

Chapter 5

Navigating Resilience and Vulnerability: Everyday Lived Experiences of Migrant Care Workers in Japan During the COVID-19 Pandemic

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Chapter 5

Navigating Resilience and Vulnerability: Everyday Lived Experiences of Migrant Care Workers in Japan During the COVID-19 Pandemic

1. Background of Migrant Care Workers in Japan

In recent years, the number of foreign workers in Japan has rapidly increased, especially in health and welfare services. According to the Japanese Ministry of Health, Labour and Welfare (MHLW), as of the end of October 2021, the number of foreign workers in Japan stood at 1,727,221, 1.6 times larger than that at the end of October 2016. Amongst those, 17,434 foreign nationals were engaged in medical and social welfare services at the end of October 2016, increasing to 57,788 at the end of October 2021 in the same sectors: 3.3 times more than in the past 5 years (Figure 5.1). Amongst these, Filipinos and Vietnamese (Figure 5.2) constitute the majority engaged in the field of elderly care.

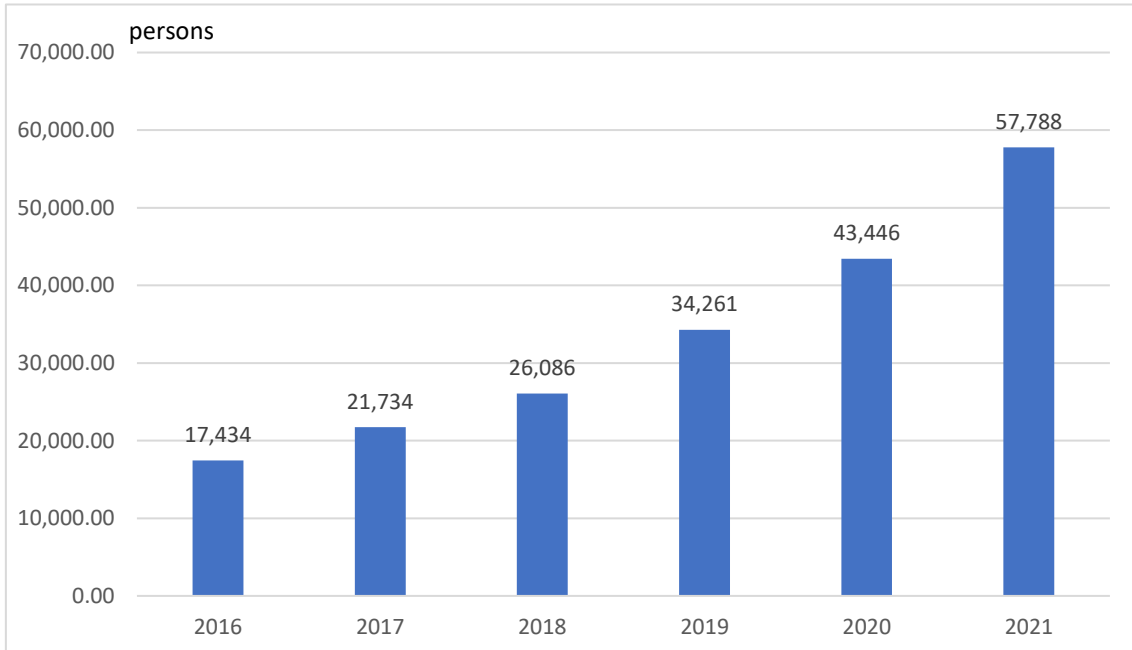
The residence status of these workers is diverse. They comprise permanent residents, long-term residents, the spouses or children of Japanese nationals, designated activities, technical intern training, nursing care, and specific skilled workers (hereafter, abbreviated as SSW), amongst others. The latter visa categories were established after 2016 in response to a severe shortage of elderly-care workers in Japan (Figure 5.3).

In February 2020, the novel coronavirus disease (COVID-19) pandemic spread within Japan and significantly impacted long-term care facilities located across the country, many of which employ migrant care workers. Within these, cluster infections occurred in a substantial number.

Most long-term care facilities restricted visits, including the relatives of elderly residents and required staff to constantly wear masks and other personal protective equipment (PPE) in the workplace and maintain frequent disinfection and ventilation. This 'new-normal' led to the rise of new workstyle patterns that were accompanied by transformation in the lives of the elderly and those employed to care for them.

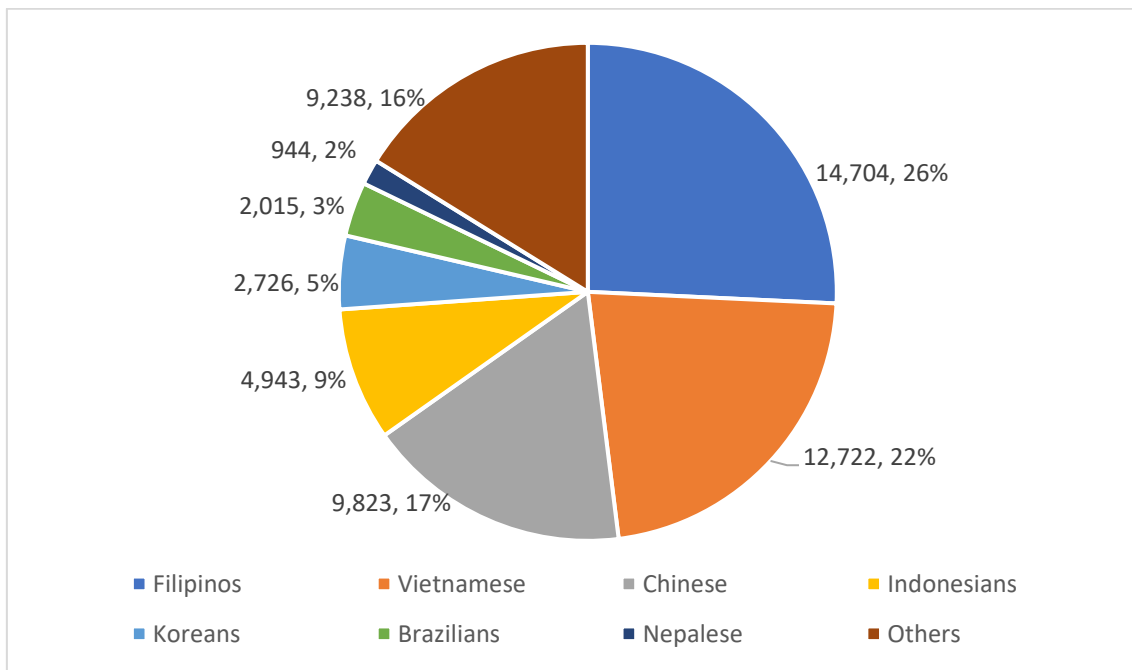
To ascertain what kinds of transformation occurred, our research team (Shun Ohno, Yuko O. Hirano, Mario Ivan Lopez, Wako Asato, Yoichi Hiruma, and Reiko Ogawa) conducted fieldwork and research just after COVID-19 was declared a 'pandemic' by the World Health Organization (WHO) on 11 March 2020.

Figure 5.1. Transition of Numbers of Foreign Workers Engaged in Medical and Welfare Services in Japan (October 2016–October 2021)



Source: Drafted by the authors based on data obtained from the Ministry of Health, Labour and Welfare (MHLW) (2022a).

Figure 5.2. Breakdown of Foreign Workers Engaged in Medical and Welfare Services by Nationality (as of October 2021)



Source: Drafted by the authors based on data obtained from MHLW (2022a).

1.1. Outline of Research

Research team members investigated the multiple problems that migrant care workers encountered working in long-term care facilities during the pandemic and conducted interviews on a wide range of issues such as transformation in employment; changes that impacted daily private life and mental health; individual resilience, and future plans under the prolonged pandemic.

Onsite and online interviews were conducted with a total of 60 migrant care workers. These included certified care workers (*Kaigo-fukushishi* in Japanese) technical intern trainees, specific skilled workers, and part-time working 'care students' studying at vocational schools for certified care workers. Interviews were also conducted with long-term care facility employers, Japanese co-workers, city government officials as well as the directors of the Japan International Corporation of Welfare Services (JICWELS) who nationally coordinate projects concerning the movement of care and nursing workers under Japan's economic partnership agreements (EPAs) with Indonesia, the Philippines, and Viet Nam.

As Vietnamese workers occupy the largest group of migrant care workers in Japan, our team paid particular attention to their conditions. From December 2021 to January 2022, Hiruma and his partner scholars conducted questionnaire surveys with 54 technical intern trainees in the Chubu region including follow-up interviews. Additionally, in July 2022, focus group discussions were conducted with technical intern trainees as well as care students from Viet Nam in the Kansai region. These discussions intended to clarify Vietnamese participants' awareness of problems they faced during the pandemic and identify any differences between the experiences of technical intern trainees and care students. The outcomes of these surveys are reported in the following sections.

An additional focus of research was to examine the resilience and vulnerability of migrant care workers during this pandemic. To this end, in July 2022, our team conducted questionnaire surveys with 219 international students studying at three vocational schools for certified care workers located in the Kanto and Kansai regions. The surveys assessed a range of factors, including respondents' social demographic characteristics, sense of coherence (SOC), and a general health questionnaire (GHQ). Results and analyses are presented in Section 3.

To gain a deeper understanding of the experiences of migrant care workers, employees and local officials in Fukuoka City and its surrounding areas, research members – consisting of Ohno, Lopez, and Hirano – conducted a series of onsite interviews in October 2020 and December 2021. As one of the cities in northern Kyushu that has actively recruited foreign care workers in response to a shortage of Japanese care workers, Fukuoka provided a particularly informative site for our study. Through intermittent surveys, we sought to document changes in employment conditions and shifts in awareness of critical issues amongst migrant care workers during the pandemic. Our findings, which shed light on the lived realities of these workers and their communities, are presented in Section 4.

