

# Introduction

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# Introduction

Yuko O. Hirano

Population ageing has emerged as a distinct demographic feature. According to World Population Prospects data in 2015, the number of older people (those aged 60 years or over) has increased substantially in recent years in most countries and regions. The number of older people is expected to more than double by 2050 and more than triple by 2100, rising from 962 million globally in 2017 to 2.1 billion in 2050 and 3.1 billion in 2100 (United Nations Department of Economic and Social Affairs, 2019). Globally, the population aged 60 or over is growing faster than all younger age groups. This population growth is projected to increase in the coming decades, and this demographic shift is faced by every country in the world that is experiencing growth in the number and proportion of older people in their populations.

The ageing situation in Japan, which is experiencing a 'super-aged society', is particularly crucial. The population older than 65 years comprises more than 35 million people, making up 28.1% of the total population of the country as of 2018 (Cabinet Office, n.d.), and the aged population in Japan is projected to increase to about 36.77 million by 2025 and 39.35 million by 2042. Meanwhile, the total population of Japan started to decline in 2010. The decrease in population is particularly large in the population aged between 15 and 64 years old, which peaked at 87.16 million in 1995 and drastically decreased to 75.96 million in 2017, and is expected to continue decreasing. Under these circumstances, the ageing ratio, that is, the proportion older than 65, is expected to rise to 38.4% in 2065. The figure indicates that the population ratio of those older than 65 to those between 15 to 65 will be 1:1.3 by then.

Under such circumstances, Japan is expected to have a shortage of workers, particularly those engaged in care work. Japan's Ministry of Economy, Trade and Industry (METI, 2018) estimates that the deficit of care workers in Japan will reach 680,000 by 2035. To cope with this, METI suggests 1) introducing information technology or machines that support care workers, i.e. care-assisting robots, and 2) recruiting a potential care workforce, i.e. older people who are healthy enough to engage in care, to compensate for the shortage of the care workforce in the long run (METI, 2016). On the other hand, there are obviously imminent needs for manpower in care facilities. According to a survey conducted by the Kaigo Rodo Antei Center (2015), nearly 60% of the care facilities in Japan said they felt the shortage of the care workforce a little/much/very much. In addition, more than 70% of the respondents to the survey answered that the shortage of manpower was due to the difficulty in recruiting the workforce.

To meet the urgent needs of manpower, many care facilities in Japan are now trying to recruit manpower not only domestically but also from abroad. The phenomenon of the global migration of care workers, which has been experienced in the past even in Asia, has been accelerating in Japan since 2008 through Economic Partnership Agreements (EPAs) signed between Japan and other Asian countries, starting with the Japan-Indonesia Economic

Partnership Agreement (2008), following by the Japan-Philippines Economic Partnership Agreement (2009) and the Japan-Viet Nam Economic Partnership Agreement (2014). Following the EPAs, Japan started to create several other categories of status of residence in Japan to accept more foreign care workers, such as technical internship (TITP), international student (IST), and specified skilled worker (SSW). This was a drastic change in Japan's labour market policy in order to open up the market for foreign care workers and cope with the serious shortage of care workers in Japan's domestic labour market.

However, regardless of how many foreign workers enter Japan to work at care facilities, the shortage of care workers is yet to be resolved. This can be proved by the turnover ratio of the certified care workers who entered Japan under the above-mentioned bilateral agreements. Under the EPA programmes, care workers can continue working in Japan if they pass a national examination for certified care workers after several years of working as candidates in Japan. According to the Ministry of Health, Labour and Welfare (MHLW, 2020), 340 people, or 33.4% of those who obtained a national licence for certified care workers in Japan (a total of 1,017 people), were no longer working as certified care workers under an EPA in 2020. In other words, even after the workers obtain a national licence as a certified care worker that enables them to stay in Japan without limitations on the number of working visa renewals, many decide to quit their jobs in Japan. Unless Japan starts investigating the cause of this high turnover rate, less-skilled care workers, not only Japanese but also foreign care workers, may enter to undertake the work. Therefore, it is time for Japan to focus on the fundamental issues that are resulting in the high turnover rate in care industries regardless of the nationality of the care workers. The question of how to acquire a larger care workforce must be discussed by asking how to attract a greater care workforce in the care setting.

Meanwhile, the Asian Health and Welfare Initiative (AHWIN), which was launched by the Japanese government in 2016, stresses Japan's contribution to other Asian countries through Japan's lessons on how to cope with the issues of an aged society from decades of past experience, such as Japan's long-term care (LTC) system. Care work, however, is diverse depending on the cultural and societal settings; therefore, Japan must first carefully observe the current conditions in care work settings through a multi-faceted, evidence-based approach to identify the pros and cons of Japan's care work. This is the primary step that Japan should take before sharing Japan's LTC system with other Asian countries.

To establish an LTC system, the World Health Organization (2017) has identified three approaches: 1) establishing the foundations necessary for a system of LTC, 2) building and maintaining a sustainable and appropriately trained workforce, and 3) ensuring the quality of LTC. WHO also points out that to support these approaches, it is necessary to 1) develop guidelines providing evidence-based guidance on how to develop, expand, and improve the quality of LTC services with a focus on less-resourced settings; 2) provide technical assistance and support to countries that are introducing and expanding LTC services; and 3) develop tools and training packages to strengthen formal and informal care workers.

The purpose of this project is to show the models of promoting the transfer of knowledge and skills of LTC from the destination countries (Japan) to the sending countries (Indonesia) of care workers. Taking the above-mentioned WHO approaches into consideration, we tried

to obtain empirical data as a first step. In this report, first, we tried to show the difference of the definition of 'care' or LTC between Japan and Indonesia. In Chapter 2, the policies of the Japanese government on migrant care workers are discussed; i.e. the Japanese government has recently expanded its labour market for migrant care workers, but the new migrant care workers' programmes are not designed well for securing an LTC workforce. Chapter 3 discusses the cost of having foreign care workers from an economic perspective. Chapter 4 presents the findings of a study targeting Vietnamese EPA care workers who have already gone back to their home country. In Chapter 5, we focus on oral care, because this is one of the forms of care which supports the fundamental needs of human beings, whereas the acts of providing care, such as what food to prepare for whom and what kind of support to be offered to whom, may vary in accordance with the concept of care of each culture. The human anatomical and physiological function of swallowing food is common, so oral care is an ideal field amongst many care practices, based on which an international standard of care practices is developed. In this chapter, we propose a checklist for oral care practitioners, which is endorsed by experts in both Indonesia and Japan and has potential for international standardisation. We believe such standards are crucial for the promotion of the cross-border circulation of care workers.

After this study, we intend to proceed to the next study, which will aim for the development of a training curriculum based on the proposed oral care checklist. Theoretically, this curriculum can be used both in Indonesia and Japan, so the knowledge and skills achieved through this curriculum can also be utilised in both countries. In this way, we would like to achieve our goal of this series of projects and contribute to the promotion of the effective and efficient circulation of knowledge and LTC skills.

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