Chapter 1

Definition of Care in the Asian Context

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Chapter 1
Definition of Care in the Asian Context

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The issue of an ageing society is not only limited to Japan or Western countries but also affects other Asian countries. Care for the aged is a common issue facing both Japan and the rest of Asia, particularly the issue of enhancing the capacity building of the care workforce. The experience of how Japan, one of the most aged societies in the world, has been dealing with the issues that have risen in the past decades may indicate some solutions for more recently ageing societies.

However, it is widely said in Asian countries that 'growing old before becoming rich' is a common phenomenon. In this context, Japan, which has made numerous achievements in developing its economy and establishing a social welfare system before facing the crucial issue of ageing, would not serve as an ideal example for Asian countries. In other words, Asian countries cannot simply adopt Japan's know-how in care services and human development for themselves.

In this chapter, the research team analyses the uniqueness of the long-term care (LTC) system in Japan in comparison with that of Indonesia. It is essential for Japan, a country that has been receiving many foreign care workers from Indonesia, to understand the care system as well as the capacity building of the sending country so as to efficiently receive the workers and work together with them in Japan in this era of globalisation.

1. *Kaigo*, the concept of LTC in Japan

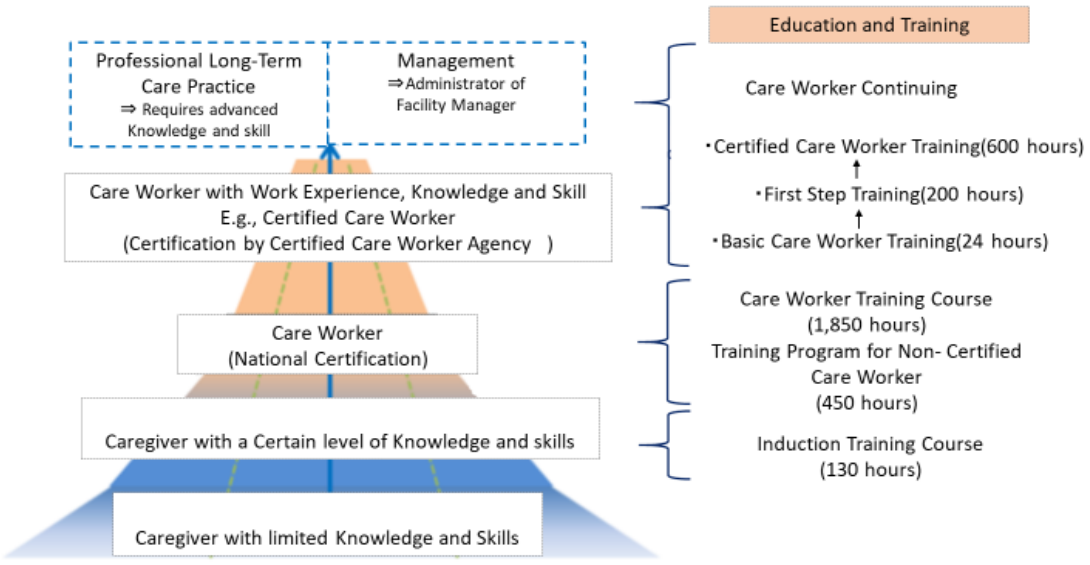
The LTC system in Japan, hereinafter referred to as '*kaigo',* is primarily defined as providing the necessary assistance to aged and disabled people who require help from others in their daily lives. It may be said that one distinct feature of *kaigo* is that assistance is provided at the recipient's 'place of daily life' (Mizuho Information & Research Institute, 2018). This means that whether it is institutional-based care or home-based care, the individual quality of life (QOL) of the client is respected, which underlies their daily living. In this way, *kaigo* can be differentiated from nursing, which is mainly provided in hospitals in the context of medical intervention.

Kaigo work is an essential profession nowadays due to the high overall longevity and the number of older people who are in need of care. This is particularly true since Japan has experienced the transition of the family structure from the extended family to the nuclear family and the movement of women into the workforce. Historically, in Japan, family members, especially women, were engaged in care work as family caregivers as unpaid work. As the family size began shrinking and more women became engaged in income-producing work outside the home, Japanese society saw a change in the social structure where care

work could no longer be covered by family members, and the 'socialisation of care' was needed. The socialisation of care, in other words, government policy to ensure professional care for people in need, has created a new profession to compensate for the shortage of family caregivers. The need for personnel that can handle diverse and highly needs for improvement of their qualifications has become necessary to meet the expansion of aged and disabled people's social welfare needs due to changes in living styles and economic conditions accompanying the declining birth rate and ageing of the population. The need for professionals able to ensure service ethics and quality in light of the rapid expansion of services related to the aged has also become a point of discussion. As a result of these circumstances, the national certification for care workers was created in 1987 (Mizuho Information & Research Institute, 2018). Certified care workers, or *kaigo-fukushi-shi*, have been enhancing their scope of care by performing more invasive, higher quality care, such as sputum suctioning. The Ministry of Health, Labour and Welfare has stipulated that those who undergo special training for sputum suctioning are eligible to practice in care settings, regardless of the certification they have.

