Specifically, all essential tasks of TITP-LTC trainees, i.e. grooming, mobility, feeding, bathing and cleanliness, toileting, providing services in accordance with the conditions of each client, can be found in the performance criteria of this NOS.

In the NOSs, items of workers' competence that are required for the qualification of this NOS are classified into 'Knowledge and Understanding' and 'Skills'. This classification is also similar to Japan's LTC Professional Career Grade System, under which assessment is made from two perspectives: 'what they know' and 'what they can do' (refer to section 3.1.4). 'Knowledge and Understanding' is further classified into organisational context and technical knowledge. The following is the items described under 'Knowledge and Understanding' section of this NOS.

A. Organisational context (knowledge of the company/organisation/employer and its processes)

The individual on the job needs to know and understand:

KA1: basic culture, tradition and lifestyle of the family

KA2: basic responsibilities and desirable results of the activities undertaken

KA3: codes of practice, standards, frameworks and guidance relevant to job

KA4: own roles and responsibilities with own limitations

KA5: to whom report at work should be reported

KA6: roles and responsibilities of other people working with

KA7: how to determine language(s) spoken in the home

B. Technical Knowledge

The individual on the job needs to know and understand:

- KB1: techniques used to support the clients in personal hygiene
- KB2: using adequate techniques to assist with routine body functions
- KB3: how to interact with the clients and the family
- KB4: techniques for the prevention of physical injury and stress
- KB5: general knowledge of personal hygiene
- KB6: dressing/undressing techniques
- KB7: mental and physical features of people of different age group
- KB8: basic knowledge of diseases and their symptoms
- KB9: basic communication and conflict management
- KB10: communication techniques aiming at reassuring, enhancing participation, encouraging food acceptance, obtaining cooperation
- KB11: emotion management and listening skills
- KB12: definition of the following concepts: physical, mental, and social needs, health, illness/distress, dependence in daily life activities
- KB13: care-related issues

The items assigned with KA numbers are all commonly used in other NOSs under this QP-NOS. KB items are specific to each NOS.

‘Skills’ are classified into two categories: Core (Generic) Skills and Professional Skills. All items included in the ‘Skills’ section are common to all NOSs under this QP-NOS. The followings are the list of ‘Skills’ required for the qualification of QP-NOS ‘Elderly Caretaker (Non-Clinical)’.

A. Core Skills / Generic Skills

Writing Skills

SA1: record the completion of the task with relevant details

SA2: record the unusual symptoms or any observation during the task and inform the

appropriate person

SA3: record and report the output quantity

Reading Skills

SA4: read and understand manuals, health and safety instructions, etc.

SA5: read labels, images, symbols

SA6: read the instructions and interpret them correctly

SA7: cross-check the instructions for proper understanding

Oral Communication (Listening and Speaking Skills)

SA8: discuss and understand the requirements of the client

SA9: enquire with the guardian in case of any confusion on the clients' dressing

SA10: discuss procedures with the clients to make them feel comfortable

SA11: answer the doubts that the clients may have in mind

SA12: check frequently with the clients to see whether they are comfortable and fine

B. Professional Skills

Decision Making

SB1: make decisions pertaining to the concerned work

SB2: be able to understand any critical situation related to the work

Plan and Organise

SB3: plan and organise to complete tasks efficiently and effectively so that proper time and care can be provided to the clients

Customer Centricity

SB4: avoid absenteeism

SB5: act objectively, rather than impulsively or emotionally when faced with difficult, stressful, or emotional situation

SB6: work in discipline

SB7: be punctual

Problem Solving

SB8: evaluate the possible solutions and do the best in case family is not around

SB9: identify immediate or temporary solutions to resolve problem

Analytical Thinking

SB10: take initiative to enhance and learn skills

SB11: be open to new ways to doing things

SB12: have the capacity to envisage and articulate personal goals

Critical Thinking

SB13: assess the situation and follow direction to deal with emergency

NOS 2: Preparing food and assisting in consuming meals and drinks

The task of this NOS is described as assisting individuals who are partly self-sufficient or non-self-sufficient with preparing food and consuming food and drink, taking into account the clients' taste, nutritional and dietary requirements etc. in order to ensure that the clients have healthy meals that meet needs and preferences. PCs for this NOS are the following.

Scope 1: Assist clients in purchasing foodstuff; prepare food as per their diet chart

PC1: support purchasing foodstuff taking into account prescribed nutrition plans and any other instructions provided

PC2: when cooking, comply with basic health, hygiene and safety requirements and check that foodstuff is properly stored to prevent food poisoning

PC3: the food should be cooked as per the clients' ability to chew and swallow

PC4: use appropriate cooking techniques (frying, boiling, steaming, and microwaving)

Scope 2: Tracking clients' food and drink intake as per the prescribed diet

PC5: encourage the clients to drink and eat as their nutritional plan and medical conditions

PC6: monitor the clients' food and drink intake to provide information to the family and doctor

PC7: when cooking and serving food, use relational styles adequate to the clients' conditions to enhance their participation and obtain their cooperation

The components of 'Technical knowledge' under 'Knowledge and Understanding' are the following. (As already described, components of 'Organisational Context' of 'Knowledge and Understanding' and 'Skills' are same as those of NOS 1.)

B. Technical Knowledge

KB1: purchasing foodstuffs based on the clients' taste and habit

KB2: using appropriate cooking techniques

KB3: information on nutrition plans prescribed to the clients

KB4: how to encourage the clients to have enough food and drink

KB5: how to keep food and drink intake of clients in accordance with medical conditions

KB6: compilation with basic health, hygiene and safety requirements in preparing and storing foodstuffs

KB7: general standards on the use of cooking appliances and home safety and security

Nutrition is critical to older people's health. In Japan's assessment criteria of TITP, trainees for LTC do not have the items related to nutritional control of older people in any category of tasks provided: essential, related, peripheral, and safety and sanitation tasks (Tables 3.5 and 3.6). In terms of nutritional management, India's QP-NOS 'Elderly Caretaker (Non-Clinical)' requires more competence for its qualification than Japan's criteria.

The details of other two NOSs are not shown here, but these also incorporate some important items for LTC service provision, such as laundry, hygiene and sanitation, keeping the living environment cosy, home safety and prevention, promoting socialisation of the clients, being alert

to abuses and harassments, etc., which are also included in Japan's assessment criteria for TITP trainees for LTC. The items which are missing in this QP-NOS but are included in Japan's criteria are few; one of them is management and maintenance of assistive devices, which may not be common in India.

The QP-NOS 'Elderly Caretaker (Non-Clinical)' is ranked at Level 3 of India's NSQF, so it may be equivalent to Level 2 of Japan's LTC Professional Career Grade System from the perspective of required responsibilities (as discussed in 5.1.6), but from the perspective of the required competencies, this QP-NOS seems to be equivalent to Level 3 of Japan's grading system because the requirements of this QP-NOS look similar to Category 3 TITP trainees for LTC (refer to Table 3.5).

Some items which are crucially important for cross-border LTCWs are also included in the QP-NOS 'Elderly Caretaker (Non-Clinical)', such as understanding basic culture, tradition, and lifestyle, language skills (writing, reading, and oral communication), etc. In Japan's TITP system, these knowledge and skills are supposed to be acquired not only in the home countries of trainees but also during the 'post-entry initial training' after entering Japan (refer to section 3.2.2).

Model Curriculum of 'Elderly Caretaker (Non-Clinical)'

The SSCs provide not only QP-NOSs but also curriculum packages, but it should be noted again that NSQF is based on an outcome-based approach, and the time that appears in model curriculum is just 'notional' (Ministry of Finance Department of Economic Affairs, 2013). Qualification should be based on competency, not on the time of training or education.

The model curriculum of 'Elderly Caretaker (Non-Clinical)' is composed of eight modules and the total duration of the program is 200 hours. Table 5.3 shows the allocated time to each module.

Table 5.3. Modules of Model Curriculum of ‘Elderly Caretaker (Non-Clinical)’

Module	Theory Duration (hours)	Practice Duration (hours)	Corresponding NOS
Introduction	4	5	(bridge module)
Assist client with daily activities and personal hygiene	12	25	NOS 1
Preparing food and assisting in consuming food and drinks	15	25	NOS 2
Support in cleaning and tidying up client’s room	15	25	NOS 3
Building effective communication and relation with the client, client’s social network and medical staff	10	10	NOS 4
Maintain health, safety, and positive relationship at the workplace	8	10	(bridge module)
Create a positive impression of oneself in the household	8	10	(bridge module)
Managing self and money	8	10	(bridge module)
(Total Duration)	80	120	

NOS = National Occupational Standard.

Source: Domestic Workers Sector Skill Council (2016a), *Model Curriculum 1. Elderly Caretaker (Non-Clinical)*. New Delhi: Domestic Workers Sector Skill Council. <https://nsdcindia.org/qp-nos-results> (accessed 28 April 2021).

The grand total duration of this model curriculum (200 hours) is longer than Japan’s 130-hour entry-level training for care workers, which is ranked at Level 1 of Japan’s career grading system, but shorter than Japan’s 450-hour training course for LTC practitioners, which is ranked at Level 3 (refer to Table 3.9). In terms of standard time of training, India’s ‘Elderly Caretaker (Non-Clinical)’ may be equivalent to the position between Level 1 and 3, that is, Level 2 of Japan’s career grading system. This level-mapping between India and Japan based on required hours of training is consistent with the level-mapping which is made based on the required responsibilities (discussed under ‘NOS 2’ section).

3. Recommendations to Produce Highly Skilled LTCWs

3.1. Importance of collaboration amongst countries and across Ministries

In India's NSQF, a QP-NOS equivalent to Japan's LTCW has not been developed. Even at the SSC level (SSC is supposed to develop each QP-NOS), no official statement can be found regarding into which SSC LTC should fall: Healthcare SSC, Domestic Workers SSC, or a newly established SSC exclusively for LTCW.

One of the aims of the establishment of NSQF in India is international harmonisation of competency-based (outcome-based) qualification systems for workers. In this sense, it would make good sense if India can develop a new QP-NOS that is equivalent to Japan's qualification system for LTCWs. For example, the concept of 'LTC to promote self-reliance' has not been incorporated in India's any QP-NOS. The concept of 'self-reliance' is one of the basic principles of Japan's LTC system, and says that the goal is not just support for the persons who need care; rather, LTC should be provided to maximise the remaining functions even if the clients have the difficulty in daily activities. If both India and Japan intend to promote the circulation of LTCWs between both countries, as agreed in the MOCs that were signed in 2017 and 2018, both governments are encouraged to develop together QP-NOSs and/or even a new SSC which incorporate the basic principles of Japan's LTC system which can also be applied to India. Such bilateral or multi-lateral collaboration may be expanded to other countries, considering the rapid population ageing which is taking place worldwide.

Population ageing is a cross-cutting issue, so the development of QP-NOS exclusively for LTCWs requires the collaboration across ministries and agencies. In India, the NSDA takes the responsibility for vocational training, while the Ministry of Human Resource Development works for degree-level qualification including diplomas. The Ministry of Health and Family Welfare is the focal point in the government for the development of LTC system and welfare system as well as medical care and nursing. To avoid the inefficiency that often arises from inter-ministerial work, it is encouraged to establish a body in charge of the human resource development for LTC in an integrated manner.

India will also face population ageing soon. India does not have a fully developed LTC system, but it is certain that enormous human resources for it will be required within a couple of decades

and the demand will steadily grow. Both India and destination countries of Indian LTCWs have the responsibility to create human resources for LTC that benefit the people who need care in both countries without anyone leaving behind.

3.2. Qualification of language skills

As also discussed in section 4.4, the language skills required for LTC are not necessarily the same as language skills in general. In the case of Japan, as shown in section 3.2.2, intensive and continued language training is administered to TITP-LTC trainees because LTC service is a human-oriented work and high language proficiency is required. Further, when the new resident status of ‘Specified Skills’ was put into effect, two kinds of new screening tests for applicants were launched in accordance with the guidelines of the Immigration Services Agency and the Ministry of Health, Labour and Welfare of Japan, those are care skills test and Japanese-language-proficiency test for LTC. The qualifications of these two tests are required for the application of ‘Specified Skills’ resident status, and the contents of language proficiency test for LTC are different from the Japanese language proficiency test targeting the general population. The language test for LTC was developed based on a survey that collected key terms and phrases used in the practical sites of LTC, so it is supposed to cover the terms and phrases which are actually used by LTCWs for their conversation with clients and colleagues and are required for writing their job records and reporting. A textbook was also developed for the learners preparing for these tests (The Japan Association of Certified Care Workers, 2019).

In the QP-NOS ‘Elderly Caretaker (Non-Clinical)’ under India’s NSQF, items related to language skills can be found in the section of ‘Core (Generic) Skills’. This is further subdivided into ‘writing skills’, ‘reading skills’, and ‘oral communication skills’, with several detailed items for each category (also described in the section 5.2). The importance of language skills is reflected in the assessment criteria for the qualification of this QP-NOS. According to the model curriculum of QP-NOS ‘Elderly Caretaker (Non-Clinical)’ (Domestic Workers Sector Skill Council, 2016a), amongst the four NOSs in this QP-NOS (Table 5.2, the right bottom cell), the fourth NOS, which focuses on the competency of communication, has the largest share: 72 marks (for reference, NOS 1: 68 marks, NOS 2: 40, NOS 3: 20, and total 200 marks). It can be said that India’s NSQF, at least in the case of QP-NOS ‘Elderly Caretaker (Non-Clinical)’, recognises that language

proficiency is a critical part of job competencies, but the Japanese language is extremely challenging language for Indian learners. The model curriculum of QP-NOS 'Elderly Caretaker (Non-Clinical)' suggests the total duration of required training for this QP is 200 hours for all content, but if it includes the education and training of Japanese language, this amount of time is insufficient. If both governments are willing to cultivate more people who have the skills to fulfil the requirements of TITP-LTC trainees and LTCWs with 'Specified Skills' resident status, they are encouraged to work together for the development of the training program which covers both countries' requirements and assessment criteria which have already been standardised by each country.

3.3. Career paths of repatriated cross-border long-term care workers to India

As far as can be determined in the literature, India does not provide any programmes to promote the reintegration of repatriated cross-border LTCWs into its domestic labour market. The number of repatriated cross-border LTCWs to India will certainly increase as the demand is sharply increasing all over the world, particularly in high-income countries. Some of them may have high skills of LTC services. For example, if they accumulate the work experience as LTCWs in Japan sufficient to acquire Japan's national CCW qualification, they are supposed to have good leadership amongst peers, as well as the skills of training other staff to some extent. Such human resources must be important to develop the LTC system in India, where the concept of LTC has not been established. They may know the realities of the societies with a highly aged population and the possible solutions to the challenges arising in such societies. How, then, can they be reintegrated into the India's labour market?

There are two key points to attract workers so that they remain in the certain labour market: recognition of competencies and wage levels. As discussed in this chapter, India's NSQF has not provided visible career paths for LTCWs. LTCWs can never be ranked at higher levels, i.e. Level 5 or above, as long as they keep working as LTCWs, while nurses are ranked at such levels from the beginning of their career path. This system may create deskilling, as discussed in the previous chapters, and may discourage the repatriated LTCWs to continue their job as LTCWs. The stakeholders of NSQF are highly encouraged to develop the criteria to recognise the competencies of LTCWs so that they can clearly imagine the career paths.

LTCWs have been suffering from low wage levels. Of course, wage levels are supposed to be fixed in the balance between supply and demand basically, but the solution to this problem is not straightforward because LTC services are provided by foreign workers in many high-income countries and wages for LTCWs are covered by public systems including 'quasi-market' systems in some cases. Japan is one of the typical cases that introduced 'quasi-market' systems to LTC, which employ both public and private competitive systems. Under such systems, the wages are determined by many factors, such as tax revenue, premiums of social insurance, finance of insurance system, balance between demand and supply, etc. In low- and middle-income countries including India, care workers are often recognised as unskilled workers and their wages are in accordance with this unfairly low status because most work for older people of rich families and originate from underprivileged populations. In terms of this, the recognition of skills of domestic workers including 'Elderly Caretaker' in India's NSQF is important to recognise their competencies fairly, and it is expected that NSQF's recognition could be the driving force to increase their wage levels and to let LTC be recognised as decent work.