1.2. Diversification of Migrant Care Workers in Japan

In this section we examine the changing landscape of migrant care workers and how they have started to diversify in Japan in recent years. Since 2008, through EPAs concluded with three Southeast Asian

countries – Indonesia, the Philippines, and Viet Nam – Japan has been accepting ‘candidates’¹ for certified care workers (Indonesia 2008, Philippines 2009, and Viet Nam 2014). The Japanese government has allocated a substantial budget for training candidates, who are granted a ‘designated activities’ status to let them pass the national licensure examination for certified care worker. Each year, respective sending countries can send no more than 300 care workers. Candidates are required to return to their country if they do not pass the examination within 4 to 5 years after arrival in Japan. As of 2022, 2,950 EPA candidates have passed exams (Ministry of Health, Labour and Welfare, 2022b). However, it is worth noting that due to various reasons, a substantial number of those who have passed the exam have already left Japan. Our analysis sheds light on these trends and their implications for the field of migrant care work in Japan.

Table 5.1. Outline of Diversified Statuses of Residence for Migrant Care Workers in Japan

Status of Residence	Aim	Beginning Year	Certified Care Worker (CCW) Qualification	Future Prospect
Designated activities	Japan’s economic partnership agreements (EPAs) – including the provision of movement of care and nursing workers – with Indonesia, the Philippines, and Viet Nam aim to strengthen their economic partnerships, but do not intend to respond to Japan’s labour force shortage in the sectors concerned.	2008 in the case of EPA projects	The aim is to pass the national licensure exam for CCWs and obtain CCW qualifications within 4–5 years after arrival in Japan.	CCWs under the EPAs can extend their status of residence as many times as they want as long as they continue to work as CCWs. They have the right to have family members accompany them to Japan. Permanent residency is possible.
Nursing care	Aims to grant stable working status in Japan to migrants who graduated from CCW training schools or who obtained CCW licensure by other methods.	2017	Training school graduates who wish to work as CCWs for more than 5 years are required to pass the national exam for CCWs within 5 years after their	Nursing care visa holders can extend their status of residence as many times as they want as long as they continue to work as CCWs.

¹ Japan’s EPAs with Indonesia, the Philippines, and Viet Nam allow Southeast Asian care workers to become certified care workers after they pass the national licensure examination in Japan. Before they pass the exam, they are called ‘candidates for certified care workers’.

			graduation. They can hold a CCW licensure even if they fail the exam and they can continue to work as care workers for more than 5 years.	They have the right to have family members by accompany them to Japan. Permanent residency is possible.
Technical intern training	The aim is to transfer their skills obtained in Japan to their home country. Basically, trainees are not allowed to change workplaces. Family members are not permitted to accompany them to Japan.	2017	If the trainees fulfill some requirements, they can take the CCW exam. If they pass, they can change status from residence to nursing care worker.	The total length of stay in Japan is 5 years in length. Those who passed the CCW exam can change status of residence to nursing care worker and continue to work in Japan.
Specified skilled worker(i)²	Aims to fill labour force vacancies in selected industrial sectors. Granted to certain-level skilled workers. EPA candidates who could not pass the CCW exam within 4–5 years can receive this status as long as they fulfill some requirements. Family members are not permitted to accompany them to Japan.	2019	If the workers fulfill some requirements, they can take the CCW exam. If they pass, they can change status of residence to nursing care worker.	The total length of stay in Japan is 5 years at length. Those who pass the CCW exam can change status of residence to nursing care worker and continue to work in Japan.

Source: Prepared by the authors based on data from Ministry of Health, Labour and Welfare (MHLW).

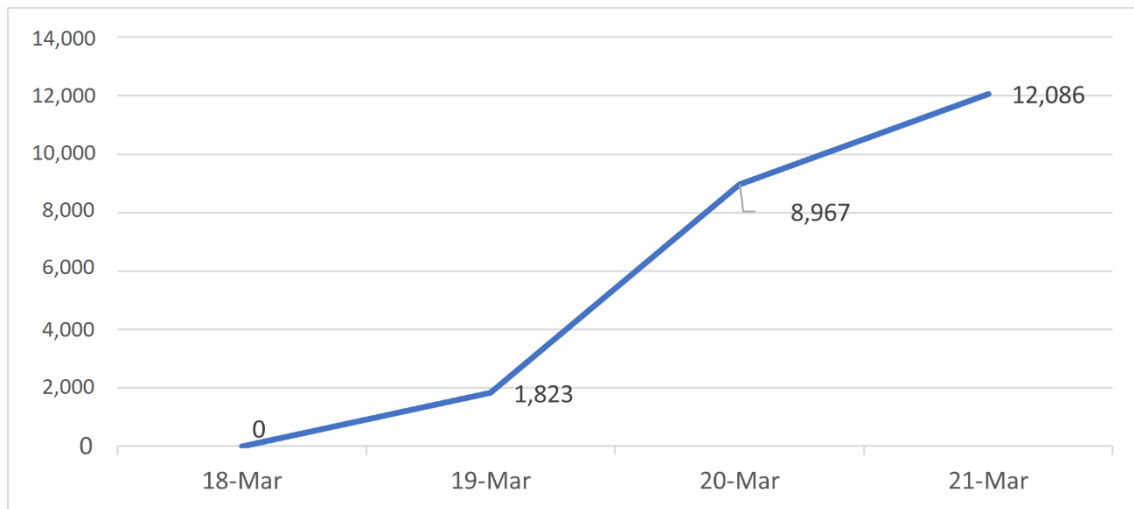
Despite the EPAs that Japan has established, the flow of care workers has not ameliorated the serious shortage of workers. In 2016, the Japanese government took active measures, introducing new initiatives to increase the number of foreign workers. This included the addition of nursing care for

² The ‘Specified skilled worker’ has two types: Specified Skilled Worker (i) and Specified Skilled Worker (ii). The latter is a status of residence for foreign nationals engaged in jobs that require proficient skills in specified industry fields. These fields do not include nursing care.

technical intern training programmes, the creation of a new residency status for graduates of schools for certified care workers called ‘nursing care’, and the establishment of a ‘specified skilled worker’ (SSW) category for those who have higher skills and Japanese language proficiency than technical intern trainees (Table 5.1).

Following the introduction of new residency status and training programmes, there has been a significant increase in the number of foreign care workers in recent years. Notably, this trend continued even after the COVID-19 pandemic was declared by the World Health Organization (WHO) in March 2020 (Figures 5.3 and 5.4), with a substantial increase in technical intern trainees and SSWs.

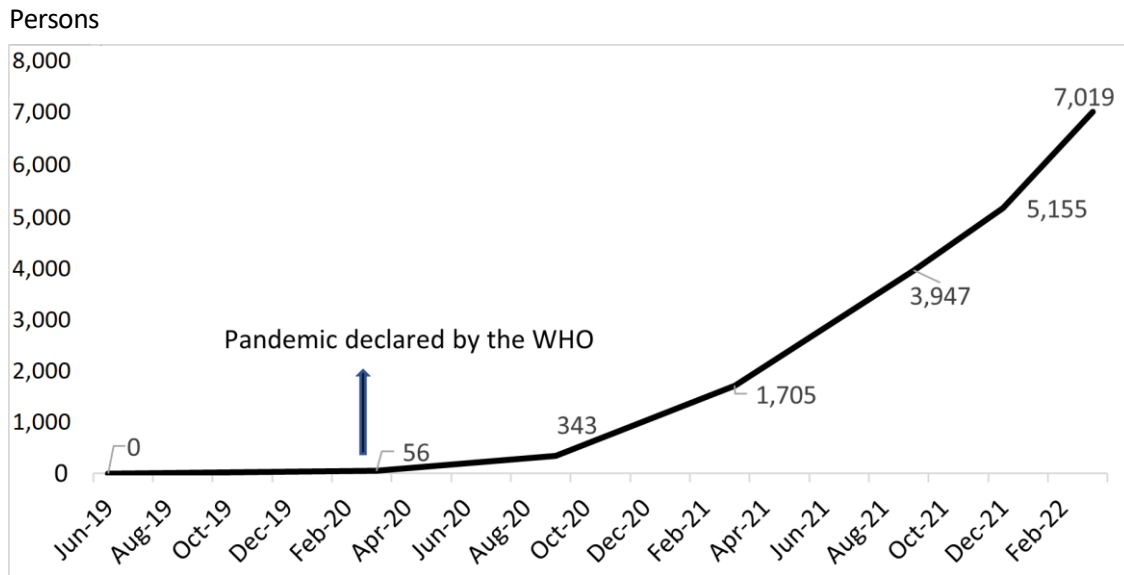
Figure 5.3. Transition of Numbers of Approved Technical Intern Training Plans in Nursing Care³ (March 2019–March 2021)



Source: Drafted by the authors from data of the Organization for Technical Intern Training (OTIT) (2021).

³ The number of approved technical intern training plans is not exactly same as that of technical intern trainees residing in Japan since the former includes the number of approved trainees who did not enter Japan.