The Japanese care worker career path is shown in Figure 1.1. There are many certifications besides *kaigo-fukushi-shi*, a national licence, although the care workers commonly engage in assisting the daily needs of the clients regardless of certification, and no specific difference in function can be observed. For this reason, in this report, we refer to those who are engaged in care work in care facilities in Japan as '*kaigo* workers'.

Figure 1.1. Career Path of Care Workers in Japan



Source: Mizuho Information & Research Institute (2018).

2. Features of *kaigo* in Japan

Kaigo workers, as a profession differentiated from family caregivers, have been widely known amongst the Japanese people since the Long-Term Care Insurance Act (LTCIA) came into force in 2000. Under the act, all citizens are required to join the scheme in the month they turn 40 years old and pay an insurance premium. The LTC insurance system is based on the principle of mutual aid, such that the source of funds is 50% public (from taxes), with the remaining 50% financed by insurance premiums.

The LTC services can be received by people over 65 years old when in need of support or care regardless of the cause. For people between 40 and 64 years old, services are available when in need of support or care due to illnesses associated with ageing, such as terminal cancer and rheumatoid arthritis. When LTC becomes necessary, the insured can apply through the local municipal government to obtain an authorised certification of eligibility for care ranked from one to five under the Long-term Care Insurance Act. Through this process, they are authorised as a beneficiary of the services provided by the LTC insurance system, enabling them to make use of such services in accordance with the care plan that is created for every beneficiary through the discussion between the care manager and beneficiary. During the process of developing care plans, the autonomy of the beneficiaries must be respected, and caps are set on the LTC services provided to the beneficiaries in accordance with their care or support levels.

LTC requires practices based on specialised knowledge, techniques, and ethics, which can affect the QOL of the clients. Therefore, *kaigo* can be characterised by the following points: First, it requires an awareness of the human rights of the clients. It is necessary to respect the individual client, even when needing support from others. Second, it requires LTC expertise. Such expertise, including careful observation and communication, requires collecting the clients' information so as to improve the QOL of each client during care practices. Third, it requires the perspective of professional LTC implemented by evidence-based practice. Currently, in Japan, evidence-based LTC is provided by applying a four-stage process to support the care recipient's daily life: 1) initial assessment: information collection to identify the key issues; 2) developing a care plan; 3) implementation of the care plan; and 4) evaluation to confirm effectiveness. These features are necessary when the *kaigo* workers work as a collaborative team of professionals with various types of expertise, such as doctors, nurses, occupational therapists, and psychical therapists.

3. LTC: An emerging issue in Indonesia

According to Ms. Amano, a member of the research team, some *kaigo* workers from Asian countries were told by their Japanese supervisors, 'The clients of the care facilities are not your grandfathers or grandmothers. They are customers!', whilst the *kaigo* workers tried to provide services to the clients as if they were their grandfathers and grandmothers. It can be interpreted that the Japanese supervisors were trying to strengthen their professionalism by differentiating their practices from that of family caregivers who are laypersons. However, such orders from Japanese supervisors sometimes confused the *kaigo* workers from abroad,

since in many Asian countries, care work is provided only by family or community members.

In order for Japanese care institutions to better understand the care systems of the countries of origin of foreign care workers, the authors of this chapter focused on the feature of LTC in Indonesia, which is one of the countries that have sent the greatest numbers of care workers to Japan.

3.1. The aged population in Indonesia

Indonesia's older population grew at an unprecedented rate during 1990–2020, with an increase in life expectancy from 66.7 years to 70.5 years. Thus, Indonesia entered the stage of having an ageing population marked by the percentage of older people (age 60 and above) reaching 10% of the population in 2020. Globally, Indonesia ranks fourth in population size, whist its aged population size ranks 10th. The number of older people in Indonesia was more than 25 million in 2020 and in 2050 is forecast to reach 80 million (28.68%) Badan Pusat Statistik (2020).

Older people are more likely to have physical, mental, spiritual, economic, and social problems. Chronic ailments and frailty are associated with physical and mental deterioration and lead to the emergence of the need for LTC for older people. The results of Riskesdas 2018 (Basic Health Research 2018) showed that many older people in Indonesia have chronic ailments, which can be strongly related to the prognosis of their activities of daily living (ADL), such as hypertension, osteoarthritis, dental-oral problems, chronic obstructive pulmonary disease (COPD), and diabetes mellitus (DM) (Ministry of Health of the Republic of Indonesia, 2018). The functional capacity of an older person is defined as their ability to perform at least one item amongst several components of ADL. The results showed that approximately 51% of people aged 60 or above had a disability, with the trend that older age groups had higher rates of disability. Older people with mild disabilities made up around 51% for those aged 55–64 years, and 62% for those aged 65 and above, whilst severe disability affects about 7% of those aged 55–64 years, rising to 10% at 65–74 years and 22% at 75 years and above (Ministry of Health of the Republic of Indonesia, 2016).