In conclusion, in India like other countries, the qualifications framework which can recognise advanced competencies of LTCWs and can clearly show the career paths and the way of lifelong learning is crucial for elevating the status and wage levels of LTCWs, reintegrate the repatriated cross-border LTCWs, and optimise the precious human resources who are indispensable for the development of the LTC system of India. The problem of the lack of a recognition system for advanced LTC competencies is not unique to India, but rather is the case with the other two countries that are discussed in this report. All three countries do not necessarily succeed in providing the clear image of career paths and lifelong learning processes to LTCWs (also discussed in the sections 3.3.3 and 4.2.4).

As will be discussed in section 6.3, one of the solutions is the involvement of higher education institutions in LTC and establishing a new academic field like 'LTC studies'. The development of such scientific field can be achieved through incorporating the concept of gerontology and geriatrics. It is also suggested in the report published by the United Nations Population Fund and HelpAge International in 2012 (UNFPA and HelpAge International, 2012). All the countries that intend to create quality LTCWs are highly encouraged to promote the dialogue and collaboration between LTC industries and higher education institutions related to LTC, particularly the experts of gerontology and/or geriatrics.

As an example of facilitating the collaboration between higher education and LTC practice, in the United States, members of the Gerontological Society of America organised the Academy for Gerontology in Higher Education (AGHE) aiming for offering education, training, curricular innovations, and research programmes in the field of ageing (The Gerontological Society of America, 2021a). The AGHE has activities to develop the curriculums of community colleges that create LTCWs. This attempt can be interpreted as the application of the outcome of gerontological and geriatric research to vocational education (The Community College Standing Committee, The Association for Gerontology in Higher Education, 2013). The AGHE also supports the establishment of an interdisciplinary body which is called something like 'Center on Aging', which is supposed to provide a master's degree programme and carry out research and development on population-ageing-related issues. As another activity of the AGHE, it endorses the principles of the Age-friendly University (AFU) Global Network, which was launched in 2012. AFU offers opportunities to learn about age-friendly efforts and to contribute to educational movements of social, personal, and economic benefit to students of all ages and institutions of higher education (The Gerontological Society of America, 2021b).

According to a document published by the United Nations Economic and Social Commission for Asia and the Pacific, family care still takes the pivotal role in the provision of LTC, and institutionalised LTC or day services are almost non-existent in India. Educational institutions providing programmes in gerontology and geriatrics are also limited, but various training institutions offer programmes for formal caregivers and the need to develop and standardise LTC system is recognised. So-called 'old age homes', which are unregulated and accommodate independent older people, have been considered as alternative shelters in exceptional circumstances, for example, in those cases where no extended family members can take care of older persons; however, in rapidly changing Indian society, it may emerge as one of the key institutions of LTC in India (United Nations ESCAP, 2016). Development of LTC industries, which is supported by academic outcome of LTC-related science, is also important for the development of career paths of LTCWs. India is in a good position to create a universal and reliable LTC system that benefits any older person in the country through a well-developed LTCW qualifications framework that can reintegrate repatriated cross-border workers into domestic LTC industries.

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Chapter 6

Conclusions and Recommendations

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

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

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

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

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

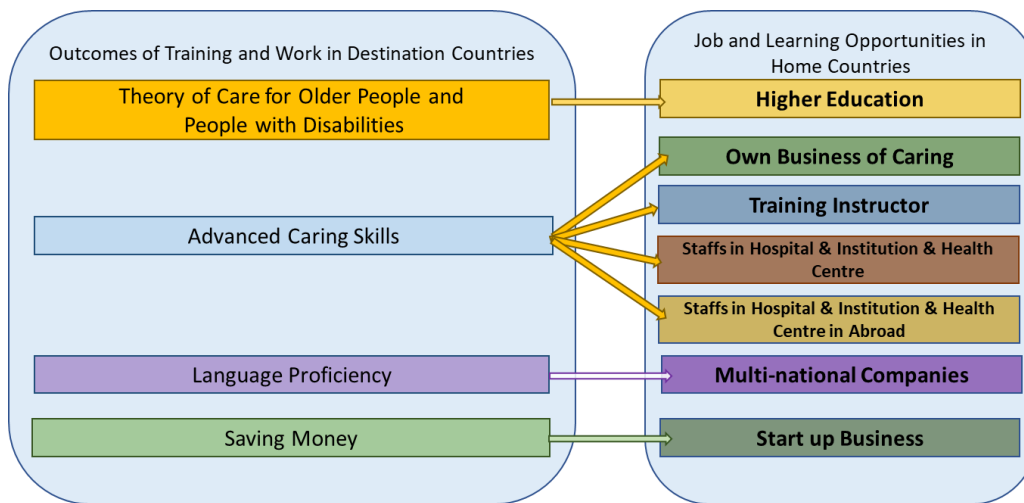
advanced level of LTC practices inevitably includes components of medical practice that are usually carried out by nurses. To develop the criteria of higher and highest levels of LTC career grading system, it is necessary to clarify the difference between LTCWs and nurses or rehabilitation therapists,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

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

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

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

Figure 6.1. Returnees' Job Development



Source: Author's original for this report.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

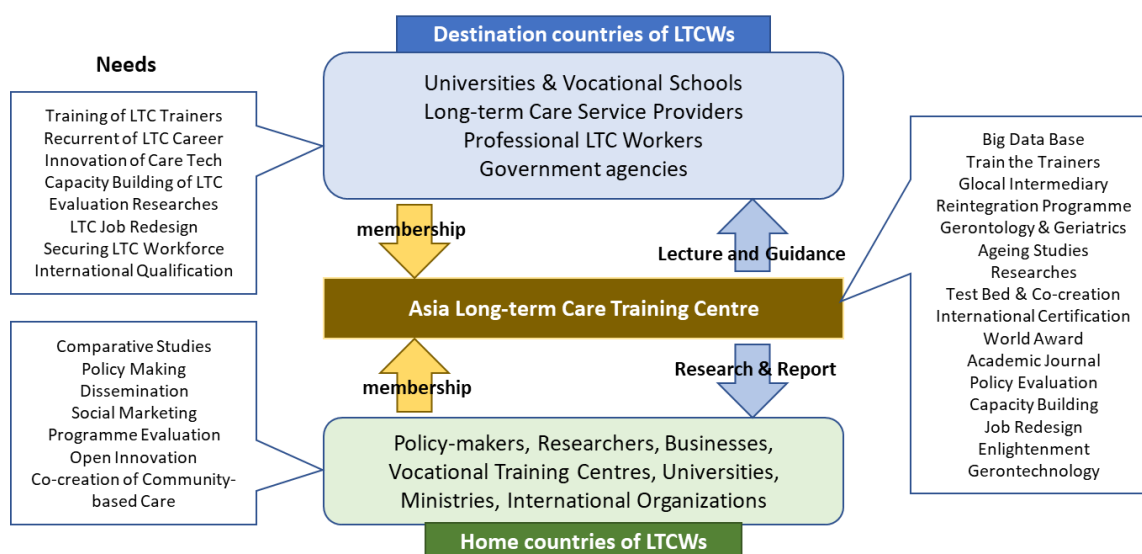
⁶ By M. Kobayashi, at the workshop of expert dialogue on the training of cross-border care workers in 2019, Kitakyushu, Japan.

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

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

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

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



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

Source: Author's original for this report.

References

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United Nations Population Fund (UNFPA) and HelpAge International (2012), *Ageing in the Twenty-First Century: A Celebration and A Challenge*. New York: UNFPA and London: HelpAge International.

<https://www.unfpa.org/publications/ageing-twenty-first-century> (accessed 20 April 2021).

World Health Organization (2015), *World Report on Ageing and Health*. Geneva: WHO Press. <https://www.who.int/ageing/publications/world-report-2015/en/> (accessed 16 April 2021).

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

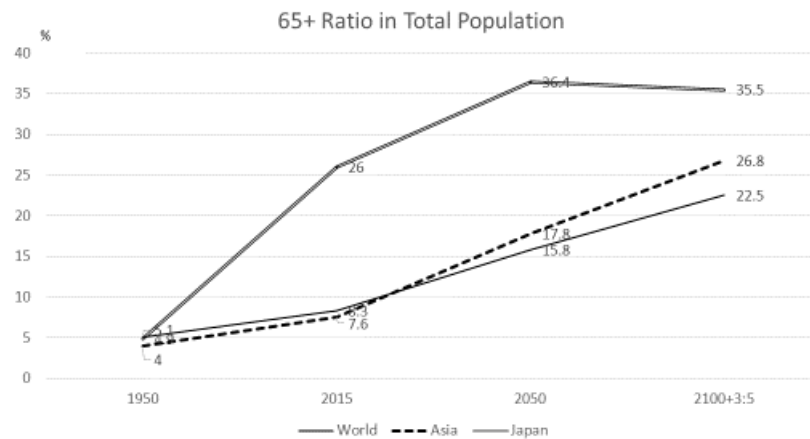
The 1st Expertise Dialogue Workshop of Long-term Care

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



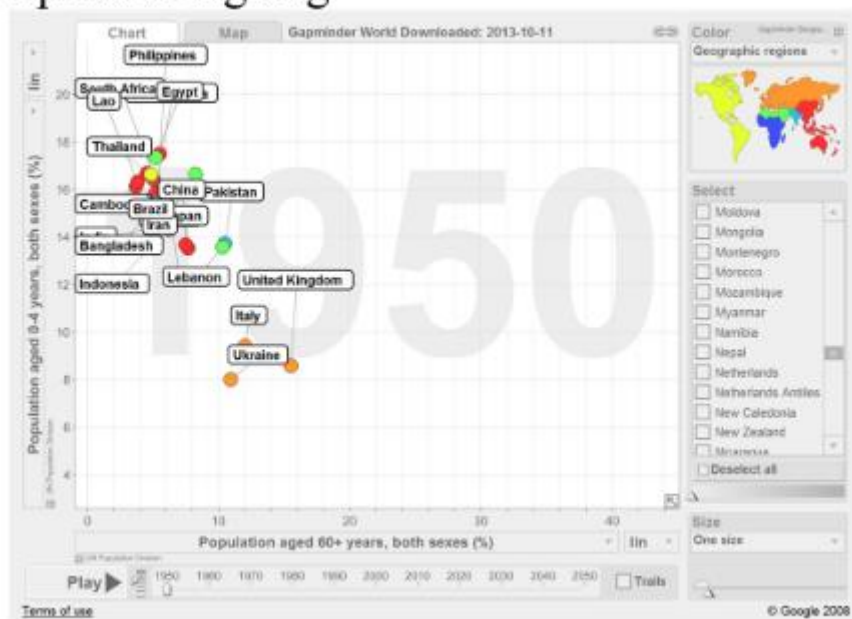
Background of Our Research

Global Ageing

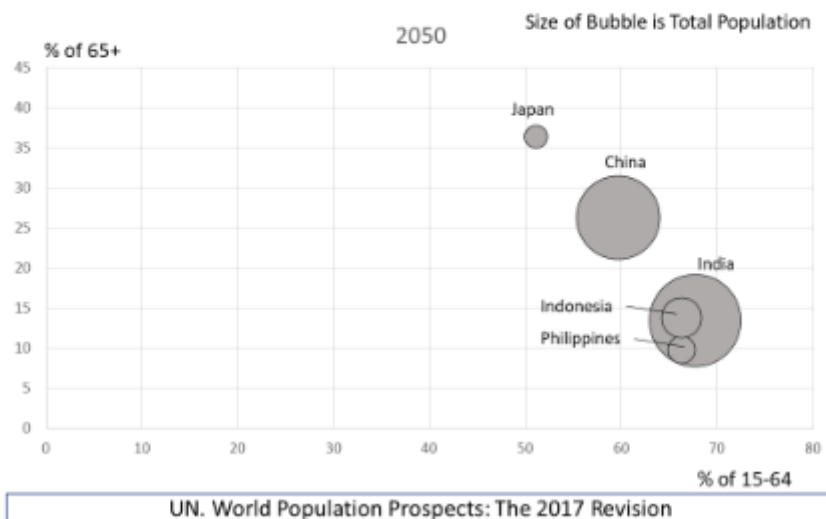
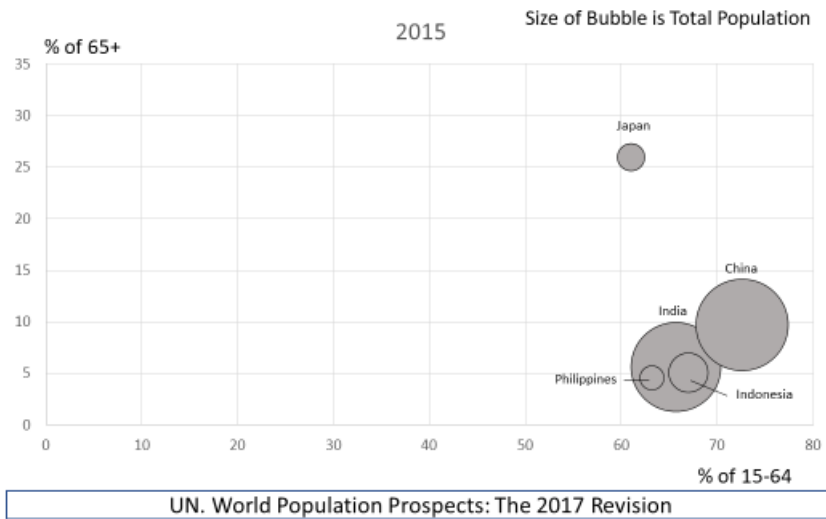


UN. World Population Prospects: The 2017 Revision

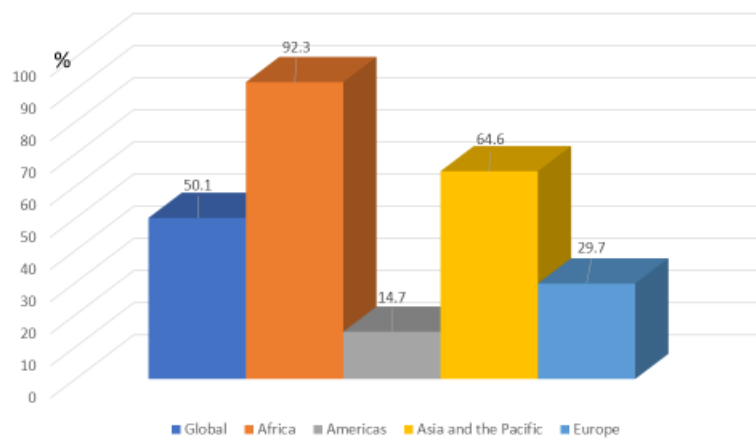
Speed of Ageing



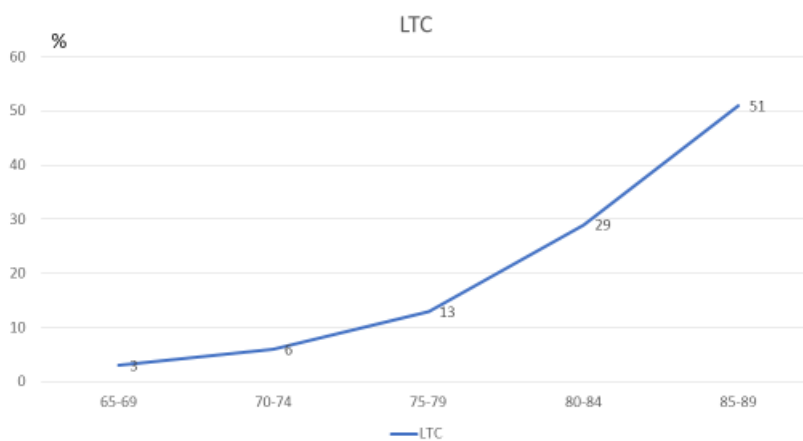
Aging and Decreasing of Productive Population