Figure 5.4. Transition of Numbers of Specific Skilled Workers in Nursing Care (June 2019–March 2022)

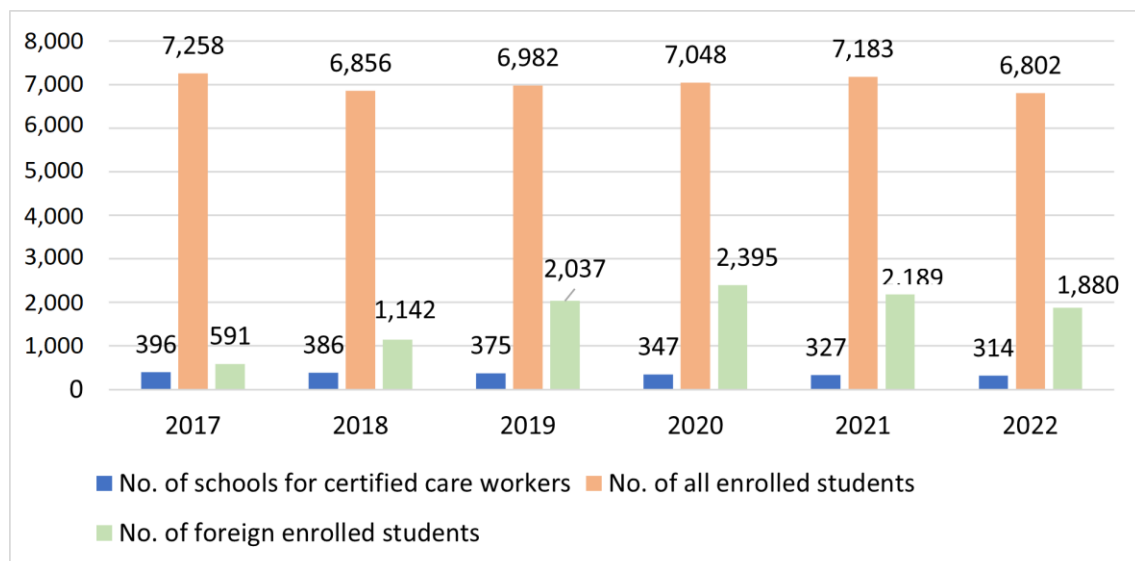


WHO = World Health Organization.

Source: Drafted by the authors based on data obtained by the Immigration Services Bureau of Japan (2022).

Another group of foreign workers in the care industry, known as ‘care students,’ those international students studying elderly care at schools for certified care workers, have also seen an increase from 2017 since the introduction of the ‘nursing care’ residency status for graduates of those schools. However, due to the impact of the pandemic, this growth showed a slight decrease in fiscal years 2021 and 2022 possibly due to the pandemic (Figure 5.5).

Figure 5.5. Transition of Numbers of Foreign Enrolled Care Students Studying at Schools for Certified Care Workers (2017–2022)



Source: Drafted by the authors from data of the Association of Educational Facilities for Certified Care Worker (2022).

In recent years, the number of Vietnamese care workers entering Japan has increased significantly, making them one of the largest groups of new foreign care workers. As of March 2021, 43% of all nursing care trainees (out of 12,068) were Vietnamese technical intern trainees (5,152) (OTIT, 2021). Moreover, as of September 2021, 52% (2,062) of all SSWs engaged in nursing care (3,947) were Vietnamese (Immigration Services Bureau of Japan, 2022). Additionally, they constitute the largest group amongst enrolled foreign students studying at schools for certified care workers accounting for 34.3% (750) of the total registered international students studying at schools for certified care workers all over Japan (2,189) (Association of Educational Facilities for Certified Care Worker, n.d.).

As a result of the diversification of residential statuses, our research team decided to concentrate on the dynamics and experiences of this growing group of care workers. In section 2, we clarify what problems they faced as well as their aspirations for the future during the pandemic as categorised by status of residence (visa category) through focus group discussions. In Section 5, Wako Asato examines the reasons behind the popularity of technical intern trainee projects and the less popular EPA projects amongst Vietnamese and other migrant care workers during the pandemic.

The accounts of care migrants reveal that most of them were able to overcome those difficulties they faced relating to COVID-19 and these seem to indicate their mental resilience. Given the relative stability of the elderly care industry, employment insecurity did not emerge as a major problem under the pandemic. As such, many migrant workers have remained in Japan to work longer than their initial plans. The following sections present their narratives.

2. Vietnamese Technical Intern Trainees in Nursing Care and International Students Studying at Vocational Schools for Certified Care Workers

2.1. Research on Vietnamese Technical Intern Trainees and International Students

As noted in the opening section of this chapter, Vietnamese technical intern trainees and care students studying at certified care worker schools make up a significant proportion of migrant care workers in Japan. There is a need to pay more attention to this population and identify the challenges they face to improve the current acceptance and training system in Japan.

This section sheds light on the perceptions of technical intern trainees based on a questionnaire survey conducted by Hiruma, and subsequent in-depth interviews in the Chubu region from February to May 2022 (Survey 1). The survey aimed to understand the trainees' reasons for choosing to work as technical intern trainees, and the problems they encountered 2 years after their arrival in Japan.

Data obtained from focus group discussions with Vietnamese technical intern trainees and care students (conducted by Ohno and Hiruma) in the Kansai region in July 2022 (Survey 2) present the impact of the pandemic on both groups' everyday lives and other issues.

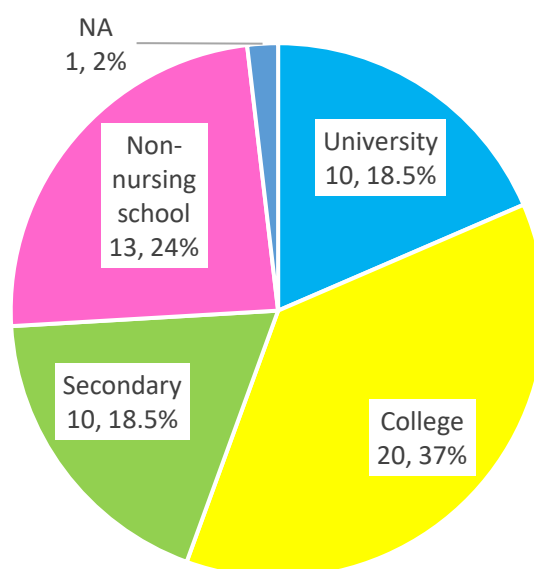
Every year the Ministry of Health, Labour and Welfare and the Organization for Overseas Technical Intern Training conduct a large-scale questionnaire to gather information on the number of approved technical intern training programmes throughout Japan. However, there is limited information on the technical intern trainees' conditions and problems by nationality. To respond to this, we conducted a survey of Vietnamese technical intern trainees. Whilst there is one report dealing with the impact of the COVID-19 pandemic on migrant workers in Japan (Sasaki 2020), other similar studies remain scarce.

2.2. Questionnaire Survey with Follow-up Interviews with Technical Intern Trainees

Hiruma conducted Survey 1 by administering a questionnaire to 110 Vietnamese technical intern trainees at 55 care facilities employing trainees in the Chubu region. These were distributed to each facility and collected via mail between December 2021 to January 2022, with a collection rate of 49% resulting in 54 valid responses) (Figure 5.6). To follow up on the results, in-depth online separate interviews were conducted with four respondents in May 2022.

According to the results (54 respondents), many technical intern trainees (30 respondents) were graduates of nursing colleges and universities, similar to EPA-certified care worker candidates, and a majority of them (51 respondents) were willing to take the national examination and obtain a certified care worker licence (Figure 5.6).

Figure 5.6. Breakdown of Vietnamese Technical Intern Trainee Respondents by Nursing Graduation School



NA = no answer.

Source: Drafted by the author based on data obtained from Hiruma et. al. (2022).

During the follow-up in-depth interviews with four Vietnamese technical intern trainees, four reasons emerged regarding their choice of technical intern trainee programme over the care student programme:

1. They wanted to start working sooner as they had already graduated from a nursing college or university in Viet Nam.
2. They wished to send money to their family sooner.
3. They were unable to shoulder high costs associated with studying in Japan (it costs approximately twice that of the cost for coming to Japan as a technical intern trainee).

4. The programme for care students usually requires approximately 9-years stay in Japan, which is too long for them. Care students usually have a contract with their financial sponsor who requires them to work at a facility for at least 5 years after graduation from their school for certified care worker.

Interviews (with three females and one male, average age 25 years) indicated that, overall, their level of Japanese language proficiency and knowledge in nursing care amongst Vietnamese technical intern trainees in nursing care was lower than that of the Vietnamese care students.

2.3. Focus Group Discussions with Care Students and Technical Intern Trainees

On 11 July 2022, face-to-face focus group discussions (hereafter, abbreviated as FGDs) were also conducted with six Vietnamese care students studying at a vocational school in the Kansai region and five technical intern trainees (including one former technical intern trainee who recently changed her visa to specified skilled worker [SSW]) working at care facilities in the same region (Table 5.2). These were done to compare the two groups' experiences and future plans during the pandemic. The vocational school and care facilities are owned by a social welfare corporation.

Table 5.2. Details of Focus Group Discussions

	FGD 1	FGD 2
No. of participants (maximum length of discussions)	6 (70 minutes)	5 (60 minutes)
Status of residence	student	technical intern training (4) specified skilled worker (1)
Gender	3 females, 3 males	all females
Age range (Average age)	21–33 years old (24.8 years old)	23–32 years old (25.6 years old)
No. of participants who graduated from nursing college or university	1	5

FGD = focus group discussion.

Source: Original data of the authors.

During the FGD 1, six care students stated that the impact of the pandemic was more severe on care students than on technical intern trainees. This is because care students are typically part-time workers and were viewed as expendable when employers needed to make employment adjustments. As a result, when employers experienced lost income and had to reduce their labour force, they tended to layoff part-time and irregular workers, including foreign students.

In one interview, a 33-year female student related, 'If we were infected (with COVID-19), we would be fired and lose our income.' This understanding was commonly shared by other students of different nationalities studying at the same vocational school. In contrast, a 32-year female SSW

stated, 'when I became positive after the corona infection broke out at our workplace, I was quarantined at a nearby hotel. During that time, our corporation (her employer) always helped me'.

Vietnamese technical intern trainees were also safeguarded as regular workers through the labour contracts they had with their employers. Three technical intern trainees who participated in the FGD 2 stated that the risk of infection was higher for care students because they moved around a lot and due to the large pool of people who they came in contact at school or through part-time jobs. However, the risk was lower for technical intern trainees as their workplaces were fixed and thus movement limited. Moreover, their care facilities took relatively strict infection control measures including frequent PCR tests for workers whereas care students had less opportunities to receive them (as narrated by a 32-year female SSW). Whilst Sasaki's previous study suggested that the overall economic impact of the pandemic on care students was limited (Sasaki, 2020), our FGD data highlighted the vulnerability of care students, not only in terms of economic impact, but also in terms of infection risk.

