Deregulation of Migration and Care in Japan

Reiko Ogawa
Graduate School of Social Sciences
Chiba University

In East Asia, the declining birth rate, aging population, and women's increasing social participation have raised the question of who will take the responsibility to care for the elderly. Various sectors in many East Asian societies increasingly depend on migrant labor, and care is not an exception. However, even though all experience huge demands for care, Korea and Japan differ in their approaches toward migrant workers from other societies, such as Taiwan, Hong Kong, and Singapore (Peng, 2017). Peng classified these approaches into two: (1) for Singapore, Taiwan, and Hong Kong, governments have liberalized immigration policies and provide incentives for families to employ migrant workers in private homes; (2) for Japan and Korea, because immigration policies are highly restrictive, social insurance programs such as Long-Term Care Insurance (LTCI) have been introduced instead to support family care. Peng (2017:193) called them the "liberal private market approach" and the "regulated institutional approach," respectively. According to Peng, Japan and Korea are exceptions to the global trend observed in OECD countries, where public expenditure is in decline and care is being marketized. These differences stem from the cultural and institutional factors of care as well as national identity.

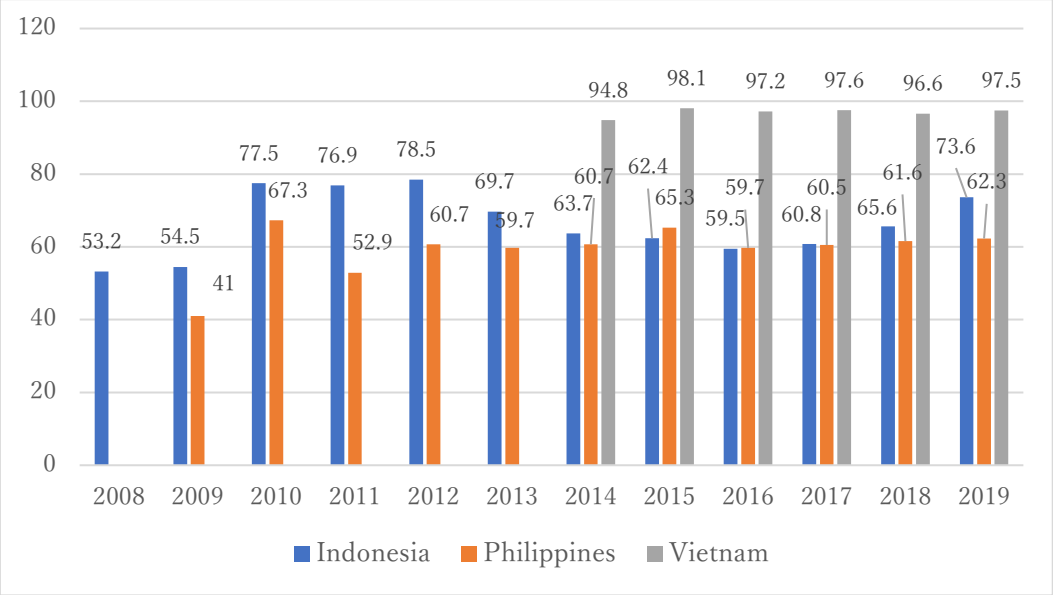
While the two approaches are taking different path dependencies, these cultural and institutional factors are not static but rather dynamic. In the past two decades, Japan's care and migration regime has been undergoing a major transformation. In 2000, phase 1 introduced LTCI aiming for the "socialization of care" where the locus of care has, to some extent, shifted from the unpaid work of women to a service that can be delivered through social insurance. LTCI was initiated by a strong civil society movement especially led by women who have struggled to change the gendered division of labor and the cultural expectation to solely shoulder care. The establishment of LTCI triggered a major expansion of the care labor market.