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

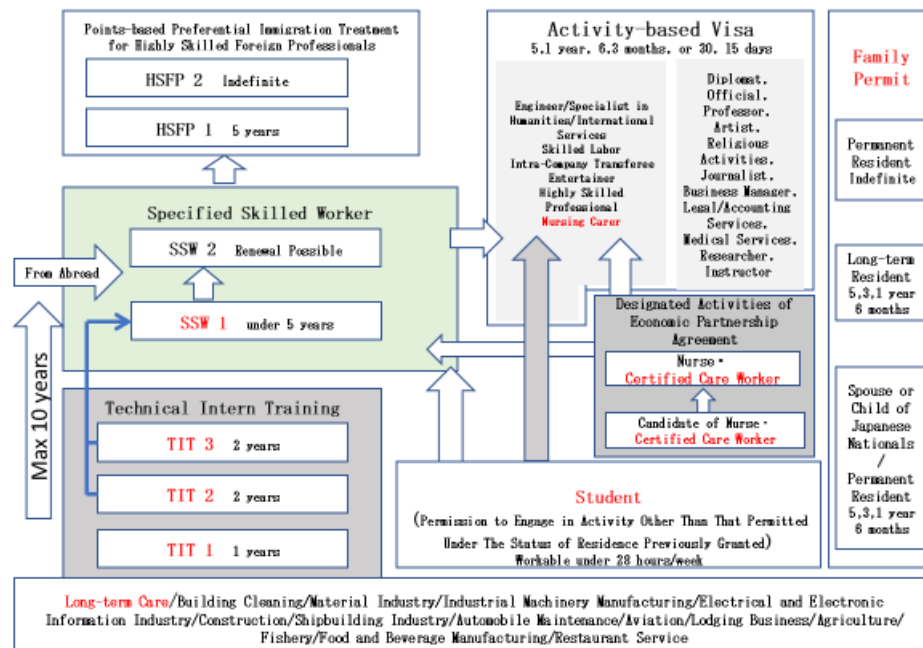
Trial calculation by Takeo Ogawa: Based on "World Population Prospects: The 2017 Revision" and Japan MHLW "Report of Long-term Care Insurance"

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



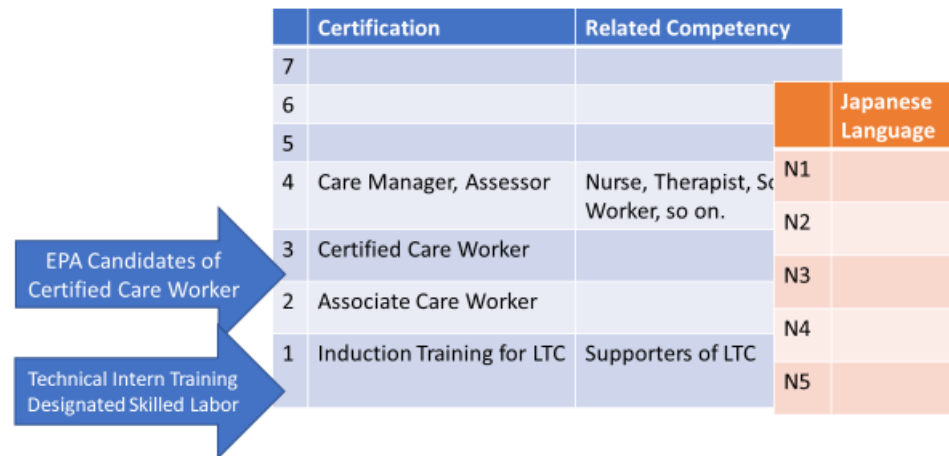
Japanese Long-term Care Workers

- 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

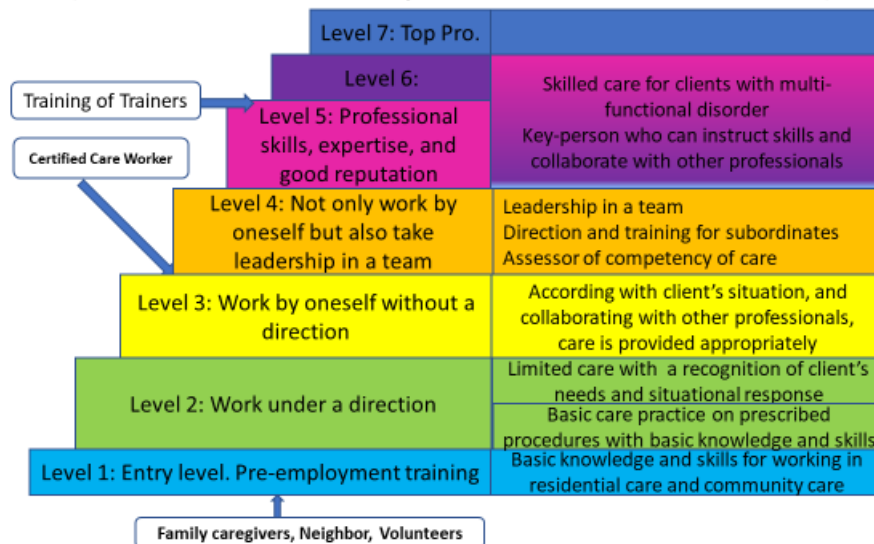


Linguistic Competence in Japan

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.

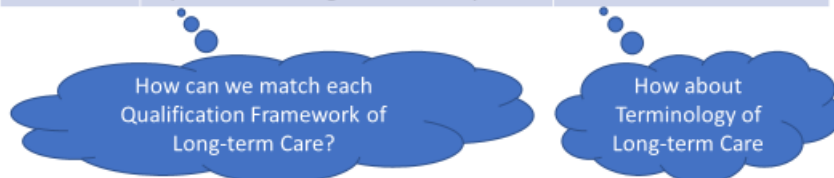
<https://www.jlpt.jp/e/about/levelsummary.html>

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

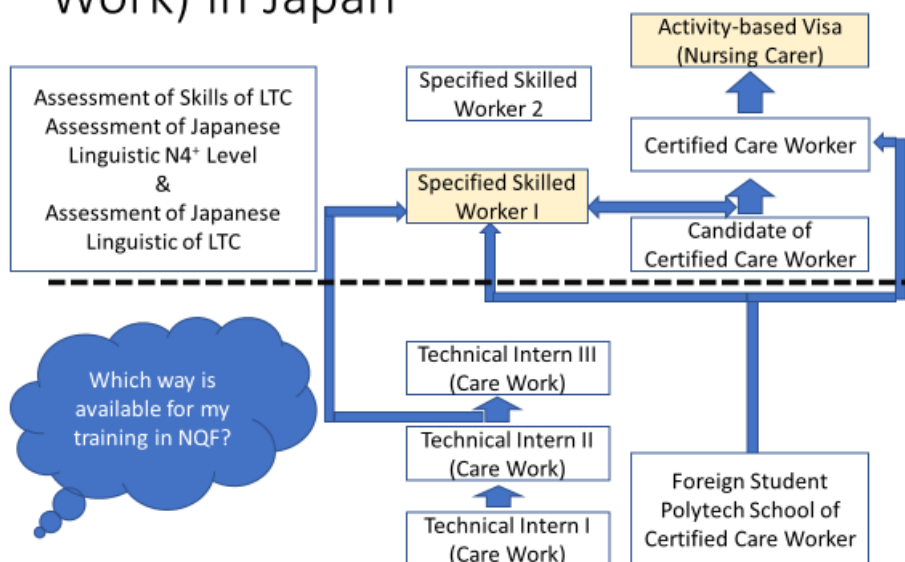


Eligibility for Technical Intern Program (Care Work)

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

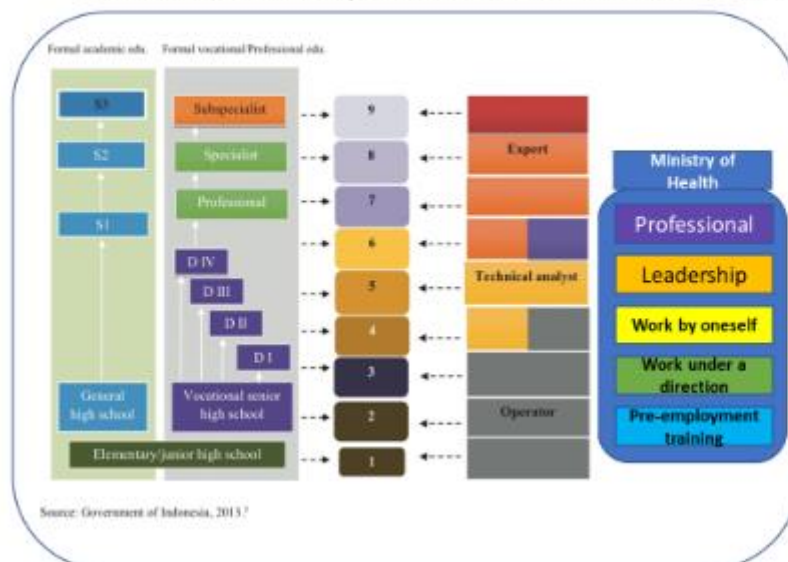
How can we match each
Qualification Framework of
Long-term Care?

Specified Skilled Worker (LTC Work) in Japan

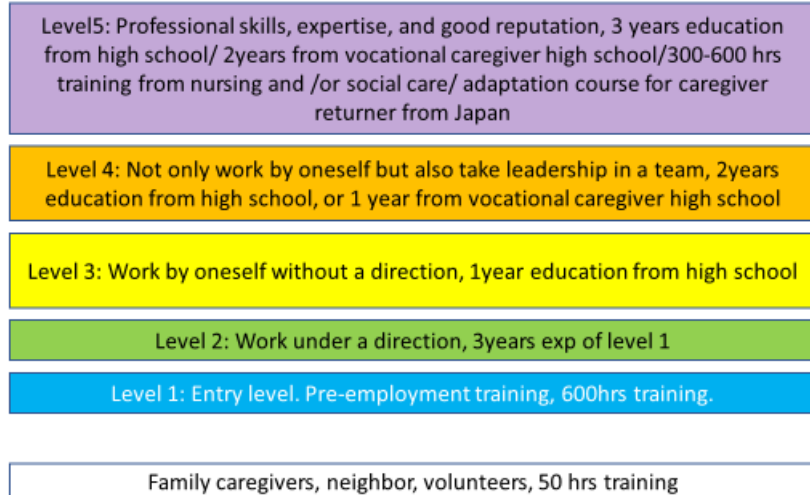


Each National Qualification Framework

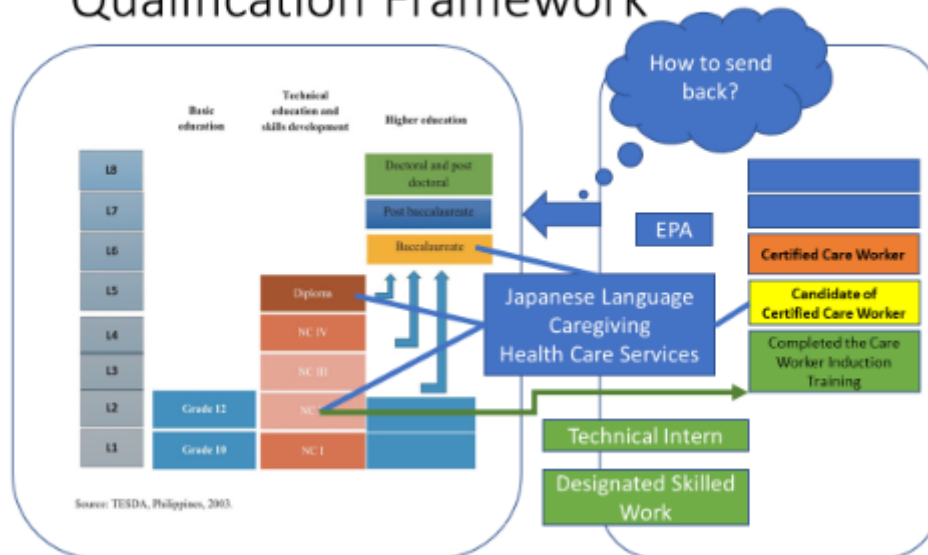
Indonesian Qualification Framework



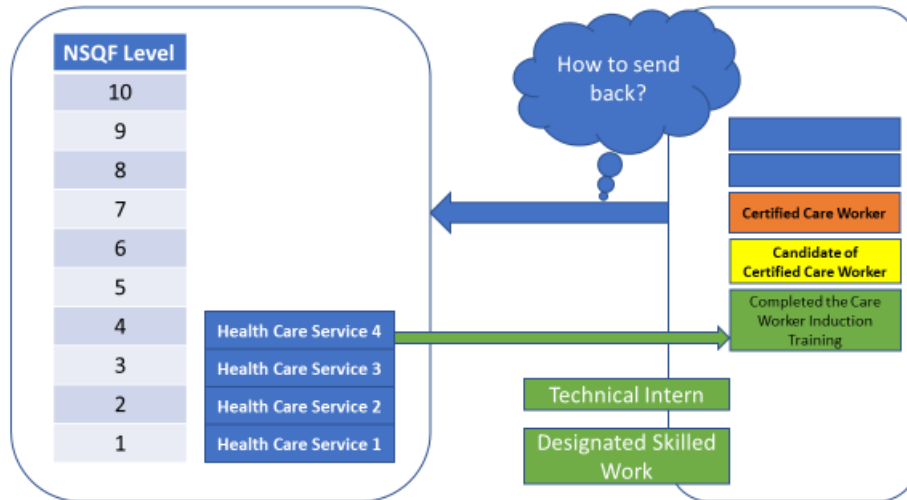
Indonesia Caregiver Training and Education on LTC Ministry of Health, 2017



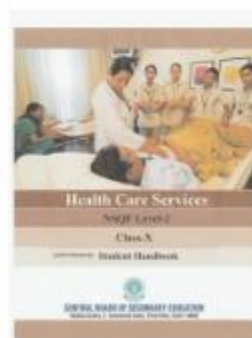
Care Work on Philippines Qualification Framework



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

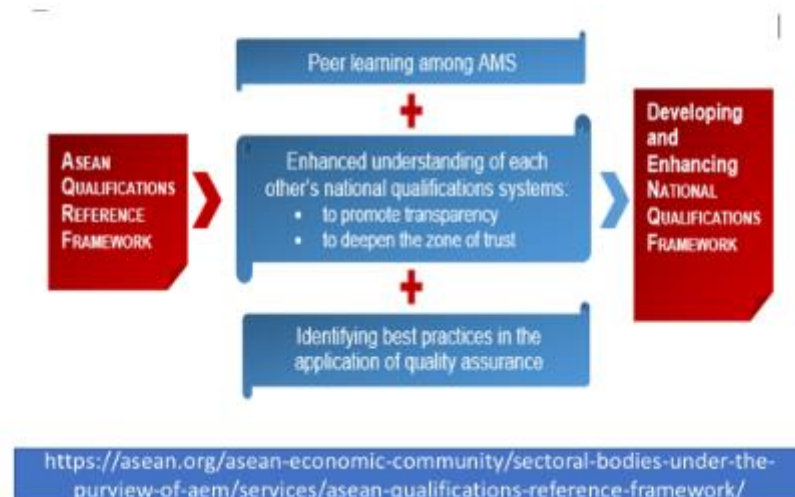
- Prepares person to/carry out process that are repetitive on regular basis require no previous practice
- Familiar with common trade terminology, instructional words meaning and understanding
- Routine and repetitive, takes safety and security measures.
- Reading and writing
- Addition subtraction personal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