One distinctive aspect relates to care workers' inability to go back to their home country for temporary visits during their stay in Japan. A 24-year male student shared his experience stating that 'during my stay in Japan for the last 5 years, I was not able to return to Viet Nam. So, I feel so lonely. I long to go back this summer, but there is still a risk to not return to Japan due to corona (strict border controls).'

On the other hand, one 23-female technical intern trainee stated that she had no changes to her plan due to the pandemic. She related that she knew that she could not return home during her 3-year contract with her employer. This defines that technical intern trainees have basically no rights to return for a temporary visit. When asked if their expectations had been disappointed due to the COVID-19 pandemic, three technical intern trainees replied with a spontaneous no.

During the FDGs, participants were also asked about their future plans after experiencing difficulties due to the pandemic. All of them kept their initial plans to work for a least 5 years after graduation from the vocational school since they had agreements with sponsors paying schooling fees and that these would be not required to be repaid on the condition that they have worked at care facilities for more than 5 years. Moreover, after getting used to the 'new normal,' most of them expressed a desire to stay in Japan beyond the 5-year work at their sponsors' facility. For example, one 25-year male related, 'I wish to live in Japan for a long time since I found that Japan to be a comfortable place to stay. We can earn our livelihood even by working part-time.' Another 26-year female expressed, 'I wish to be a manager of a care facility after living and working in Japan.'

These desires were shared by other technical intern trainee participants. All five expressed a desire to reside and work in Japan even after 3-year work experience as technical intern trainees No.1 and No.2. If they wish to continue to work in the same workplace for more than 3 years, they are required to change their visas to technical intern trainee No.3 or specified skilled worker. One participant had already changed hers to SSW and others also expressed a desire to work as technical intern trainee No.3 or SSW. Additionally, a 23-year participant also stated that she would like to sit the national examination for certified care worker during her stay in Japan. Table 5.3 presents the differences between both groups in terms of their experiences during the COVID-19 pandemic.

Table 5.3. Summary of Comparison of COVID-19 Related Responses by Status of Residence

	International Students	Technical Intern Trainees
Employment	Unstable and sometimes no income (treated as 'adjustment valve')	Stable (treated as regular staff)
Responses to COVID-19 infection	No or a little support (sometimes given by their school)	Full support given by their employer
Inability to return home for temporary visit	Beyond expectations	Within expectations
Future life plan	Longer stay and work in Japan than their initial plans in most cases	Longer stay and work in Japan than their initial plans in all cases

Source: Original data of the authors.

2.4. Findings and Lesson Learnt from Vietnamese Migrant Care Workers

The research enabled us to identify multiple patterns amongst Vietnamese migrant care workers (including care students) under the pandemic.

1. The risk for infection and loss of stable income tended to be higher for Vietnamese and other migrant care students during infectious disease outbreaks due to their unstable employment and higher mobility. This is an important lesson learnt from their past and current problems.
2. Some technical intern trainees who have been in Japan for 2–3 years now realise that their Japanese language skills and nursing care knowledge are lower than those of foreign care students. They expressed that they would have chosen the care student programme if they had the financial ability to pay for tuition before coming to Japan. This highlights an important lesson for future migrant care workers planning to come to Japan.
3. It is important to address and give serious consideration to the gap between the implementation of the purpose of the technical intern trainee system (skill acquisition and transfer) and the career aspirations of technical intern trainees (taking the national examination and obtaining a certified care worker licence).

This survey has some limitations. First, in Survey 1, the pool of in-depth interviewees was small (two were from the same nursing college), which resulted in sampling bias. Second, Survey 2 was limited to FGD participants only from 'good workplaces.' Therefore, more research is needed to include care migrants employed in facilities that are considered to not be good workplaces.

4. One of the most important needs amongst technical intern trainees is to improve not only their skills, but also their level of Japanese language proficiency and knowledge in nursing care, as well as to obtain a certified care worker licence as soon as possible. Public support should be

considered to help host institutions, corporations, and supervising organisations to meet these needs, such as through cooperation with schools for certified care workers.

5. An important need amongst foreign care students is to ease the stressful situation of balancing school activities and part-time work. Due to their positions as part-time workers, they are more vulnerable than technical intern trainees and tend to be easily laid off as a 'employment valve' under economic recession triggered by the pandemic. For this reason, the government and their Japanese sponsors need to support financially distressed care students more than before realising their desires to become certified care workers.

In conclusion, we strongly advocate for the establishment of a new system for accepting migrant care workers that maximises the advantages and minimises the drawbacks of current residency statuses. This system should also enhance resilience against disasters such as pandemics.

3. Resilience of International Students Enrolled at Vocational Schools for Certified Care Worker in Japan during the COVID-19 Pandemic

3.1. Research Agenda of International Students

Previous studies have indicated that COVID-19 increases perceived stress and health outcomes (Tanaka et. al., 2021). Therefore, strengthening the resilience of individuals has been key to a successful coping strategy to survive under a 'new normal' where everyone is required to adjust to daily life under a pandemic. However, to date, no studies on the resilience of non-Japanese healthcare providers who provide care in Japan have conducted.

In this study, we investigated the resilience of international students enrolled at vocational schools for certified care workers in Japan by testing the association between sociodemographic characteristics, social support, and mental health outcomes. We employed the Sense of Coherence (SOC) framework, conceptualised by Antonovsky (1987), as a marker of resilience. SOC is defined as 'a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (2) the resources are available to one to meet the demands posed by the stimuli; and (3) these demands are challenges, worthy of investment and engagement' (Antonovsky, 1987).

3.2. Methodology

An eight-page questionnaire was developed in Japanese and distributed to 219 international students studying at three vocational schools for certified care workers in the Kanto and Kansai regions in July 2022. Out of these, 217 replied (respondent rate: 99.1%). The questionnaire contained the following items: social demographic characteristics of the student, SOC, and a general health questionnaire (GHQ). SOC comprised 13 items, which are categorised under the three subcategories of meaningfulness, manageability, and comprehensibility. The higher they mark, the stronger resilience they have. The GHQ consisted of 12 items. The higher they mark, the lower mental health they have had in the last 2 to 3 weeks.

3.3. Results

3.3.1. Participant Characteristics

Sixty-six of the participants were male (24.4%) and 199 female (73.4%). By nationality, Thai students (32.5%) comprised the largest group, followed by Vietnamese (28.4%) and Chinese (14.4%) (Table 5.4). The mean age of the participants was 26.03 (SD:4.53) years old. The average length of stay in Japan was 23.1 (SD:15.34) months. The average length of education prior to Japan was 14.51 (SD:2.53) years. On average, the length of working in care facilities in Japan was 14.77 (SD:10.36) months.

Table 5.4. Characteristics of the Participants

		Number	(%)
Gender	Male	66	(24.4)
	Female	199	(73.4)
	NA	6	(2.2)
Country of origin	Thailand	88	(32.5)
	Viet Nam	77	(28.4)
	China	39	(14.4)
	Philippines	34	(12.5)
	Other countries	30	(11.1)
	NA	3	(1.1)
Nursing education	Yes	29	(10.7)
	No	242	(89.3)
JLPT level	N1	7	(2.6)
	N2	56	(20.7)
	N3	83	(30.6)
	N4	47	(17.3)
	N5	17	(6.3)
	Have not taken yet	59	(21.8)
	NA	2	(0.7)
Enrolled school year	Freshman	145	(53.5)
	Sophomore	126	(46.5)
Married	Yes	24	(8.9)
	No	240	(88.6)
	NA	7	(2.6)
Living with others	Yes	170	(62.7)

		Number	(%)
	No	94	(34.7)
	NA	7	(2.6)
Have lived with COVID-19 infected person(s)	Yes	42	(15.5)
	No	127	(46.9)
	NA	102	(37.6)
Type of care facilities	Intensive Care Home for the Elderly	77	(28.4)
	Long-Term Care Health Facilities	52	(19.2)
	Others	121	(44.6)
	Not working in care facilities	5	(1.8)
	NA	16	(5.9)
Have cared COVID-19 infected person(s)	Yes	42	(15.5)
	No	213	(78.6)
	Not working in care facilities	5	(1.8)
	NA	11	(4.1)
Have been infected by COVID-19	Yes	55	(20.3)
	No	209	(77.1)
	NA	7	(2.6)
	Not affected at all	10	(3.7)
	Not affected	15	(5.5)
Level of COVID-19 impact on daily life	Neither affected or not	17	(6.3)
	Affected	82	(30.3)
	Strongly affected	139	(51.3)
	NA	8	(3.0)
	Not worry at all	5	(1.8)
	Not worried	17	(6.3)
Level of worried about pandemic	Neither worried or not	25	(9.2)
	Worried	110	(40.6)
	Worried very much	107	(39.5)
	NA	7	(2.6)
Level of difficulties in adapting online class	Not difficult at all	16	(5.9)
	Not difficult at all	24	(8.9)
	Neither difficult or not	29	(10.7)
	Difficult	87	(32.1)
	Difficult very much	107	(39.5)

	Number	(%)
NA	8	(3.0)

JLPT = Japanese Language Proficiency Test, M = mean score, SD = standard deviation, NA = no answer.
Source: Original data of the author.

3.3.2. Source of Participants' Social Support

More than 80% of participants answered that family or friends were the main source of social support, regardless of type (Table 5.5).

Table 5.5. Social Support of the Participants (very much/much)

	Number	(%)
Can frankly speak to		
1.Instructors in care worker school	148	(54.6)
2.Superiors in workplace	141	(52.0)
3.Colleagues in workplace	167	(61.6)
4.Family/friends	233	(86.0)
Can rely on when in trouble		
1.Instructors in care worker school	147	(54.2)
2.Superiors in workplace	109	(40.2)
3.Colleagues in workplace	121	(44.6)
4.Family/friends	229	(84.5)
Can ask for advice for personal problems		
1.Instructors in care worker school	134	(49.4)
2.Superiors in workplace	79	(29.2)
3.Colleagues in workplace	96	(35.4)
4.Family/friends	233	(86.0)

Source: Original data of the author.