3.2. Geriatric services provided in Indonesia

LTC in Indonesia is referred to as *Perawatan Jangka Panjang* (PJP), which is stipulated by the Ministry of Health under the Decree of the Ministry of Health No. 67 Tahun 2015 on older adult services in public health care (Kemenkes, 2015). Furthermore, this ministerial regulation is described in the long-term care manual guidebook. The long-term care concept applied in Indonesia is adopted from the *Global Strategy and Action Plan on Ageing and Health* stipulated by the World Health Organization (WHO, 2017) [6]. This strategy provides a political mandate for the action that is required to ensure that everyone has the opportunity to experience both a long and healthy life. Extensive consultations across countries and regions, civil society, and other non-state actors contributed to this first ever strategy on ageing and health.

The strategy starts from an assumption that ageing is a valuable, if often challenging, process. It considers that it is good to get old and that society is better off for having older populations. At the same time, it acknowledges that many older people will experience very significant losses, whether of physical or cognitive capacity or of family, friends, and the roles they had earlier in life. Some of these losses can be avoided with appropriate care by caregivers. Family, as informal caregivers, and also professional caregivers (in nursing homes) need to ensure that a person who is not fully capable of self-care can maintain the highest possible quality of life, according to his or her preferences, with the greatest possible degrees of independence, autonomy, participation, personal fulfilment, and humanity.

Wherever LTC is provided at home, in communities or within institutions, the goals of LTC should be to maintain a level of functional ability in older people with, or at high risk of, significant losses of capacity, to respect their intentions to keep their healthy status and wellbeing and to ensure older people's human rights and dignity.

Geriatric services have an important role in the challenges to achieve these goals. Access to geriatric services of good quality should be guaranteed to every older person regardless their socio-economic status. In addition, geriatric services must be carried out through an interdisciplinary approach by various professionals, such as doctors, nurses, and caregivers working in an integrated geriatric team. We believe such a multi-professional, cooperative approach is indispensable for the development of geriatric medicine so that various advances in science and technology in the field of geriatric services can be accommodated in practices.

There are three types of geriatric services in Indonesia. First is the *puskesmas*-based geriatric service. Health centres, called *puskesmas*, and private practitioners support community-based geriatric services. In this service, the community is expected to participate in the control of the health status of older people, and the community members are encouraged to undergo training and acquire sufficient knowledge for such purposes. Training programmes for the community members take place in various ways, such as through lectures, symposia, workshops, and counselling. Trained community members, such as health volunteers, monitor the health conditions of older people in their communities and convey the existing problems to the *puskesmas*. Second, geriatric services are provided by *puskesmas* in close collaboration with hospitals. In this system, public hospitals have the responsibility to provide geriatric services to elderly residents in their assigned areas, either directly or indirectly. Indirect services are provided by *puskesmas* in the form of training through workshops, symposiums, and lectures to health workers or laypeople for the purpose of the 'transfer of knowledge'. *Puskesmas* provide basic geriatric services, whilst hospitals are considered as referral centres that accept patients from *puskesmas*. The *puskesmas* is the leading unit in providing services to the community and acting as a consultant for health services for older people in the community, so elderly patients who were previously treated or received hospital services can be supervised by *puskesmas* after returning to the community. Activities at the *puskesmas* include simple promotive, preventive, and curative efforts in accordance with the Guidelines for Elderly Community Health Centers for Health Officers. *Puskesmas* function as extensions of hospitals, so it is encouraged that guidance is provided by hospitals to *puskesmas* in the responsible areas in the form of reciprocal referral activities. Third is the

hospital-based geriatric service. In this service, geriatric services are provided in hospitals in an integrated manner. Hospitals provide various services for the elderly, ranging from simple services in the form of an elderly polyclinic, to more advanced services, such as acute wards, day hospitals, chronic wards and/or nursing homes. Besides these, mental hospitals also provide mental health services for elderly patients with the same pattern. At this level, conjoint care should be carried out between the geriatric unit of the public hospital and the psychogeriatric unit of a mental hospital, especially to treat people with physical disorders with psychiatric disorders.

3.3. Outreach geriatric services provided by *puskesmas*

Geriatric services provided by *puskesmas* are not limited to the activities inside the institutions. There are several outreach activities for older people, such as; 1) geriatric services at *posyandu/posbindu* (integrated services post for the elderly), 2) care programmes for older people at home (home care), and 3) geriatric services at elderly homes established by social institutions (e.g. Panti Werdha/Elderly Home).

3.4. The establishment of certification system for caregivers in Indonesia

The concept of a caregiver is not commonly understood as an occupational category with expertise in Indonesia. Thus, caregivers are recognised as a similar category to domestic workers. Caregivers are addressed in several way in the Indonesian language, such as *kader lansia, pendanping lansia,* and *pramu lansia* lately.

Meanwhile in 2018, Asosiasi Senior Living Indonesia started a certification programme for caregivers. The category of this certification is called '*Profesi Care Giver'*, and this programme was developed by adopting the concept of Japan's induction training course for care workers. The certification is accredited by Badan Nasional Sertifikasi Profesi of the Indonesian government. The introduction of the certification system for caregivers is expected to raise the social status of caregivers in Indonesia, as well as guarantee the quality of care given by them.

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