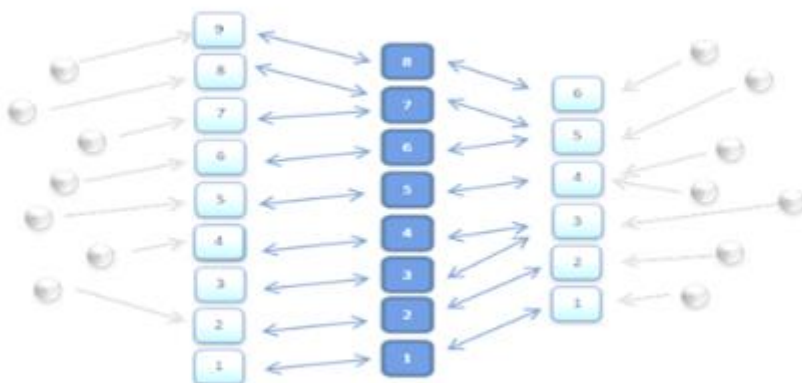
ASEAN Qualification Reference Framework

- 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:

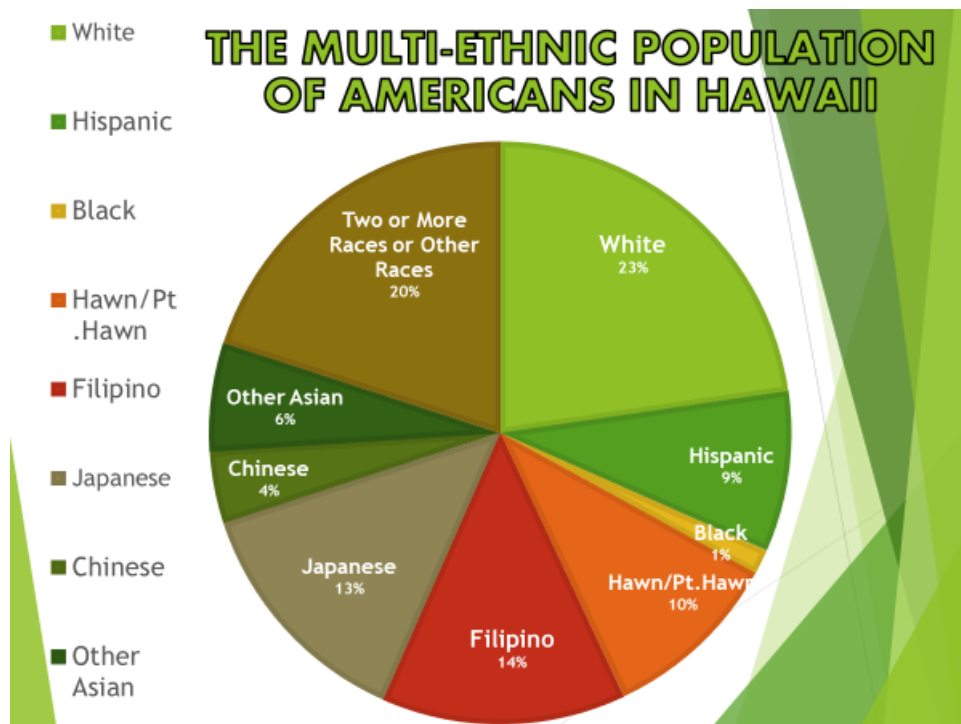
Training Programs for Entry Level Eldercare Workers: Issues & Directions for Change

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

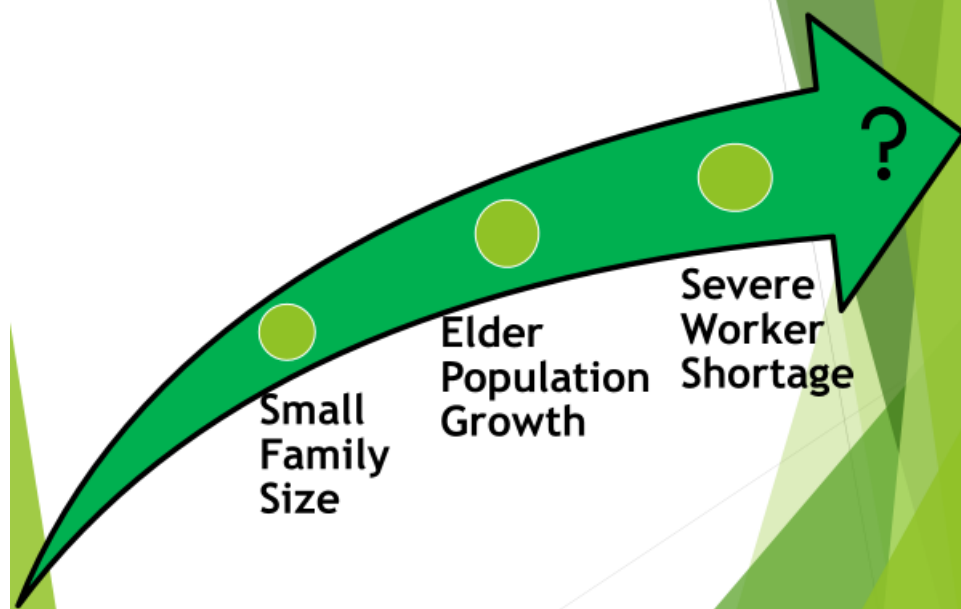
Hawaii: Population Characteristics

- ▶ 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

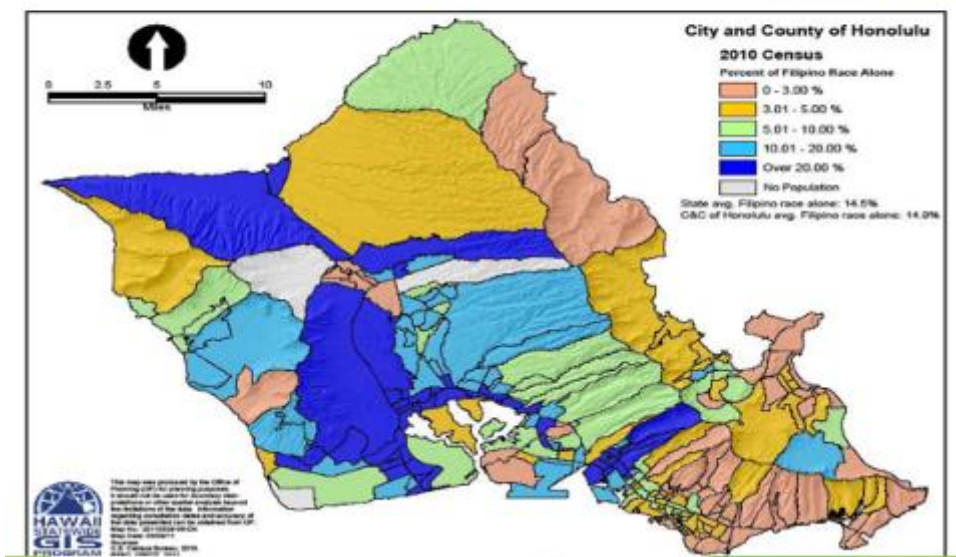
Occupation: Working class -among the last migrant group to Hawaii.



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

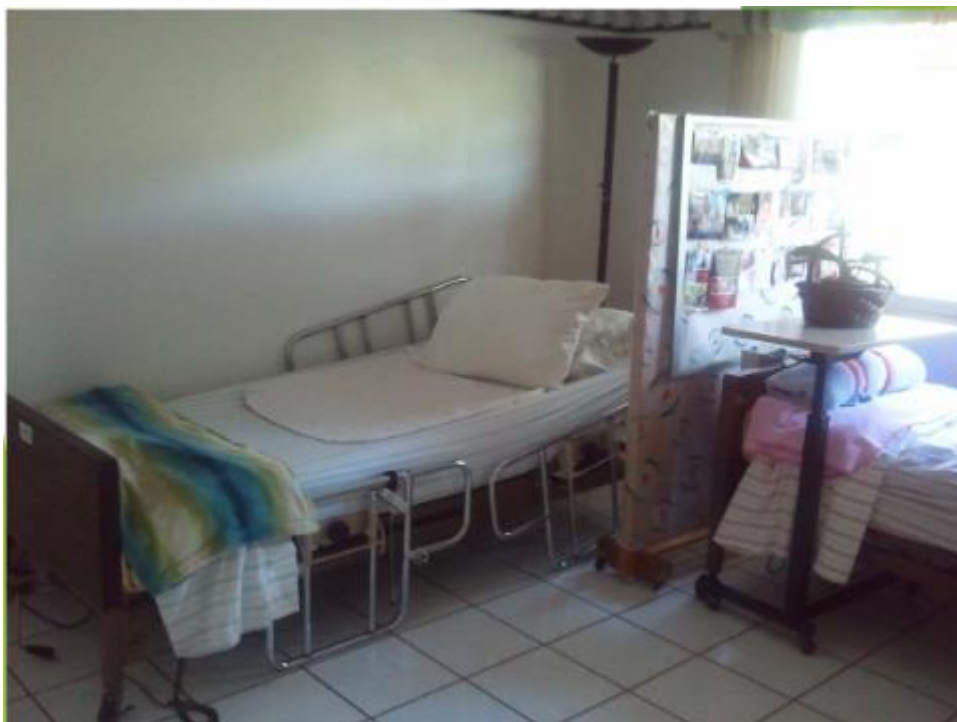
► Services of Case Managers

- 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?

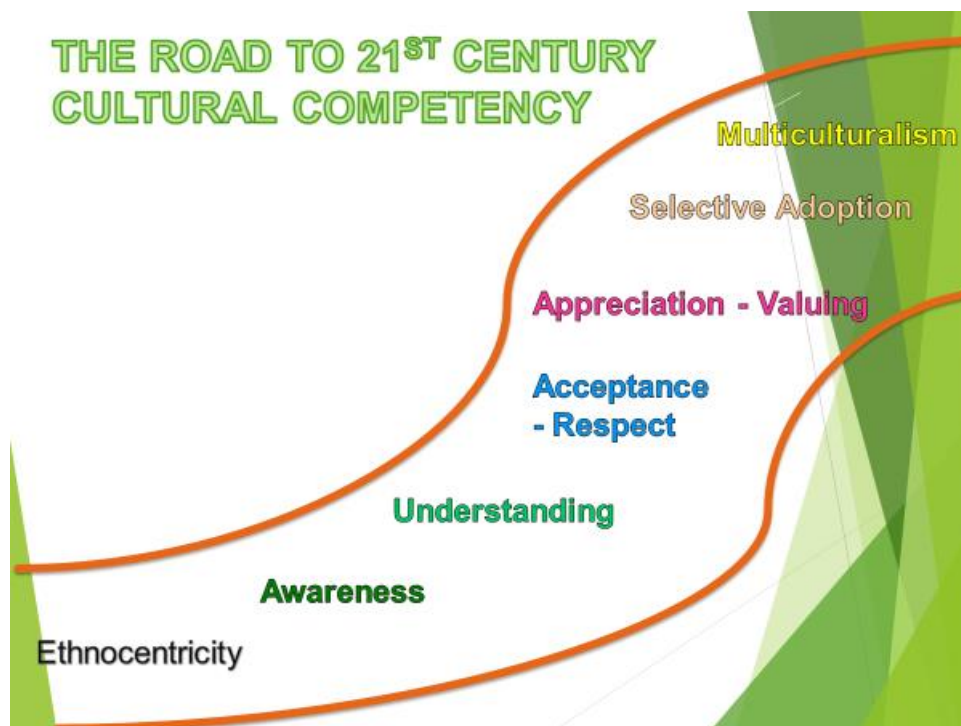
Filipino Immigration has made a very significant contribution to Hawaii's Eldercare System

- ▶ 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**

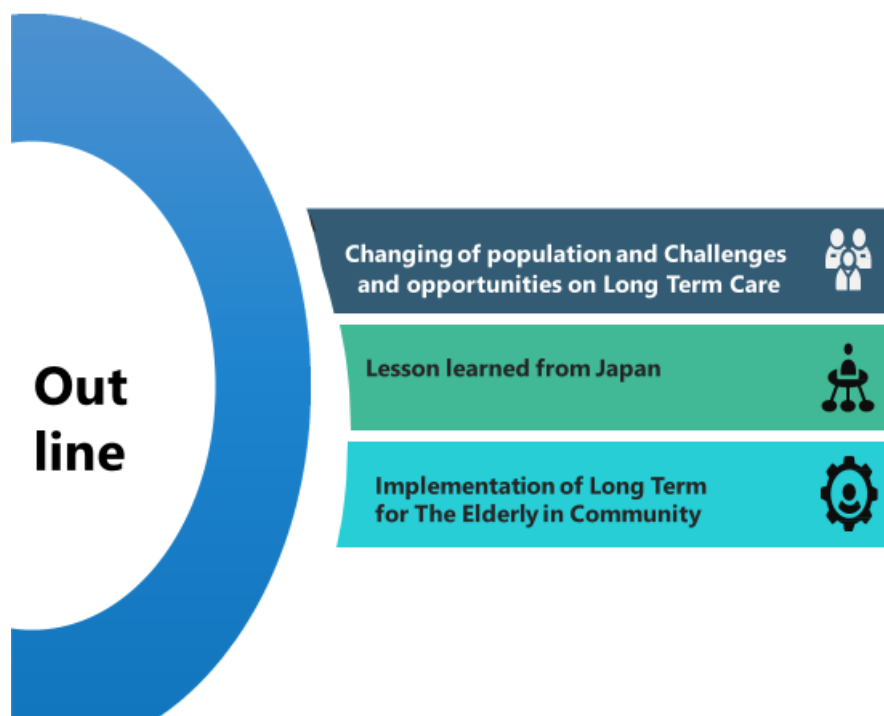
**Multiculturalism can work.
Let's look at places like
Hawaii!**

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

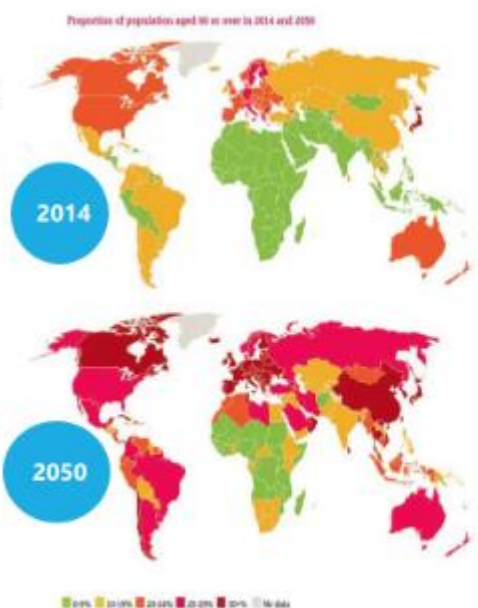


Changing of Population and Challenges and opportunities on Long Term Care for The Elderly