3.3.3. Distribution of SOC and Subscales

The mean score of SOC was 54.17 (SD:10.73) points, which was closer to that of Japanese healthcare workers' study (Tanaka et. al., 2021) (Table 5.6).

Table 5.6. Sense of Coherence Scores and Subscales

	M	SD
SOC total score (range: 13–91)	54.17	(10.73)
Meaningfulness (range: 4–28)	17.98	(3.86)
1. Do you have a feeling that you really don't care about what is going on around you?	4.12	(1.60)
4. Until now your life has had: no clear goals or very clear goals and purpose	5.15	(1.48)
7. Doing the things you do every day is: a source of deep pleasure and satisfaction or a source of pain and boredom	4.31	(1.61)
12. How often do you have the feeling that there is little meaning in the things you do in your daily life?	4.40	(1.87)
Manageability (range:4–28)	16.12	(4.16)
3. Has it happened that people whom you counted on disappointed you?	4.09	(1.65)
5. Do you have the feeling that you are being treated unfairly?	3.84	(1.75)
10. Many people, even those with a strong character, sometimes feel like losers in certain situation. How often have you felt this way in the past?	4.39	(1.71)
13. How often do you have feelings that you are not sure you can control?	3.79	(1.64)
Comprehensibility (range: 5–35)	20.07	(4.86)
2. Has it happened in the past you were surprised by the behaviour of people whom you thought you knew well?	4.19	(1.58)
6. Do you have the feeling that you are in an unfamiliar situation and do not know what to do?	3.85	(1.57)
8. Do you have very mixed-up feeling and ideas?	3.81	(1.69)
9. Does it happen that you experience feelings that you would rather not have to endure?	3.77	(1.54)
11. When certain events occurred, have you generally found that you overestimated or underestimated their importance – you assessed the situation correctly?	4.45	(1.45)

M = mean score, SD = standard deviation, SOC = Sense of Coherence.

Source: Original data of the author.

3.3.4. Distribution of GHQ and Subscales

The mean score of GHQ was 27.12 (SD:4.95) points. The highest items marked by the participants was 'felt constantly under strain', whose average was 2.72 (SD:.899) points, followed by 'been losing confidence in yourself', which was 2.68 (SD:.804) respectively (Table 5.7).

Table 5.7. General Health Questionnaire Scores and Subscales

	M	SD
1. Been able to concentrate on what you are doing	1.98	(.744)
2. Lost much sleep over worry	2.57	(.907)
3. Felt you were playing a useful part in things	1.93	(.752)
4. Felt capable of making decisions about things	2.02	(.713)
5. Felt constantly under strain	2.72	(.899)
6. Felt you couldn't overcome your difficulties	2.57	(.764)
7. Been able to enjoy your normal day-to-day activities	1.96	(.797)
8. Been able to face up to your problems	1.84	(.707)
9. Been feeling unhappy and depressed	2.51	(.880)
10. Been losing confidence in yourself	2.68	(.804)
11. Been thinking of yourself as a worthless person	2.22	(.877)
12. Been feeling reasonably happy, all things considered	2.12	(.671)
Total GHQ score (range: 12–48)	27.12	(4.95)

GHQ = general health questionnaire, M = mean score, SD = standard deviation.
Source: Original data of the author.

3.3.5. Association with SOC Scores

There was a gender variance in SOC and comprehensibly mean scores. Male students scored higher with SOC 56.09 (SD:12.45) for comprehensibility 21.00 (SD:5.68) higher than females 53.56 (SD:10.17) and 19.80 (SD: 4.58), respectively (Table 5.8).

Table 5.8. Association between Sense of Coherence Score and Characteristics of the Participants

		SOC (range: 13-91)			meaningfulness (range: 4-28)			manageability (range: 4-28)			comprehensibility (range: 5-35)		
		M	SD	p	M	SD	p	M	SD	p	M	SD	p
Gender	Male	56.09	(12.45)	.015	18.30	(4.18)	.142	16.79	(4.64)	.065	21.00	(5.68)	.028
	Female	53.56	(10.17)		17.91	(3.76)		15.86	(4.00)		19.80	(4.58)	
Nursing education	Yes	54.10	(9.77)	.159	18.55	(3.09)	.032	15.79	(4.21)	.605	19.76	(4.60)	.392
	No	54.18	(10.86)		17.92	(3.94)		16.15	(4.17)		20.11	(4.90)	
JLPT level	N1	65.00	(10.49)	.009	21.43	(2.37)	.000	19.57	(4.58)	.302	24.00	(4.69)	.018
	N2	56.71	(12.08)		19.25	(3.90)		16.64	(4.72)		20.82	(5.59)	
	N3	55.21	(9.95)		18.62	(3.44)		16.35	(3.97)		20.23	(4.63)	
	N4	55.85	(8.85)		17.70	(3.67)		16.83	(3.33)		21.32	(4.28)	
	N5	48.76	(9.97)		15.53	(3.20)		15.76	(3.94)		17.47	(4.32)	
Enrolled school year	Freshman	53.25	(10.64)	.914	17.97	(4.01)	.271	15.52	(4.04)	.407	19.76	(4.84)	.608
	Sophomore	55.22	(10.77)		18.01	(3.69)		16.79	(4.22)		20.43	(4.88)	
Married	Yes	62.22	(12.50)	.068	20.30	(4.35)	.265	18.52	(4.59)	.256	23.39	(5.17)	.368
	No	53.23	(10.25)		17.69	(3.73)		15.83	(4.05)		19.75	(4.76)	
Living with others	Yes	53.34	(10.34)	.322	17.57	(3.89)	.834	15.82	(4.12)	.733	19.95	(4.58)	.205
	No	55.34	(11.37)		18.55	(3.71)		16.51	(4.22)		20.28	(5.43)	
Have lived with COVID-19 infectees	Yes	53.05	(10.19)	.625	17.29	(3.70)	.427	15.37	(4.22)	.840	20.39	(4.70)	.943
	No	53.48	(10.46)		17.67	(3.98)		15.97	(4.11)		19.83	(4.56)	
Type of care facilities	Intensive Care Home	54.92	(9.86)	.406	18.32	(3.68)	.470	16.69	(3.86)	.243	19.91	(4.83)	.472

		SOC (range: 13-91)			meaningfulness (range: 4-28)			manageability (range: 4-28)			comprehensibility (range: 5-35)		
		M	SD	p	M	SD	p	M	SD	p	M	SD	p
	for the Elderly Long-Term Care Health Facilities	52.33	(11.70)		17.49	(4.19)		15.47	(4.13)		19.37	(5.46)	
	Others	54.17	(10.96)		17.88	(3.74)		15.93	(4.44)		20.36	(4.76)	
Have cared COVID-19 infectees	Yes	53.50	(10.51)	.395	17.83	(4.14)	.922	15.76	(3.91)	.644	19.90	(4.98)	.871
	No	54.18	(10.89)		17.93	(3.81)		16.14	(4.25)		20.11	(4.93)	
Have been infected by COVID-19	Yes	51.67	(10.27)	.066	17.56	(3.55)	.432	15.02	(4.03)	.037	19.09	(5.05)	.100
	No	54.68	(10.80)		18.02	(3.93)		16.34	(4.17)		20.32	(4.83)	

JLPT = Japanese Language Proficiency Test, M = mean score, SD = standard deviation, SOC = Sense of Coherence, p = p value.
Source: Original data of the author.

The older the participants, the higher the SOC, meaningfulness, manageability, and comprehensibility were marked ($r=.206, p=.001, r=.122, p=.046, r=.233, p<.001, \text{ and } r=.159, p=.009$), respectively. In particular, the length of stay in Japan was significantly associated with manageability ($r=.153, p=.012$). The longer the stay in Japan, the higher SOC was registered.

The level of COVID-19 infection impact on daily life was negatively associated with SOC, meaningfulness, and comprehensibility ($r=-.185, p=.003, r=-.147, p=.017 \text{ and } r=-.189, p=.002$). There was no significant association observed between SOC and its subscales, and level of difficulties in adapting to online classes.

The level of Japanese Language Proficiency Test (JLPT) was significantly associated with SOC, meaningfulness, and comprehensibility ($p=.009, p<.001, \text{ and } p=.018$ respectively). The higher their Japanese proficiency, the stronger their SOC registered (Table 5.6).

Those who were infected by COVID-19 marked a lower manageability score of 15.02 (SD:4.03) than those who had not being infected; 16.34 (SD: 4.17) ($p=.037$). However, no significant association was observed between those who have cared person infected with COVID-19 and those who didn't have any association of SOC and its subscales scores, nor whether they had lived with those infected by COVID-19 or not (Table 5.6).

Regarding the source of social support, participants who were able to speak frankly with instructors in care worker schools, had significantly higher scores in SOC (55.05, SD:9.50) and a meaningful score (18.21, SD: 3.44) compared to those who were not able to (52.87, SD:12.17) and 17.53 (SD:4.32), respectively. Supervisors at the workplace whom the participants could talk to frankly, was another source of social support, which strengthened the SOC and comprehensibility score (54.60, SD:9.38) and 20.52 (SD:4.42), respectively, than those who could not 53.61 (SD:12.24) and 19.61 (SD:5.38), respectively (Table 5.9).