- In 2000, a total of 2.5 million were recognized for their care needs, which increased to 6.6 million in 2019 (MHLW, 2022).
- The number of care workers increased from 549,000 in 2000 to 2.1 million in 2022 (MHLW, 2024a).
- The total cost for LTCI increased from 3.3 trillion yen in 2000 to 11.4 trillion yen in 2023 (NIPSSR, 2023).
- The monthly payment for the national average of LTCI premiums increased from 2,911 yen in 2000 to 6,014 yen in 2023 (MHLW, 2022).

In phase 2, the bilateral Economic Partnership Agreement (EPA) introduced migrant care workers from Indonesia, the Philippines, and Vietnam. Because Southeast Asian countries have no specific occupation for elderly care, most applicants came from a nursing background.[1] Voices of unease were heard among Japanese stakeholders, who insisted that "Japanese can only be taken care of by Japanese," indicating a strong sentiment as to how care ought to be. However, once the migrants started working, they were welcomed and liked. Under the EPA, migrant care workers undergo one year of Japanese language training and continue to receive support so that they pass the national exam for certified care workers. Once they pass and become certified, their residential status could be extended indefinitely, and they would be allowed to bring their families. Figure 1 shows the passing rate of EPA care workers.

[1] All care workers from Indonesia and Vietnam have nursing backgrounds, while some care workers from the Philippines are university graduates with caregiving certificates accredited by the Philippine government.

Figure 1: Passing Rate of EPA Care Workers According to Arrival Year and Country

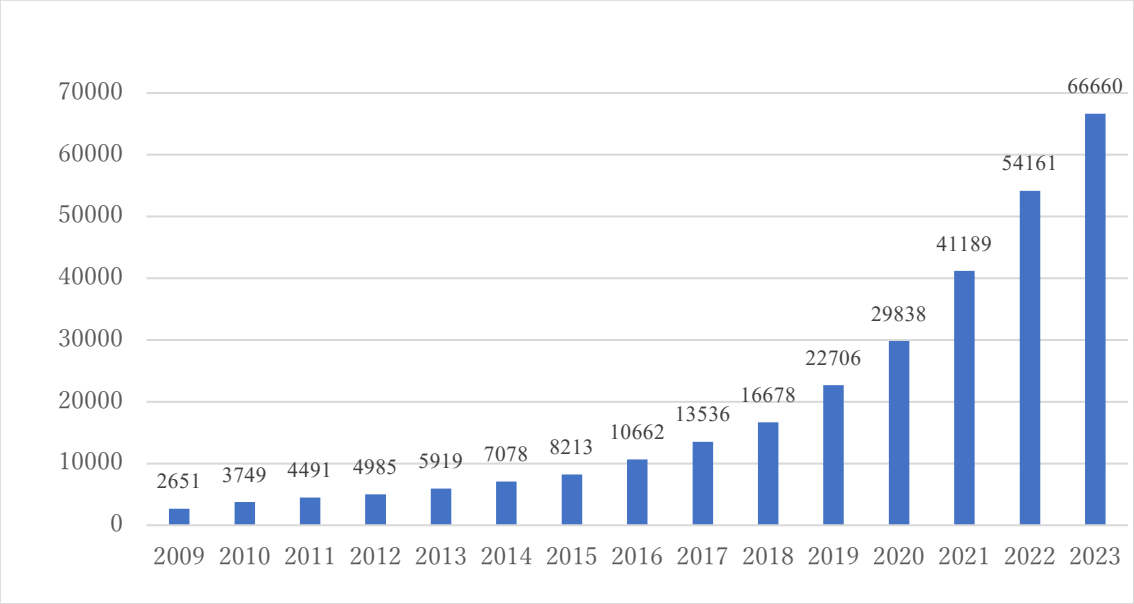


Source: MHLW, 2024b
*This includes persons who have passed the cumulative total.