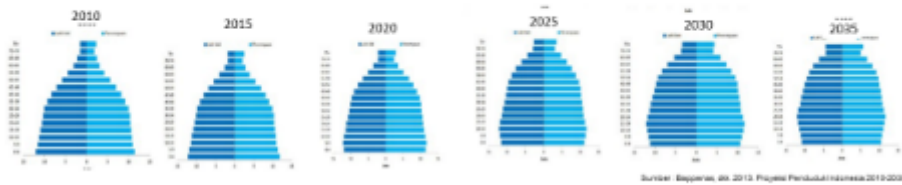
Asia has the fastest
ageing
population

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

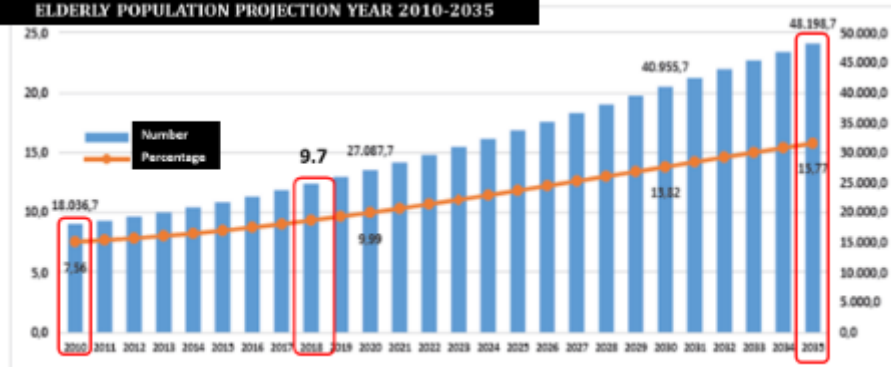


INDONESIA AGEING POPULATION

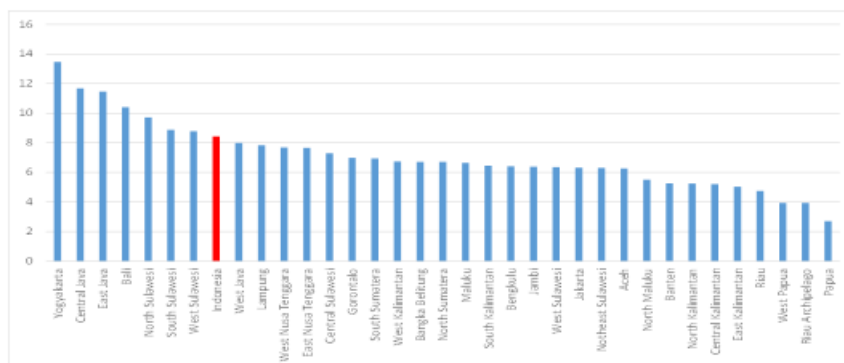
POPULATION STRUCTURE, 2010-2035



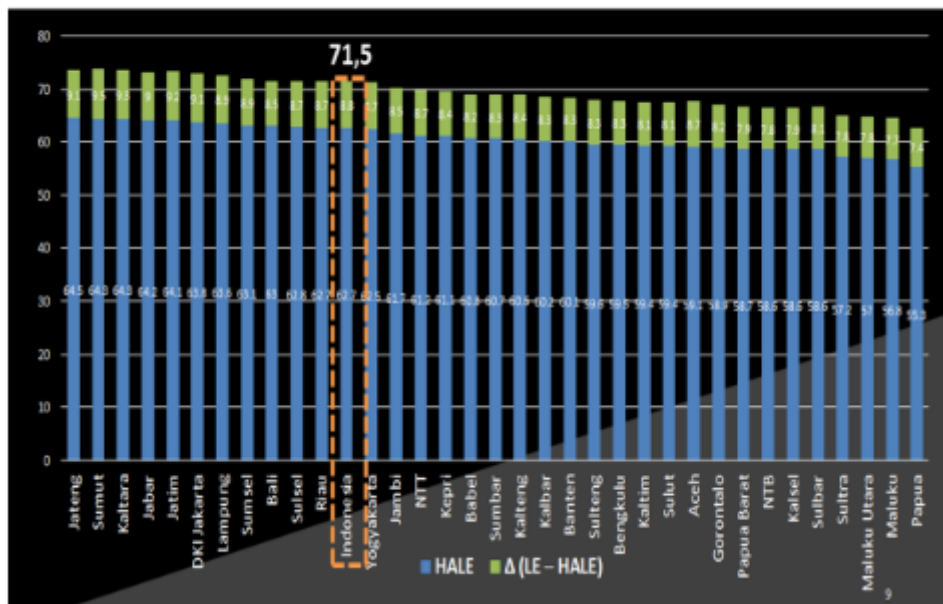
ELDERLY POPULATION PROJECTION YEAR 2010-2035



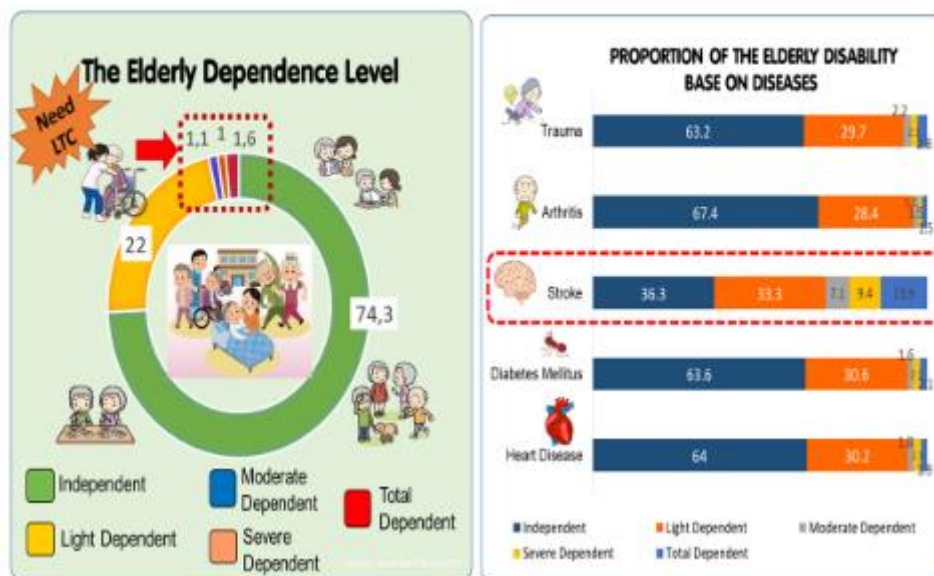
Proportion of Older Persons by Province (SUPAS, 2015)



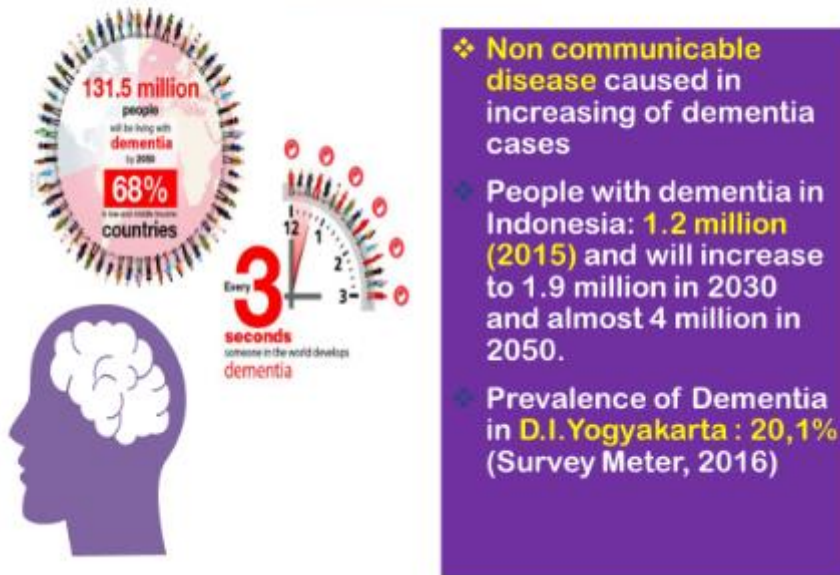
LE AND HALE IN INDONESIA, 2017



PROPORTION OF THE ELDERLY DISABILITY IN INDONESIA YEAR 2018



DEMENTIA IN INDONESIA

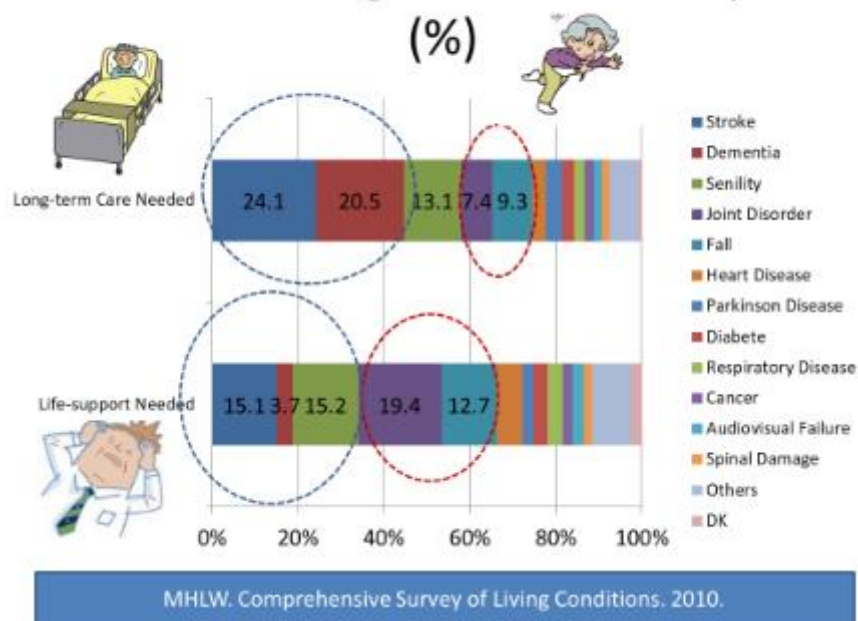


Source: Alzheimer Disease International (2013)

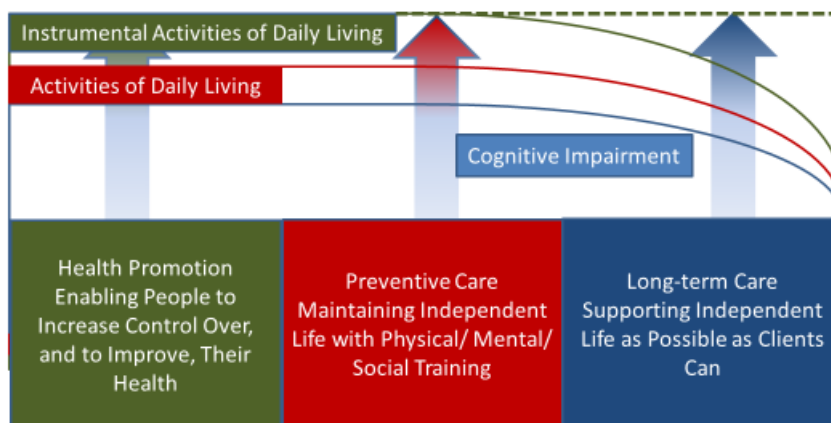
Lesson Learned from Japan

(Takeo Ogawa, 2014 – 2018)

Causes of Long-term Care in Japan

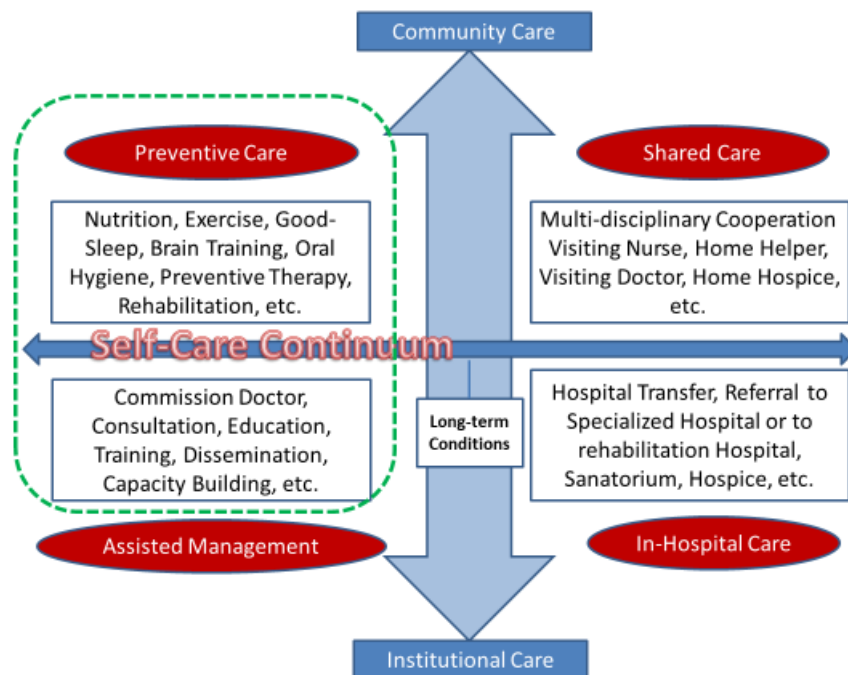


Prevention Long Term Care

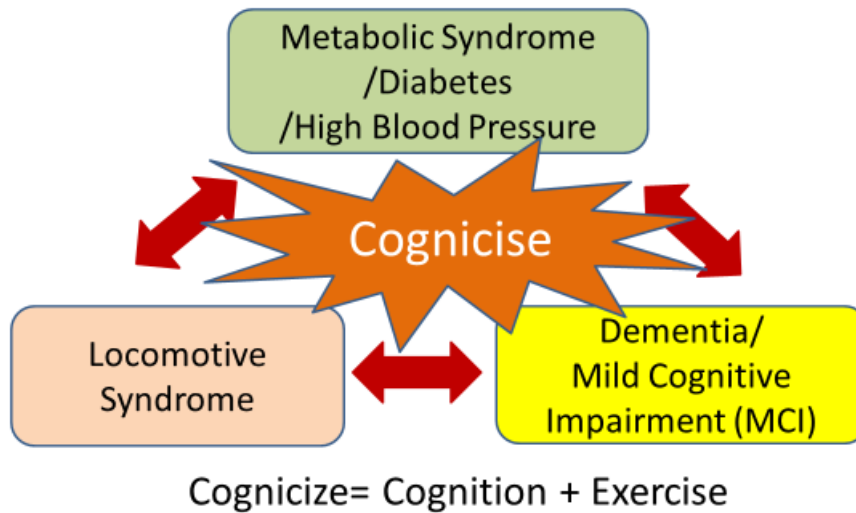


Assessment Tests

- 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



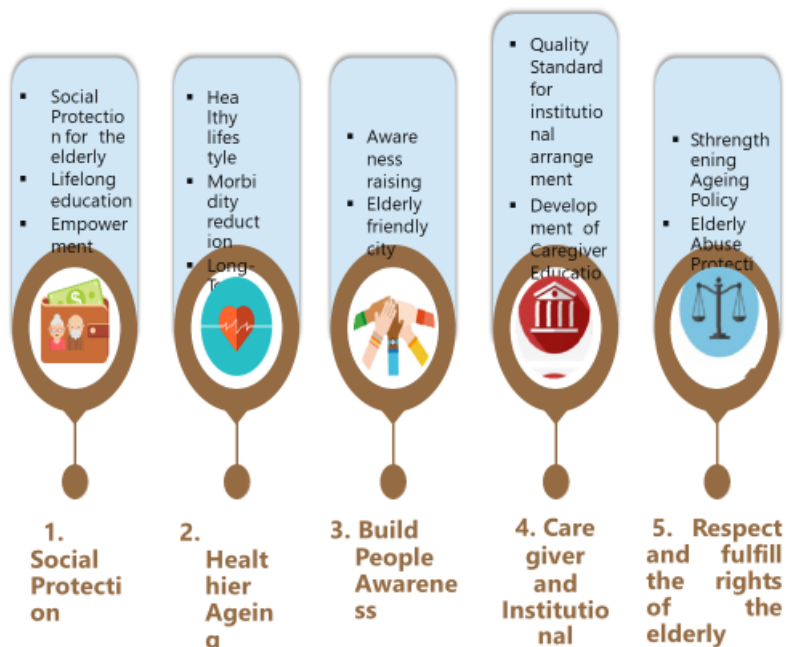
Career Grade System of Care Work in Japan (Takeo Ogawa, 2014)