Table 5.9. Association Between Sense of Coherence/Subscales and Social Support

		SOC (range: 13-91)			meaningfulness (range: 4-28)			manageability (range: 4-28)			comprehensibility (range: 5-35)		
		M	SD	p	M	SD	p	M	SD	p	M	SD	p
Can frankly speaking to													
Instructors in care worker school	Yes	55.05	(9.50)	.033	18.21	(3.44)	.018	16.44	(3.81)	.126	20.39	(4.53)	.070
	No	52.87	(12.17)		17.53	(4.32)		15.65	(4.58)		19.69	(5.33)	
Superiors in workplace	Yes	54.60	(9.38)	.017	17.93	(3.70)	.362	16.14	(3.86)	.289	20.52	(4.42)	.017
	No	53.61	(12.24)		17.92	(4.05)		16.08	(4.52)		19.61	(5.38)	
Colleagues in workplace	Yes	54.94	(10.08)	.177	18.20	(3.73)	.249	16.17	(4.13)	.854	20.57	(4.51)	.054
	No	52.72	(11.83)		17.43	(4.05)		16.02	(4.25)		19.27	(5.45)	
Family/ friends	Yes	53.76	(10.69)	.760	17.89	(3.82)	.286	15.97	(4.20)	.568	19.90	(4.87)	.689
	No	56.83	(11.03)		18.34	(4.22)		17.00	(3.84)		21.48	(4.91)	
Can rely on when in trouble													
Instructors in care worker school	Yes	54.92	(10.52)	.296	18.40	(3.80)	.822	16.45	(4.08)	.922	20.07	(4.84)	.516
	No	53.01	(11.10)		17.30	(3.87)		15.64	(4.28)		20.08	(5.01)	
Superiors in workplace	Yes	54.68	(10.72)	.704	17.86	(3.92)	.632	16.49	(4.13)	.928	20.33	(4.94)	.939
	No	53.75	(10.85)		17.98	(3.83)		15.85	(4.20)		19.93	(4.88)	
Colleagues in workplace	Yes	54.67	(10.53)	.518	17.87	(3.79)	.609	16.26	(4.13)	.938	20.55	(4.83)	.742
	No	53.68	(11.03)		17.99	(3.94)		15.99	(4.23)		19.70	(4.95)	
Family/ friends	Yes	54.00	(10.83)	.626	17.91	(3.92)	.206	15.98	(4.21)	.367	20.11	(4.92)	.551
	No	54.76	(10.34)		18.12	(3.50)		16.79	(3.86)		19.85	(4.77)	

		SOC (range: 13-91)			meaningfulness (range: 4-28)			manageability (range: 4-28)			comprehensibility (range: 5-35)		
		M	SD	p	M	SD	p	M	SD	p	M	SD	p
Can ask advice for your personal problems													
Instructors in care worker school	Yes	55.88	(10.47)	.684	18.73	(3.97)	.099	16.59	(3.99)	.550	20.57	(4.81)	.682
	No	52.23	(10.77)		17.11	(3.58)		15.55	(4.30)		19.56	(4.94)	
Superiors in workplace	Yes	55.57	(10.69)	.991	18.77	(3.95)	.638	16.52	(4.18)	.901	20.28	(5.25)	.411
	No	53.53	(10.77)		17.55	(3.76)		15.94	(4.16)		20.03	(4.75)	
Colleagues in workplace	Yes	54.55	(10.70)	.663	18.17	(3.89)	.824	16.06	(4.15)	.955	20.32	(5.05)	.558
	No	53.91	(10.83)		17.78	(3.84)		16.15	(4.20)		19.98	(4.82)	
Family/ friends	Yes	54.40	(11.02)	.149	17.98	(3.92)	.368	16.16	(4.25)	.270	20.26	(5.00)	.093
	No	51.57	(8.15)		17.39	(3.24)		15.54	(3.49)		18.64	(3.76)	

M = mean score, SD = standard deviation, p = p value, SOC = Sense of Coherence.
Source: Original data of the author.

A strong negative association was found between SOC and GHQ scores ($r=-.511$, $p<0.01$), meaningfulness ($r=-.410$, $p<0.01$), manageability ($r=-.430$, $p<0.01$), and comprehensibility ($r=-.435$, $p<0.01$) (Table 5.7).

3.4. Findings and Lesson Learnt on International Students

SOC and its subconstructs were associated with some sociodemographic characteristics of foreign students enrolled at schools for certified care workers, such as gender and Japanese language abilities, whilst marriage and residence status were not significantly associated with SOC. Rather, SOC and its subconstructs are likely to be influenced by social support, such as the one given by instructors at school for certified care workers and superiors in the workplace, whom the students can speak to openly. Thus, it is crucial to establish support systems for foreign students to strengthen SOC and lower health risks associated with stress and loss of confidence.

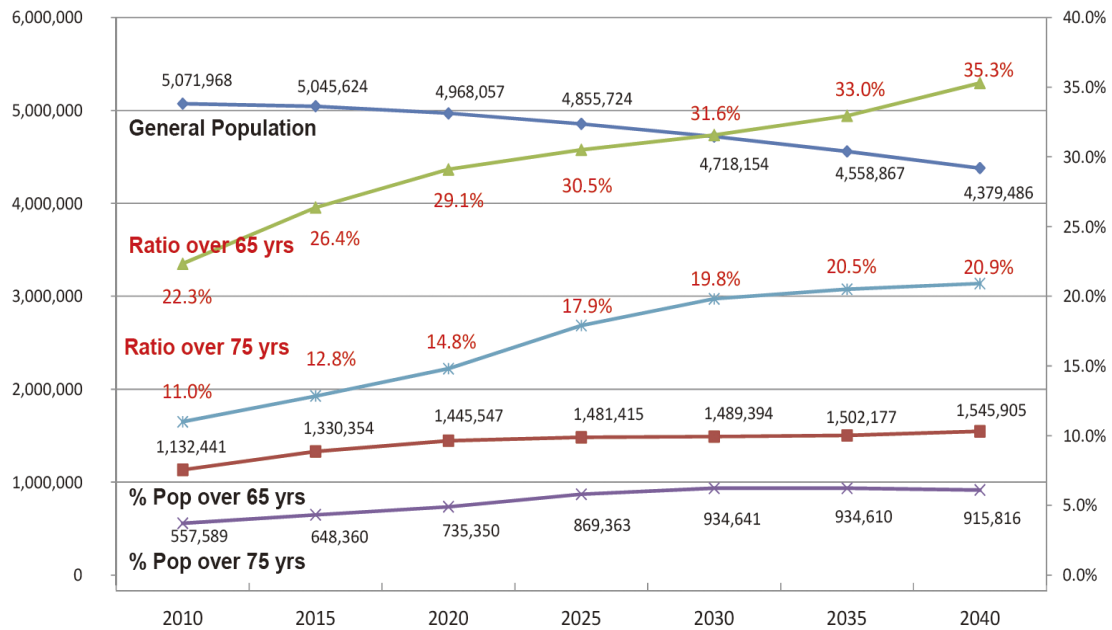
4. Diversified Strategies for Procurement of Migrant Care Workers under the Pandemic: A Case Study in Fukuoka

Fukuoka Prefecture was chosen as a research site as it has some of the worst shortages in the care sector and subsequently in response to this has seen a diversification of migrant streams for care work. Fieldwork in Fukuoka Prefecture was conducted in October 2020 and December 2021 when COVID-19 infection rates were relatively low and aimed to understand the current situation and conditions and how different actors, institutions, and care workers themselves responded under the pandemic.

4.1. Current Welfare Conditions of Fukuoka

Fukuoka Prefecture has been ageing in line with the national trend and by 2040 the population is expected to decrease by just under 14% and the proportion of the elderly (65 years old and above) is projected to continue to grow, increasing to 35.3% (image shown in Figure 5.7). By 2025, there will be a forecast need of 95,246 care workers. During the pandemic, the prefecture experienced a significant reorientation in the procurement and placement of different types of workers as covered in the following sections.

Figure 5.7. Population Changes for Fukuoka Prefecture (2010–2040)



Source: English draft by the author based on data from Fukuoka Prefecture (2017, p.15).

4.2. Local Government Initiatives

At present, both the prefecture and city suffer from chronic shortage of care workers, 9,500 within the prefecture and 5,500 within the city (Fukuoka City, 2020, p.30). To respond to this, the city is developing a three-point plan and wants to (i) promote the entry of caregivers into the market, (ii) prevent the turnover of workers and aim for retention of care workers, and (iii) improve the overall quality of care. To foster a higher degree of retention, through collaboration with academics, non-profit organisations, and other stakeholders, another approach has been to introduce the idea of ‘*kanryu*’ (a form of circulation), to cultivate Fukuoka as a model city where workers can come, train, work, and learn. Those who leave would circulate knowledge via their networks bolstering the recognition of the city within Asia.

In order to achieve this, the local government has instituted a working group of different organisations and stakeholders to promote the appeal of nursing care, increase workers, improve business efficiency, and the quality of workers. This also led to a campaign to further the visibility of the city within Asia through a promotional video targeting international students⁴ and implement a platform to circulate information between different stakeholders who require help in securing care workers, especially those from overseas (Fukuoka City, 2022).

⁴ Internal figures were provided by the Department of Human Resources for Long-term Care, Elderly Affairs Policy Section, Fukuoka City.

4.3. Parallel Private Sector Initiatives: International Student Recruitment

Within the prefecture, there are presently 15 vocational schools and other institutions for training foreign students. These have a degree of flexibility in that they can switch their residence status to ‘nursing care’ upon graduation and obtain a nursing care worker visa. Research ascertained that the ongoing impact of the pandemic led to a collapse of work opportunities in the food, retail, and hotel industries where many worked part-time. A recent trend before the pandemic saw migrant working students (*dekasegi ryūgakusei* in Japanese) come to train and work in Japan as part of a temporary floating buffer workforce, but this did not tackle the concrete issue of how to secure a more long-term source of care labour. Some trainers at college offering packages shared their frustration on Japan’s current migration regime a ‘halfway measure’ and expressed a desire for an open discussion on migration policy in Japan. Research clarified that there was a rise in foreign students and technical intern trainees despite the impact of the pandemic. The research clarified the following:

- A number of schools and vocational training colleges that were training international students for care picked up the slack from other industries where demand for workers stalled during the pandemic.
- Some students were shuffled around within the economy for an undersupplied market by recruiting students.
- A public–private nexus between businesses, care facilities, schools, and local government collaborated to assure a diversifying stream of care workers into the prefecture to ameliorate a shortage of workers.

What can be inferred from these trends is a diversification of strategies to procure workers during this a period of instability between 2019–2021.