Implementation Of LTC for the Elderly In Indonesia



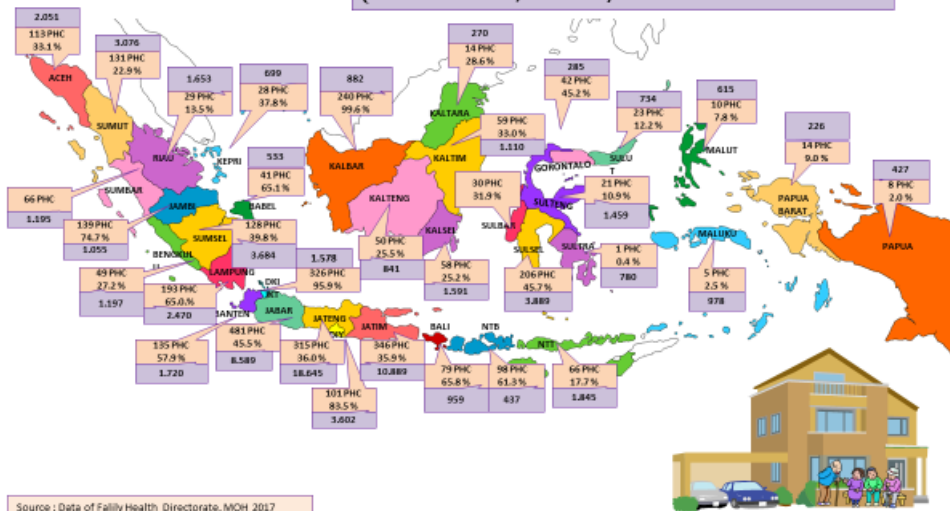
Strategies and Policy Directions



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)

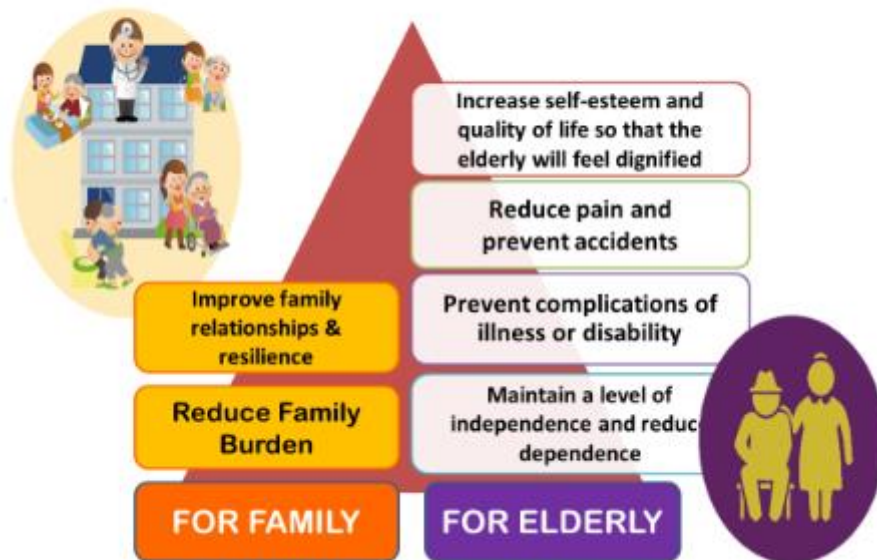
Home Care (integrated with Public Health Nursing/ *Perkesmas*)

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



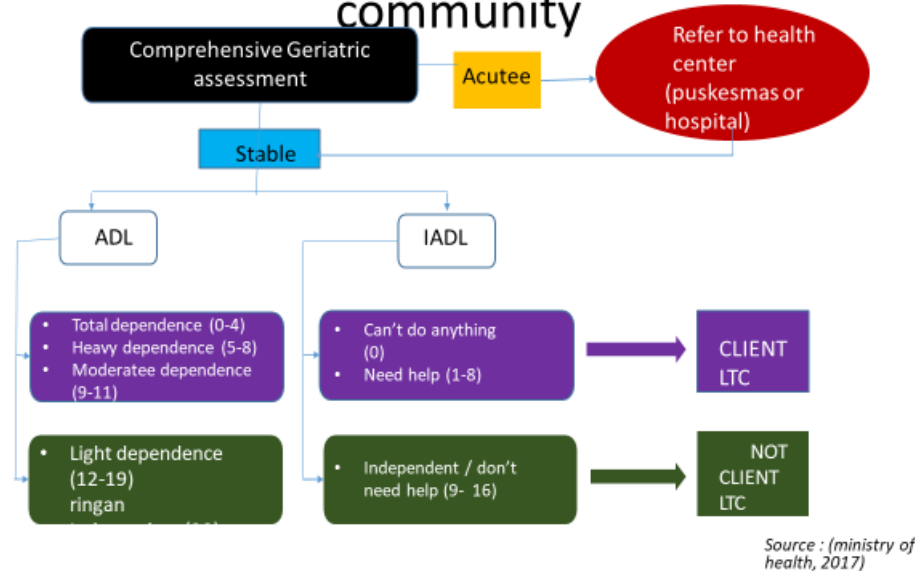
Purpose of LTC in community

(Indonesia Ramah Lansia/Age Friendly Indonesia)

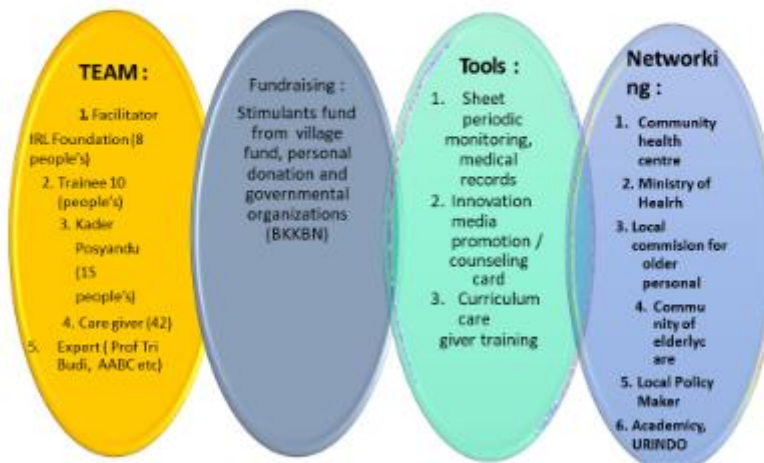
- Independence for the Elderly
- Able to care for the elderly at home with the family
- Supported an older person in their own home generally costs less than keeping them in a nursing home or other residential care option.
- It is assumed however, that fewer children and kind will be available to care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

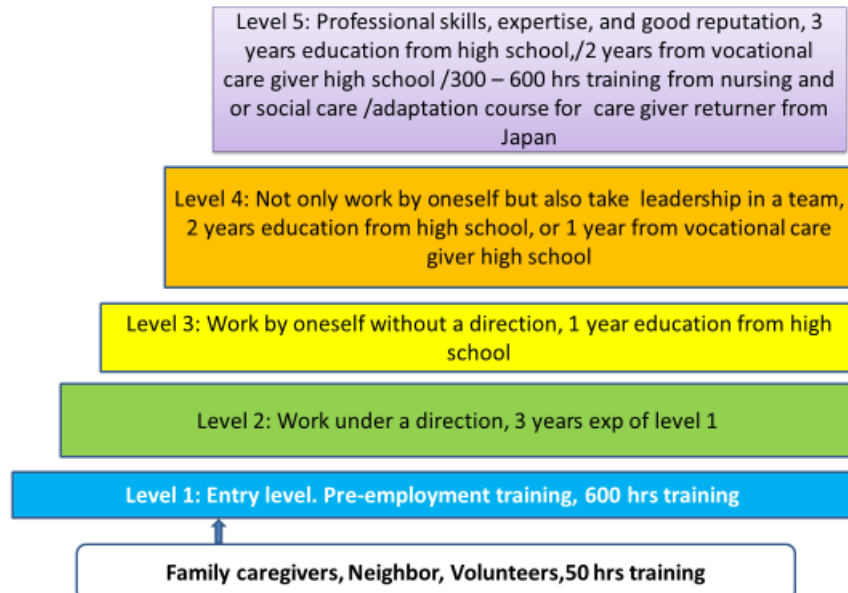


**The distribution of knowledge about
Long Term Care (Result of study 3 in Indonesia)**

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



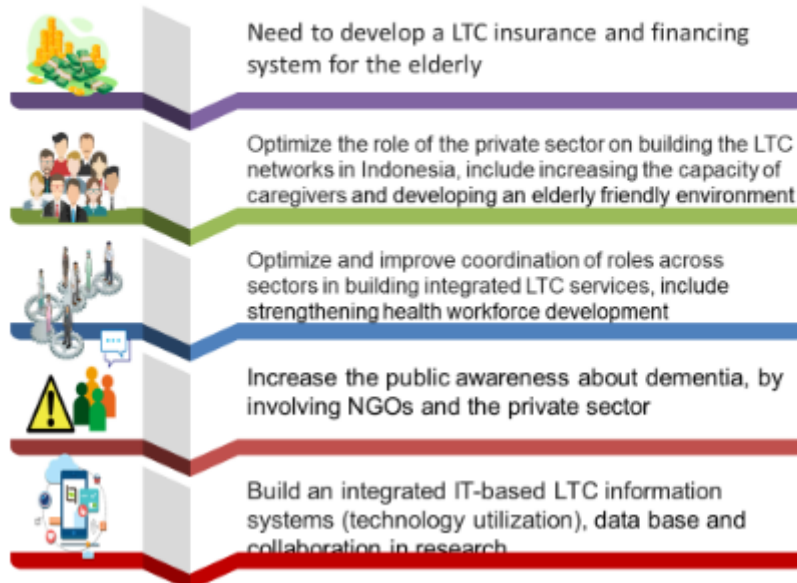
Workshop on Long Term Care for Policy Makers , Ministry of Social Affair



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



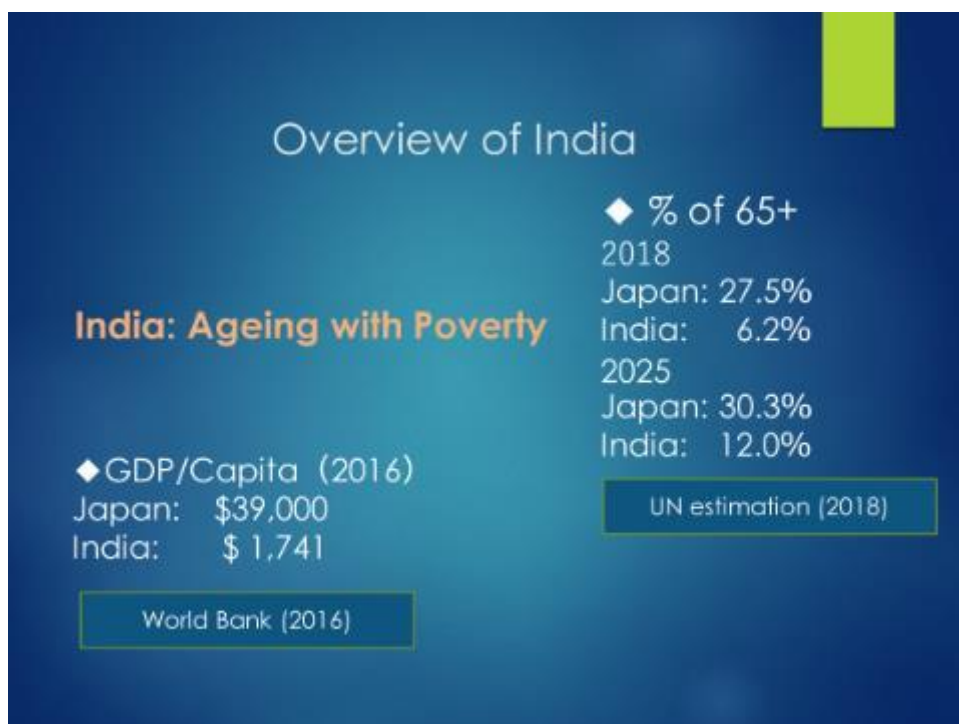
ARIGATOGOZAIMASHITA

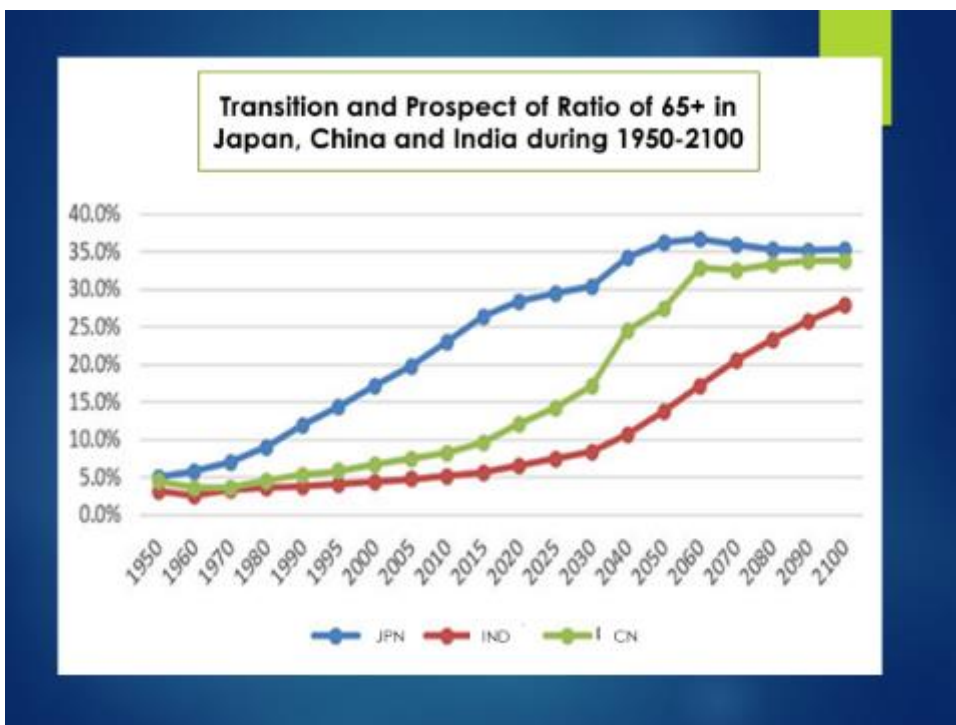
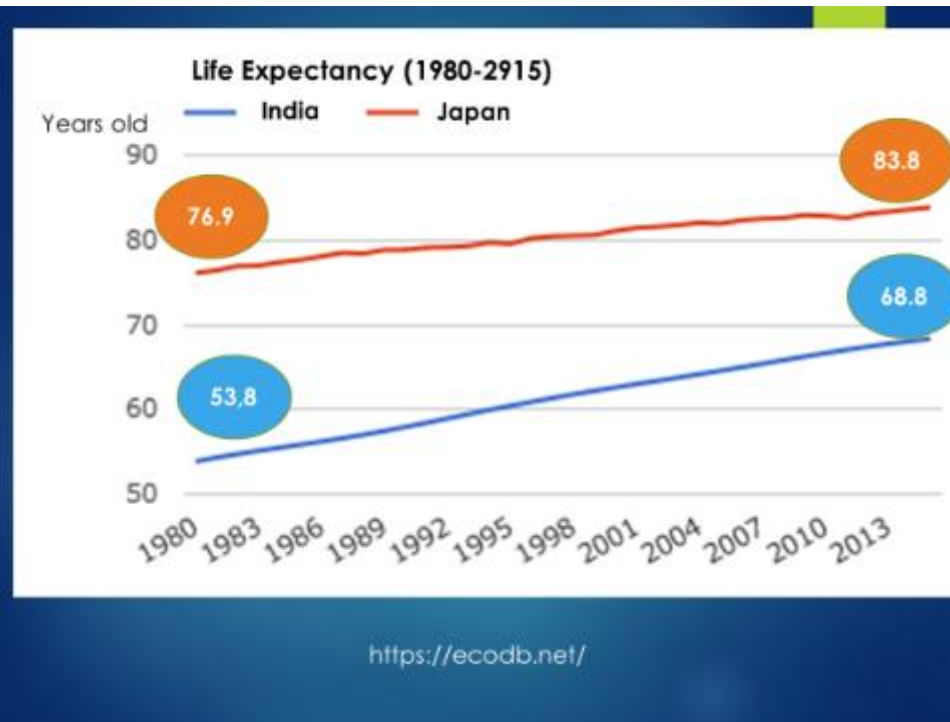
*Age is not how old you are,
But how many years of fun you've had*

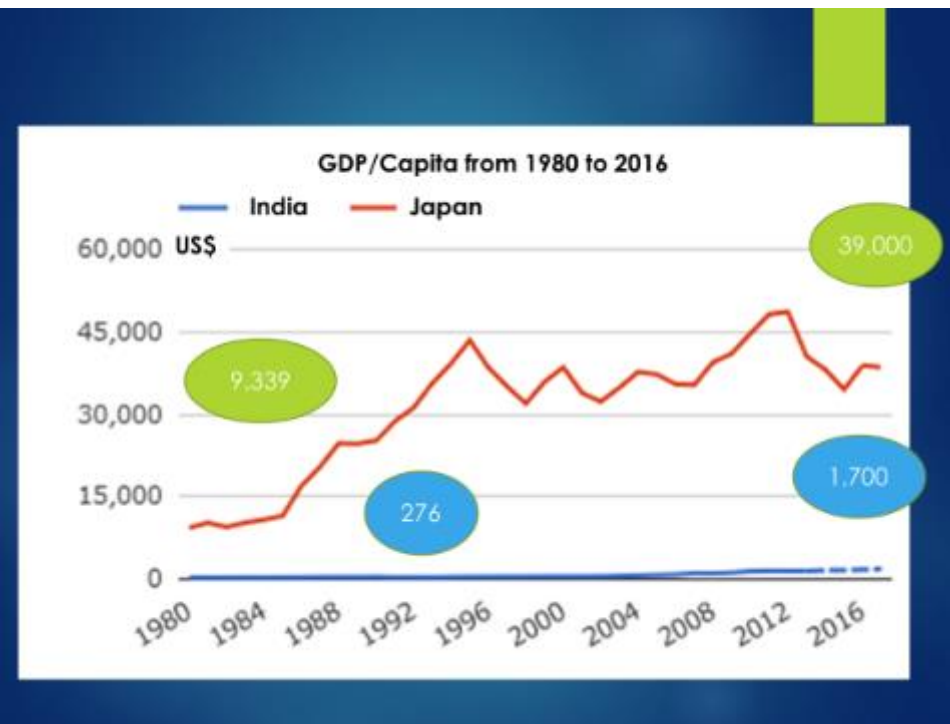
Terima Kasih

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



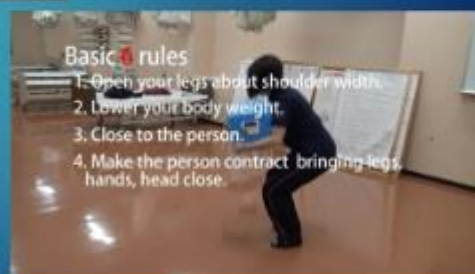
Checking contents of the training workshop and confirming the key skill.

The Purpose of This Workshop

To introduce Japanese care technique to you
And to reduce your physical burden with these methods through this seminar

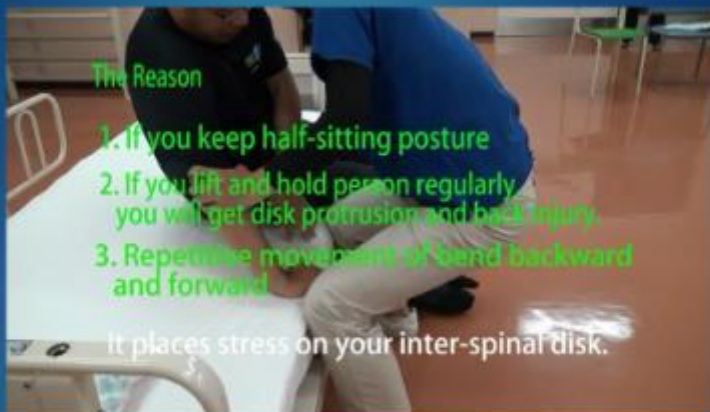


In order to compare the correct/incorrect behavior, basic movements are repeated.



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



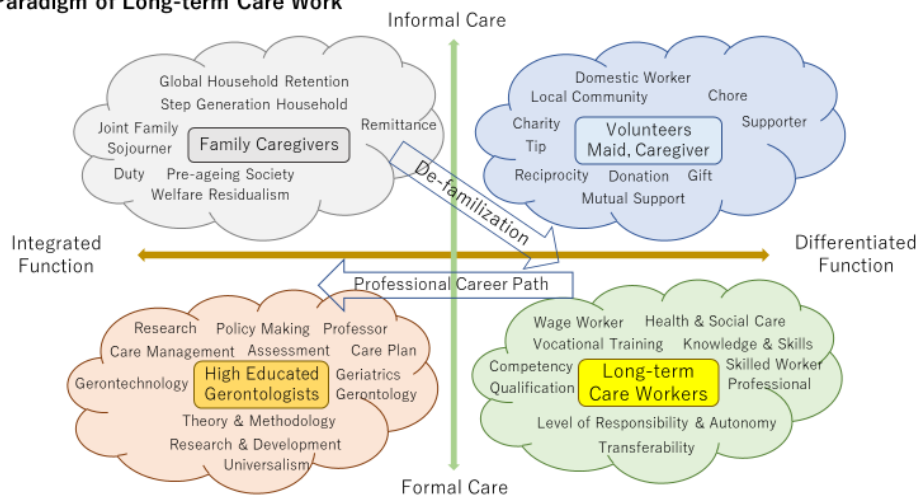
Pattern Variable 1 of Long-term Care Work



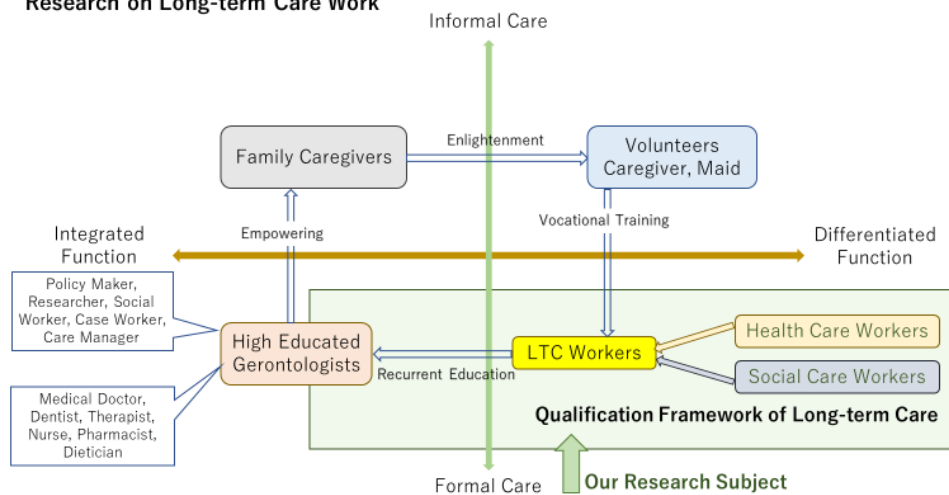
Pattern Variable 2 of Long-term Care Work

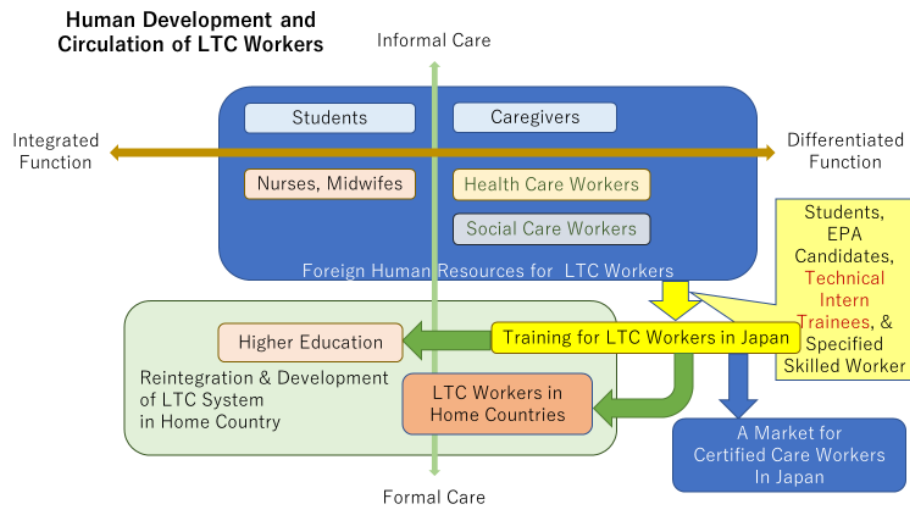


Paradigm of Long-term Care Work

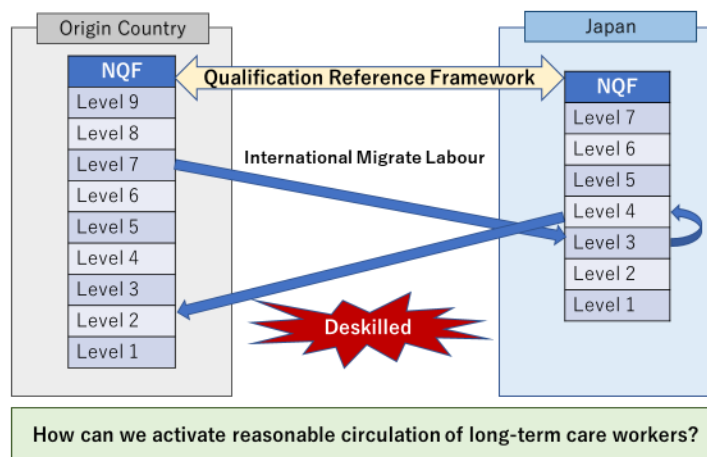


Research on Long-term Care Work

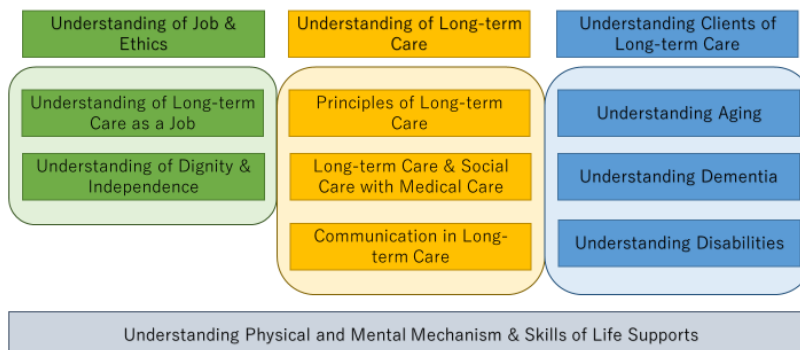




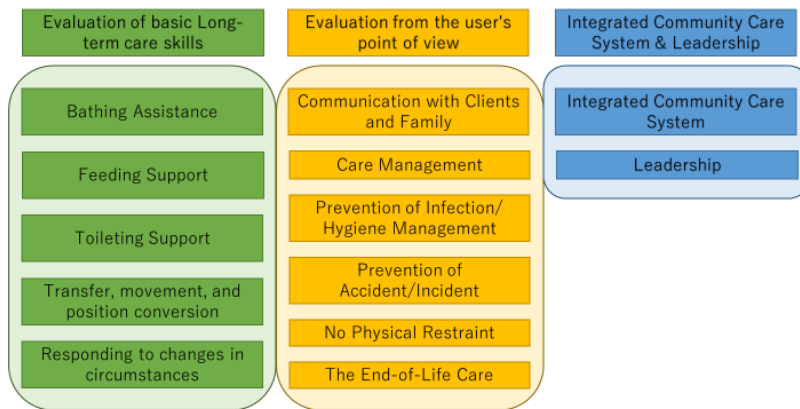
Harmonization of Qualification Framework



Knowledge for Unit Tasks of Long-term Care in Japan



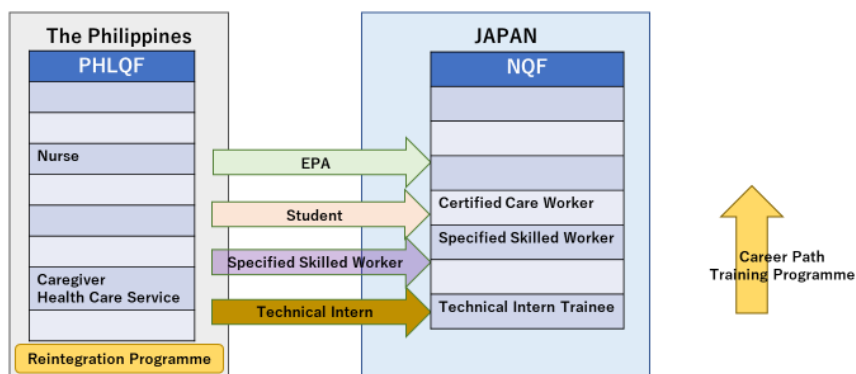
Skills for Unit Tasks of Long-term Care in Japan



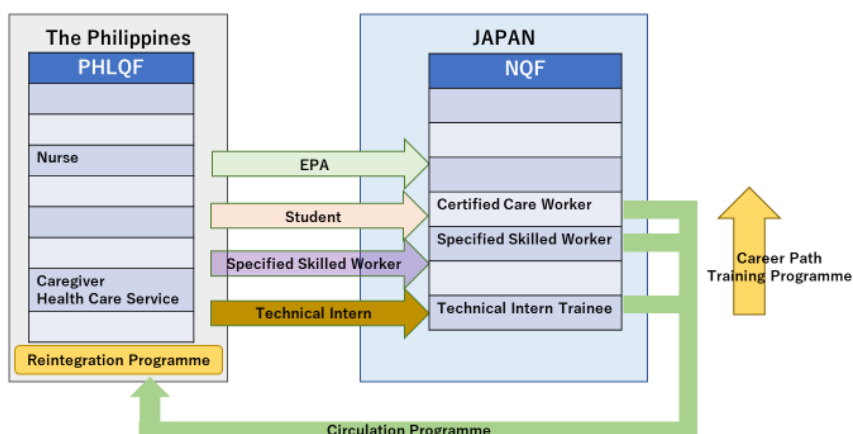
Structure of Competency: Training of Technical Intern Trainee of LTC in Japan

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



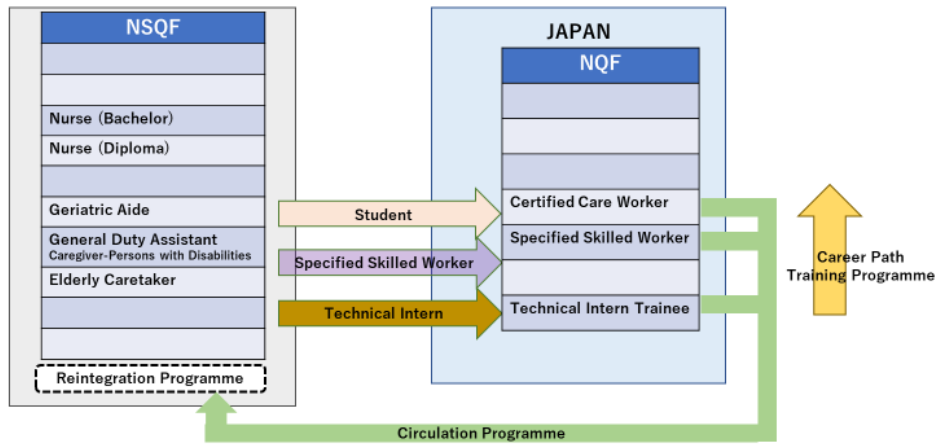
Human Development and Circulation of Long-term Care Workers with The Philippines