4.4. Migrant Care Workers Appraisal under the Pandemic

A number of care facilities we visited presented the challenges they faced under the pandemic but provided some lessons on what is happening on the ground. One care facility A, part of a group home located just outside Fukuoka City, has employed care workers actively from four different streams and various nations (Table 5.10) with different employment status across the group (Table 5.11).

Table 5.10. Social Welfare Corporation Special Nursing Home Group in Fukuoka Prefecture: Changes in Employment of Foreign Staff (October 2020 to August 2022)

	EPA	Vocational School Graduates (certified care workers)	Foreign Students	Internship Programme***	Technical Intern Trainees***
Facility A	3 (-1)**	4 (+1)	1 (-2)	2	3 (+4)
Facility B	0	2	0		1 (+2)
Facility C	0	1 (+1)	1 (-1)	1	4 (+2 Pending Entry)

EPA = Economic Partnership Agreement.

Notes: + - Change from previous year including entries in 2021 and 2022. Current as of August 2022.

1 with approved caregiver certification; *pending entry; *** care workers on internship programme with Vietnamese Nursing University.

Source: Juseien, Imayama-kai Group Home.

Table 5.11. Employment Status of Foreign Workers across Facilities (by Country)*

	Myanmar	Philippines	Nepal	Sri Lanka	Vietnam
Certified Care Worker		1	5	4	
EPA Certified Care Worker Candidate		1			
Specific Skills Care Worker	5				
Technical Intern Care Worker	6		4		
Internship Programme					3
Foreign Student					1
Totals	11	2	9	4	4

EPA = Economic Partnership Agreement.

Note: * Current as of August 2022.

Source: Juseien, Imayama-kai Group Home.

At some elderly-care facilities, foreign care staff, especially those with nursing educational background and clinical knowledge, were highly appraised for the professional capacity that they displayed whilst the pandemic played out. It provided a positive opportunity to reappraise the role of migrants as essential key workers who have fulfilled some vacancies of shift work caused by the absence of Japanese co-workers due to the pandemic, and thus sustained the healthcare system of their workplaces during a time when it was tested.

Additionally, to diversify care worker streams, the above-mentioned facility A is fostering a partnership with a Vietnamese nursing college through an internship exchange programme, increase knowledge cultivation and circulate human resources within the group home with a secure supplier.

Several findings from this case study were identified:

- The pandemic provided an opportunity for Japanese staff to acknowledge and appraise migrant co-workers as valuable and essential workers. Migrant care staff's presence has been evaluated positively more than before. Such recognition was commonly shared with key officials of the International Welfare Service Corporation (JICWEL) that is responsible for the EPA projects for nurses and care workers from Southeast Asian countries.⁵
- The facility's experience provides an example of the challenges that care homes face in maintaining and training a diverse pool of workers from different countries and migration streams.
- A pragmatic approach aligns with a model of knowledge circulation that local government has been fostering in the hope of creating a system which can be replenished by future migration streams.

4.5. New Trends of Employment and Mobility under the Pandemic

Facilities such as those mentioned above, are part of an information sharing network, the Kyushu Committee for Development of Overseas Human Resources, set up and coordinated by a local training company for care work. The authors (Ohno and Lopez) are both active members of the committee, a broad coalition comprising nursing care facility directors and managers based in Fukuoka, technical training supervision organisations, the heads of non-profit organisations, executives of the Fukuoka Prefecture legal specialists, and academics (Japanese and foreign). One online discussion meeting with other participating members that took place on 4 December 2021 clarified several important issues for committee members.

- There exists great difficulty in procuring professional migrant care workers to work in semi-rural areas far from larger urban areas.
- Skilled workers who already have a national licensure for certified care worker such as EPA workers are difficult to retain for a long time due to lower wages in Fukuoka. Many have moved to higher paying regions such as Tokyo and Osaka.⁶
- The pandemic exacerbated a shift from EPA professionals to technical intern trainees as part of a strategy to diversify the pool of available workers to avoid the 'brain drain'.
- Career paths in care work have concrete limitations. With migrant care workers who switch over to the specified skills worker visa, the system offers flexibility, but it means that employers run the risk of a high turnover of workers.

Several participants related the challenges that they face, including a turnover of workers due to stagnation. One social welfare provider instituted their own criteria for evaluating work and language

⁵ Our research team hosted an online meeting with three directors of the JICWEL in charge of EPA projects on 13 January 2022. They noted that EPA personnel and other foreign care staff had filled vacancies due to the resignation of Japanese staff and the latter's absence due to their fear of corona infection.

⁶ Tokyo Metropolis ranks its highest annual income for care workers affiliated with social welfare facilities in Japan (¥4.01 million=\$34,870). On the other hand, Fukuoka Prefecture ranks 31st (¥3.29 million= \$28,610) amongst 47 prefectures in Japan and is 82% of the annual income in Tokyo. Data are based on surveys conducted by Japan's Ministry of Health, Labour and Welfare (MHLW) in 2019.

proficiency and created an appraisal system that reflects in the salaries workers receive as well as introducing a mentor system where more experienced workers (Vietnamese) help those who are still training to communicate. Some organisations are developing more dynamic approaches to the circulation of knowledge, but only at the initiative of the organisation, rather than that built into the criteria of the specified skilled worker visa. Such an approach presents a pragmatic strategy that acknowledges the limits of visa system in place. Due to this, in the long term, shifts to different streams may ultimately impact the quality of care in facilities.

4.6. Findings and Lessons Learnt from Fukuoka's Case

Our research found that Fukuoka provides a clear case of issues that are converging and require attention. First, to recognise the current ways in which migrant streams were reorganised due to the socioeconomic impact of the pandemic. Second, to further evaluate and appraise the local initiatives that care providers have taken to secure care labour streams. Third, to not only recognise the appraisal of foreign migrant care workers in care facilities, but also rethink what kind of systems can allow more upwards career mobility and more incentives to retain professional migrant care workers at their workplaces in regional cities and towns. Finally, this will provide a clearer career path opportunities for highly skilled workers and improve the visibility of industry needs and opportunities domestically and overseas.

5. Failure of the International Labour Market: Examining the Case of Migrant Care Workers

5.1. International Market and Migrant Care Workers

In 2015, there was a significant transformation in the migration patterns of care workers in Japan. During that year, housekeepers began to be accepted as one migrant stream and 'nursing care' was established as a new status of residence for elderly care. In 2017, the Technical Intern Training Programme (TITP) was extended to nursing care, then subsequently the Specified Skilled Worker (SSW) programme was introduced in 2019. The latter programme aimed to recruit a substantial number of care workers and was intended to accept a maximum of 350,000 people across 17 selected industry sectors. However, the significant expansion caused several problems within the international labour market resulting in a process called 'adverse selection,' where an appropriate recruitment system was not implemented. Adverse selection can occur due to information asymmetry in the market, negatively impacting rational choices. This is what is happening in the contemporary international labour market of care workers in Japan. The following section will focus and illustrate this point.

5.1.1. Zero Placement Fees Less Selected

Let us begin by examining the recruitment process across different recruitment channels. One such channel is the acceptance of care workers under the EPA implemented in 2008. A basic requirement for accepting care workers from Indonesia and Viet Nam is graduation from a nursing school, and for the Philippines, graduates must have completed 4 years of university study and hold caregiver qualifications. The EPA aims to facilitate candidates to obtain a certified care worker license in Japan and provides about 1 year of training in the Japanese language and multiple subjects on elderly care

before and after their arrival in Japan at the expense of the Japanese government. Moreover, accepting facilities are mandated to provide education assistance for the licensure examination, which is financially supported by local governments. JICWEL handles the matchmaking and coordination for EPA without imposing any financial burden on the workers.

For this section, the author (Wako Asato) estimates that the total public support per care worker is around ¥2.5 million based on the government's total budget. The EPA regulations stipulate that placement fees should not be charged to incoming workers but should be shouldered by the accepting organisation. The organisation that accepts applicants for EPA may have implemented an effective recruitment system, leading to high levels of satisfaction amongst accepted candidates. Additionally, Vietnamese applicants may have a high passing rate of the national licensure examination, exceeding 90%, which is higher than the passing rate for Japanese applicants. This could be attributed to the effective recruitment system in place. However, the number of applicants for this framework continues to decline, particularly those from Viet Nam, which has a high reputation amongst accepting organisations. As a result, the EPA quota of 300 persons per country per year is not being met and the accepted number of care workers peaked at 773 persons in 2018.

5.1.2. Money Attracts People and Politics

Let us examine TITP trends. Of the four migrant care worker streams that exist such as the EPA, international care students, the TITP, and the SSW programme, the number of incoming care workers coming through the TITP have increased greatly. There were less than 2,000 entrants in 2018, but the number shot up to 12,000 by 2020.

Out of the total number of TITP participants, Viet Nam comprises the largest number of 653 in 2018 to 5,142 in 2020, accounting for 43%, an overwhelming popularity amongst receiving facilities. Despite the Philippines having a long history of providing workers for domestic work, elderly care, and nursing in the international labour market, they have only accepted 13 to 917 under the TITP. This is noteworthy as the Philippines bans the collection of placement fees from workers under the TITP, whereas in Viet Nam the legal placement fee is US\$3,600. According to the author's calculations examining TITP applicants to Japan in 2019, the actual payment of workers reached US\$7,000. There are several reasons behind the negative impact of high placement fees. One is the high rate of 'absconding'⁷ trainees, which stands at about 2.79% amongst Vietnamese technical intern trainees, whilst the ratio was less than 0.47% amongst Filipinos in 2019 (Table 5.12).

⁷ The term 'absconding' or 'abscondence' is controversial amongst scholars and activists who sympathise with technical intern trainees as in general, they are not allowed to change their workplace under related laws. The Japanese government has confirmed numerous cases of labour law violations and human right violations at workplaces in the past. Therefore, some scholars argue that abscondence should be referred to as an 'emergency evacuation' to better capture their situations and circumstances.