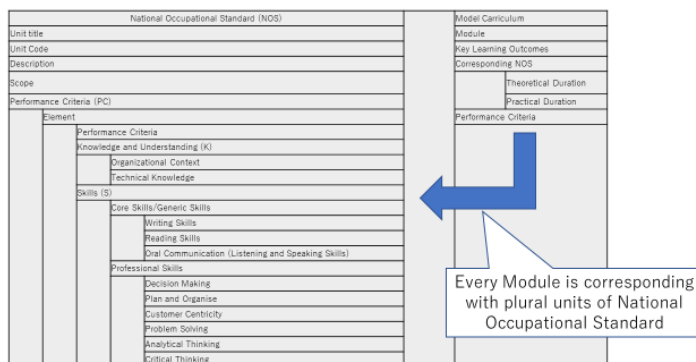
Structure of Unit Competency: The Philippines QF Qualifications Pack

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			

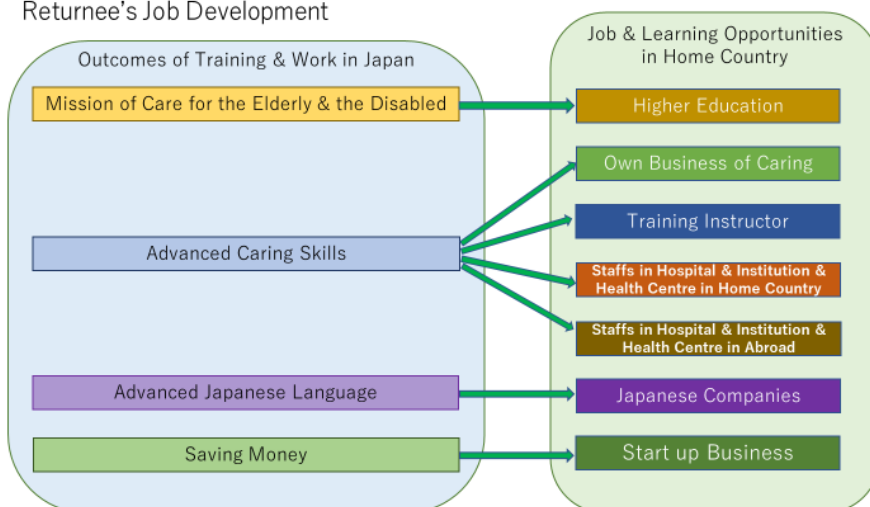
Human Development and Circulation of Long-term Care Workers with India



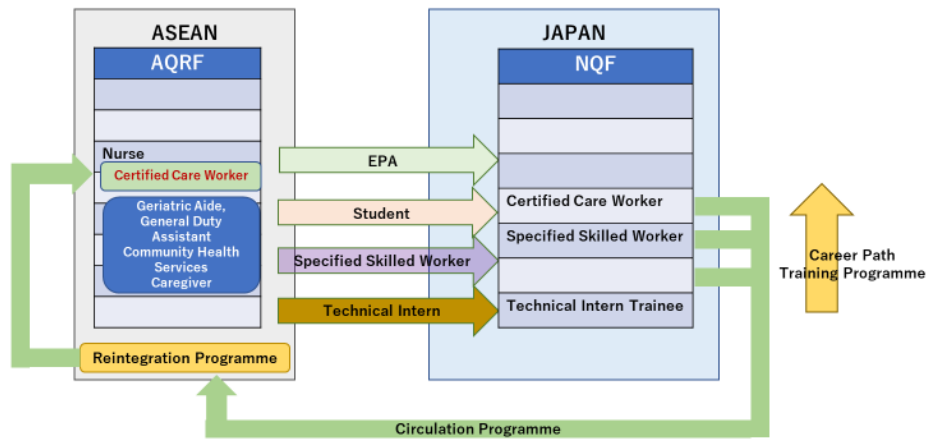
Structure of Unit Competency: India NSQF Qualifications Pack



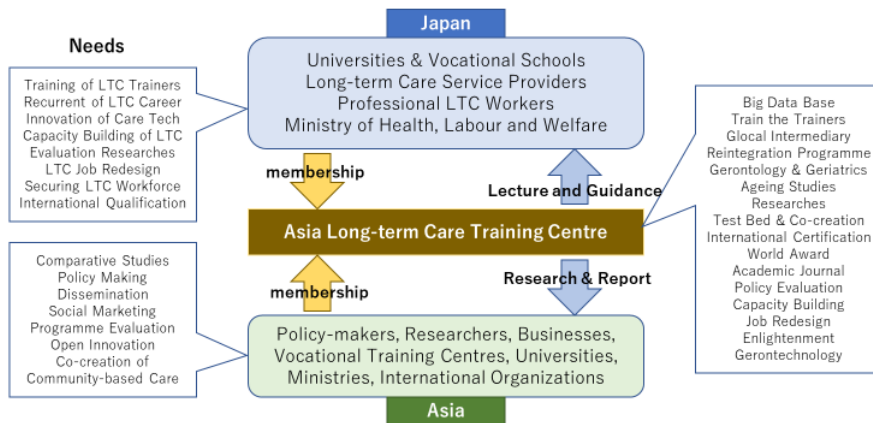
Returnee's Job Development



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)

THE TREND OF NURSING EDUCATION

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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.

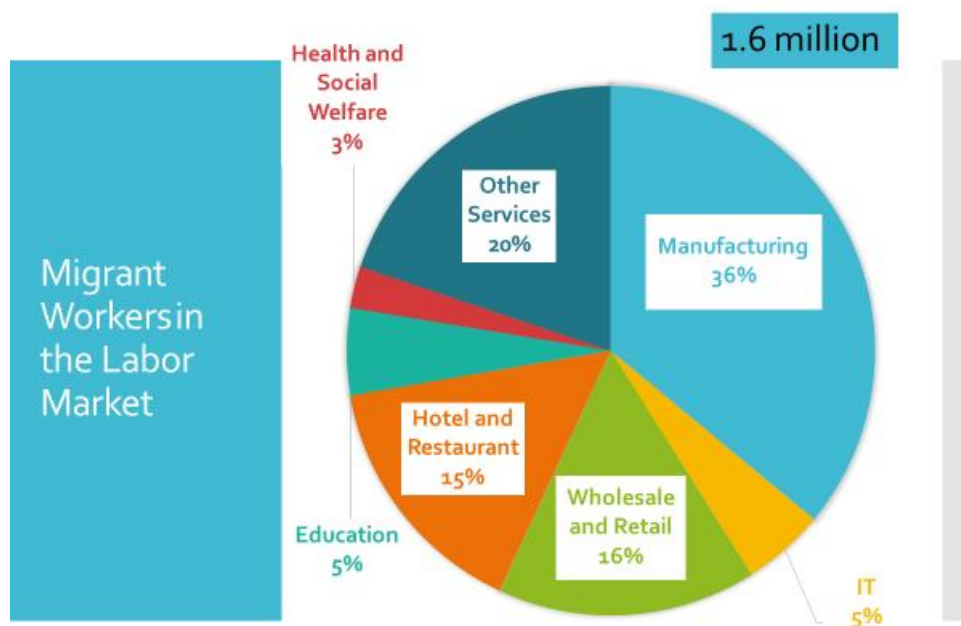
Appendix 8:

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

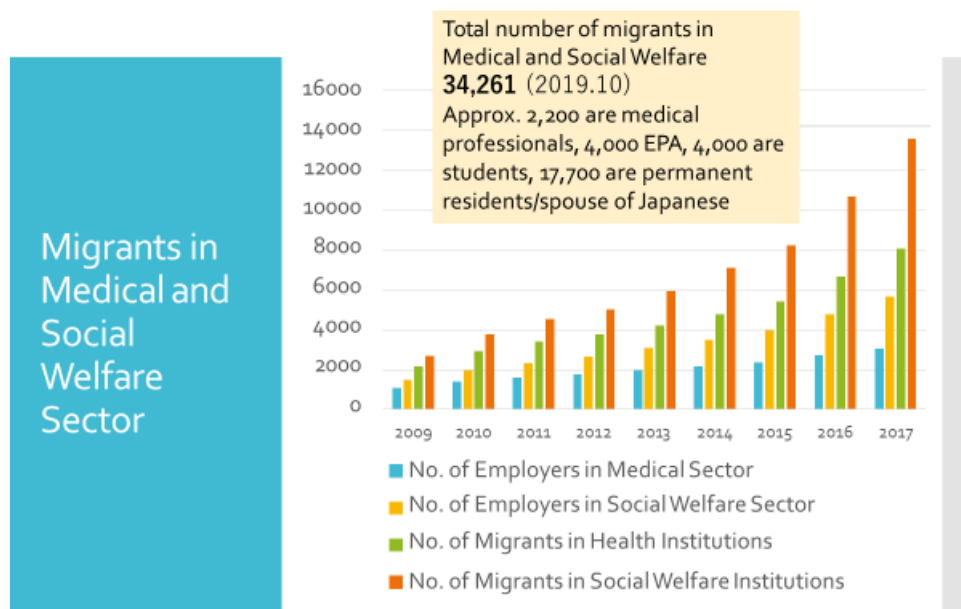
Reiko Ogawa
Chiba University
reiogawa@chiba-u.jp

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

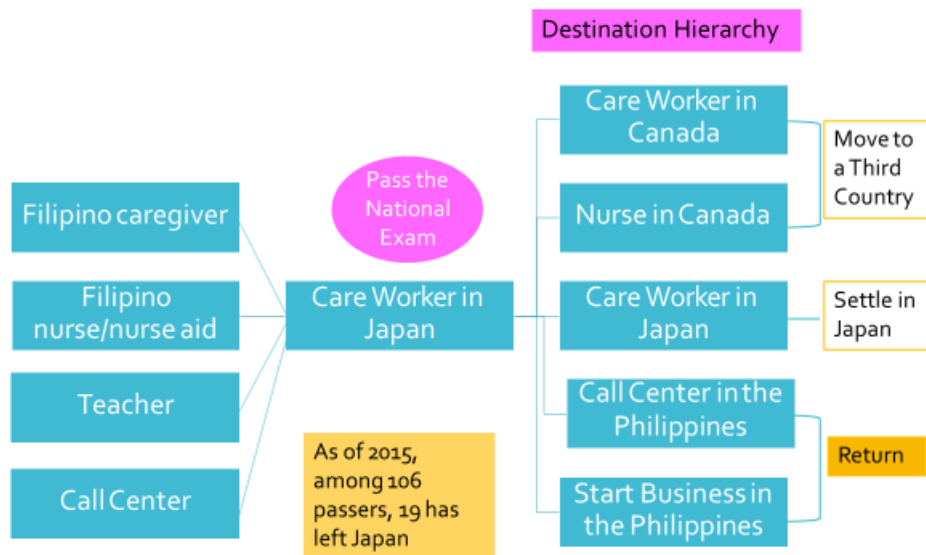
Settlement,
Upward
mobility and
Citizenship

- 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:

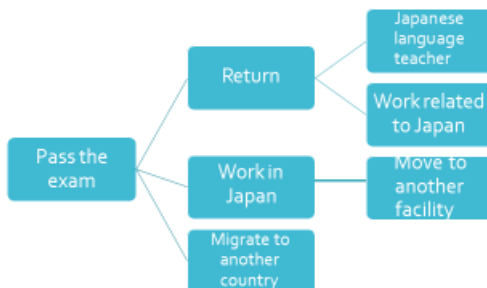
Satisfied

Salary: not so satisfied

Working environment:

Very satisfied

Religious life: Satisfied



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

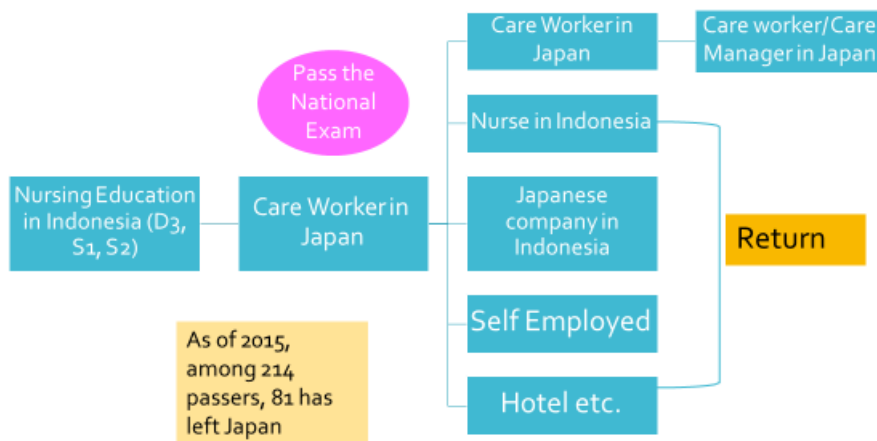
no

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

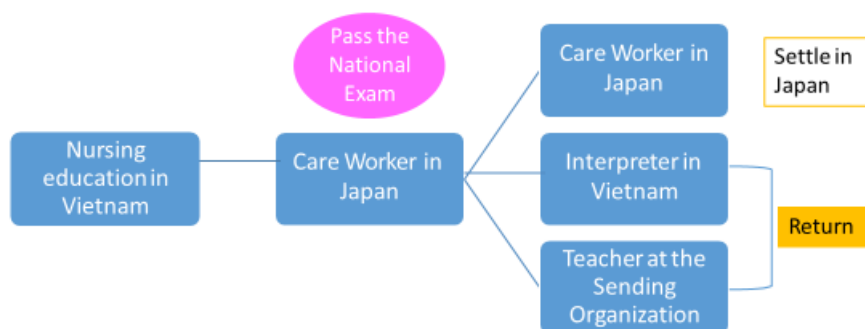
EPA Indonesian Returnees (Efendi, 2016) Job after Return

- **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

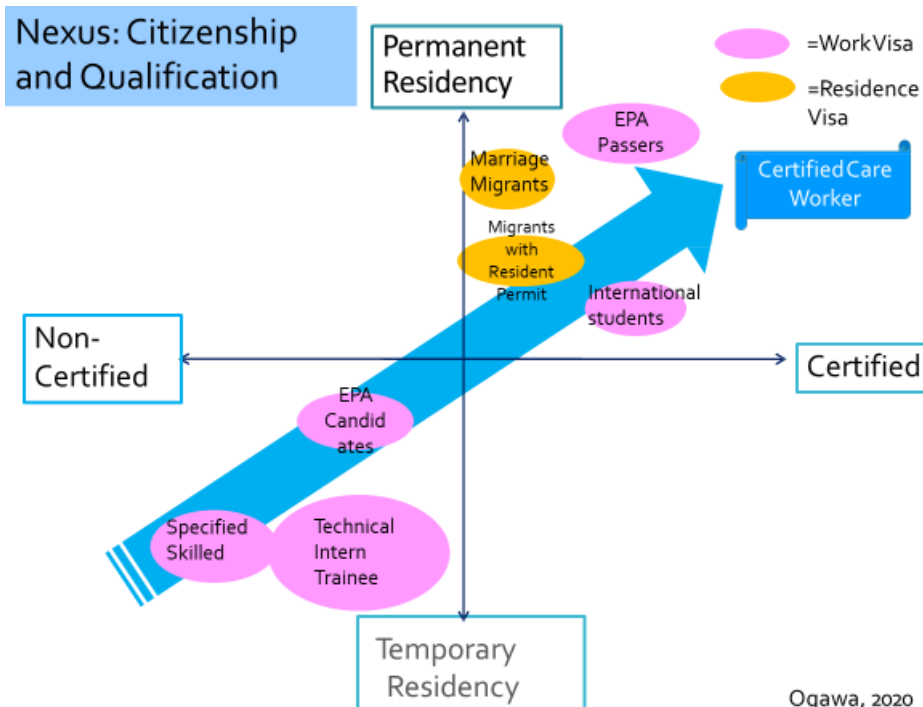
Migrants in Long Term Care Sector

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.