Table 5.12. Technical Intern Trainee Absconders by Nationality

Nationality	Ratio of abscondence by nationality	Ratio of abscondence in 2019 (estimate)	Amount of legal placement fee	Average of placement fees for absconding migrants (¥ thousand)
Philippines	NA	0.473%	zero	222
Indonesia	3.50%	0.867%	no upper ceiling	408
Myanmar	3.90%	2.65%	US\$2,800	---
Cambodia	5.30%	4.85%	no upper ceiling	700–800
China	15.10%	1.61%	no upper ceiling	837
Viet Nam	69.40%	2.79%	US\$3,600	1,028

NA = not available.

Note: The ratio of abscondence is determined by the number of absconders in 2019 divided by the number of technical intern trainees in 2019. Even though the Philippines is included with the others, the author applied the number of absconders of other countries divided by technical intern trainees from the Philippines. Legal placement fees are noted from the governments of sending countries and interviews with stakeholders. Also see Mekong Migration Network (2019a 2019b).

Source: Ministry of Justice (2022).

There are two points of importance here. First, the annual quota of 900 workers in the placement-free EPA has not been met, whilst the number of technical intern trainees, which typically come with higher costs, increased by 10,000 over the past 2 years. Second, although the Philippine government prohibits the collection of placement fees, the number of interns from the Philippines remains low. In summary, the higher the placement fee onto the worker, the greater the number of placements. This can be interpreted as a higher placement fee becoming the recruitment incentive force in the labour market. In Viet Nam, each placement has a direct economic impact of at least US\$3,600, whilst the ripple effect in the sending country is extremely limited as with the case of EPA personnel and technical intern trainees from the Philippines due to the lack of a recruitment fee.

The average placement fee for those who abscond is an estimate from the surveys on those absconding from accepting organisations. The average placement fee for Cambodian absconders is not available from the survey. However, according to the Manpower Association of Cambodia (MAC) the typical placement fee is more than US\$6,000. Therefore, the placement fee for absconders is considered higher than this.

The EPA and the TITP are under the jurisdiction of Viet Nam’s Overseas Labor Administration of the Ministry of Labor, Invalids and Social Affairs and the Department of Migrant Workers⁸ respectively. TITP sending agencies authorised by the Viet Nam government receive a minimum of US\$3,600 from one to-be-worker and are motivated to attract people to work in Japan by providing extensive

⁸ The Philippines’ Department of Migrant Workers was created in February 2022. It now assumes and performs all the powers and functions of seven merged agencies of the Department of Labor and Employment (DOLE) and Department of Foreign Affairs such as the Philippine Overseas Employment Administration (POEA) of the DOLE (Department of Migrant Workers, 2022).

Japanese language training, prompt procedures, welcoming hospitality, and kickbacks to satisfy clients from Japan. In contrast, the EPA programme cannot expect any economic effect on sending agencies and government bodies since the agreement prohibits the collection of any placement fee. Furthermore, since there is no economic incentive to do so, popularity has been gained by the TITP.

The slow progress in sending technical intern trainees from the Philippines to Japan is due to the fact that the sending agency, without charging a placement fee on workers, does not have enough capital for Japanese language education and no services and kickbacks are provided to Japanese clients due to strict regulations. The zero-placement fee, in turn, signifies that the cost of migration is relatively borne by receiving organisations.

This suggests that the higher the economic spillover effect, the stronger the centripetal force of attracting accepting organisations through the provisioning of a series of incentives. In fact, new sending countries such as Cambodia and Myanmar, have increased their popularity and share in the international labour market by increasing the burden on workers, whilst alleviating the share of the costs on accepting organisations.

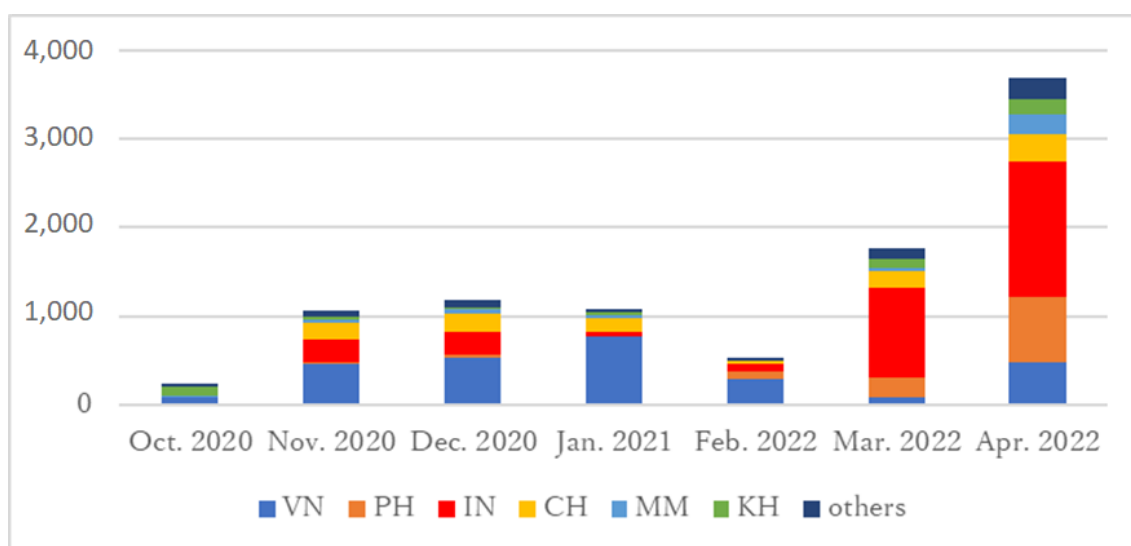
5.2. Unpopular Specified Skilled Worker Programme

The specified skilled worker programme is unique in that it allows job-seeking activities directly with Japanese companies without sending agencies if certain requirements are met, such as passing the N4-level examination of the Japanese Language Proficiency Test (JLPT) and skills proficiency tests conducted in Japanese. This programme enables applicants to apply without paying a placement fee. However, this is not popular in sending countries such as Viet Nam and Cambodia, where high placement fees are common. There are two reasons for this. First, governments point out that this programme without a mediating sending agency cannot protect workers since responsibility in the sending country is unclear. Second, the economic ripple effect is limited without a charge on the potential worker within the sending country.

For these reasons, most sending governments require registration with a sending agency, claiming that the programme is flawed. In other words, the alleviation of the placement fee is not in line with the intention of the Japanese government. Indonesia is an exception in that, unlike others, it does not require registration with sending agencies. Workers simply register online with the System for Overseas Worker Management Services without the collection of a large fee.

Figure 5.8 illustrates the number of new arrivals in Japan under this programme. Looking at the months of March and April in 2022 when the restrictions on movement due to COVID-19 infection were greatly eased, the largest number of new arrivals is not from Viet Nam, but from Indonesia. This could suggest the reluctance of sending specified skilled workers from Viet Nam, whilst relatively smooth procedures are ongoing in Indonesia. However, it does not mean the registration system is not flawed since the level of language requirement is as low as the N4 level of the JLPT; it may be difficult for applicants to conduct job-seeking activities without an interpreter service or broker to help with the job search.

Figure 5.8. New Arrivals of Specified Skilled Workers by Country of Origin



VN = Viet Nam, PH = Philippines, IN = Indonesia, CH = China, MM = Myanmar, KH = Cambodia.

Source: Immigration Services Agency of Japan (2022).

5.3. COVID-19 and Migrant Care Workers in Japan

According to a series of surveys that the author conducted mainly in the Kansai region during the first wave of COVID-19 infections, which had a substantial economic impact on migrant workers at the national level, workers were able to maintain financial stability. However, despite this, there are still some points of concern, specifically regarding family members in the country of origin. Care work amidst the COVID-19 infection had a strong employment absorption capacity, and many foreigners, regardless of their status of residence, have been entering as new workers. Although some care staff left their employment due to concerns over the transmission of COVID-19, more migrant care workers, mostly non-certified care workers, have begun to engage in elderly care. They often seem to be able to fulfil their positions as care workers, whilst in the condition of being infected (the infected care for the infected). However, only very few are engaged in managerial positions, and many of them are placed on the frontline where they tend to be exposed to cluster infections within their workplaces.

5.4. Findings and Lesson Learnt on Placement Systems of Migrant Care Workers

Japanese society displays an ethical double standard when it comes to accepting migrant workers, even in the field of elderly care. Japanese laws prohibit the collection of fees from job seekers in Japan. However, collecting fees from overseas job seekers particularly in the TITP is a common practice abroad. It is not uncommon for Vietnamese under the TITP to pay in excess of ¥1 million before their arrival in Japan. Ironically, the higher the placement fee, the more popular the programme.

Zero placement systems such as the EPA and the TITP from the Philippines are on the decline. This could be because of less lucrateness from sending governments and fewer applicants from sending countries or because of fewer accepting organisations in Japan.

The high ratio of abscondence amongst TITP workers is closely linked to the high placement fees and low wages the workers face, which represents a contradiction between the programme's popularity and the abscondence ratio. In other words, the institutional framework of migration is a major contributor to this problem, and as a result individual workers are the ones who suffer. Without changes to the institutional framework, this vicious cycle will persist. This can be seen as the social construction of vulnerable workers.

The abscondence ratio amongst technical intern trainees who provide care for the elderly is currently very low. This could be because the programme is new to the care sector. However, if placement fees continue to be overcharged, the ratio will likely increase, given the current institutional setup. To break the vicious cycle of the failure of the international labour market, multilateral political intervention is essential. There are several suggestions that can help improve current conditions. First, a memorandum of understanding on the TITP and the SSW programme should be raised to the level of an international agreement that binds domestic laws for the cost management of placement fees. Second, the creation of a transparent and accessible information platform should be established to provide accurate information about the recruitment process. The programme run by the Philippines' Department of Migrant Workers can be seen as a successful case. Finally, more stringent permit restrictions should be imposed on organisations that hire foreign workers if they violate labour laws.

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