Phase 3 involved the deregulation of the migration regime, where several migration corridors have opened up since 2017. First, the residential status of "long-term care" was established for international students who have completed a two-year course at a caregiving school. International students are provided with a student loan that is expected to be returned by working at the care facility after graduation. Second, the Technical Internship Trainee Program (TITP), which started in the 1990s as a de facto program for short-term labor migration, included "care work" on its list of occupations. Finally, in 2019, a labor migration program called Specified Skilled Worker (SSW) was introduced in 14 occupations including agriculture, construction, and care work. After the SSW was established, EPA care workers who could not pass the national exam could change their visa status and would have another five years to take the exam.

Among the three new corridors, international students can obtain a care worker certification after completing the course, but those under the TITP and SSW must take the national exam if they want to continue to work and stay in Japan. Unlike the EPA, since there is no systematic support, the chances of passing will be lower than the EPA (Fig. 1). In addition, all these new corridors are facilitated by the market; thus, a large number of brokers are at work even for international students, indicating the expansion of the migration industry. Figure 2 illustrates how the number of migrants increased as a result of the opening up of diverse migration corridors.

Figure 2: Number of Migrants in the Care Sector



Source: MHLW, all years

These diverse migration corridors have different requirements and conditions[2] that are confusing not only for Japanese care facilities that have to employ migrants from different residential statuses but also for all stakeholders including the sending states and the migrants themselves. The Philippine government, which established the Department of Migrant Workers in 2021 to strengthen the authority of the executive branch to send migrant workers abroad, lamented that the procedures for diverse corridors were difficult to understand.[3] Prospective migrants are also confused as to which corridors to apply. A recent OECD report titled "Labor Migration to Japan" stated that the four different resident statuses for care workers are "overlapping" and complex and must be consolidated (OECD, 2024: 92). The diverse corridors occupy the spectrum between "unskilled" TITP, "semiskilled" SSW, and "highly skilled" EPA and international students who are prospective long-term sojourners, complicating our understanding of the dichotomy between "skilled" and "unskilled." Moreover, the rapid increase in the number of migrants due to the liberalized migration policy and the expansion of the migration industry can be seen as a deviation from the "regulated institutional approach" (Peng, 2017) and significantly affects the care regime.

Twenty years after its inception, LTCI continues to face many challenges, with a neoliberal turn affecting the quality and quantity of care. This is due to the demographic and institutional pressure brought about by the introduction of LTCI, which expanded the care market, where labor shortages and financial deficits have become prevalent. Migrants began entering the care labor market through government channels, but it quickly became deregulated and marketized. It may not be a coincidence that the care market is growing outside LTCI, which is only possible through the influx of migrant care workers. Migrant workers are situated within the interlocking care and migration regimes while struggling to obtain "certified care worker" status by passing the national exam. We foresee a situation where the liberalization of the migration regime will go hand-in-hand with the marketization of care regime, where access to care will be differentiated according to individuals' financial capacity and not their care needs.

Historically, the responsibility of care has been assigned to noncitizens and those who are marked: women, slaves, and migrants. The ethics of care promotes the relational aspect between the care receiver and caregiver and situates care as central to democratic life. Tronto (2013) argued that quality

[2] For information about the four corridors for migrant care workers, please see Ogawa (2022).

[3] Interview to Department of Migrant Workers together with Prof. Aya Sadamatsu in March 2024.

of care can no longer be separated from quality of democracy, which is committed to the equality and equity of all. Indeed, caring for the elderly can no longer be separated from caring for migrants to become equal members of society by ensuring citizenship and social participation.

References:

MHLW, 2022, Kaigo Hoken Seido wo meguru Saikin no Doko ni tsuite (Recent developments in the long-term care insurance system), https://www.mhlw.go.jp/content/12300000/000917423.pdf, accessed 29 September, 2024.

MHLW, 2024a, Dai 9 ki Kaigo Hoken Jigyo Keikaku ni motozuku Kaigo Shokuin no Hitsuyosu ni tsuite (The number of caregivers required according to the ninth long-term care insurance project plan), https://www.mhlw.go.jp/stf/newpage_41379.html, accessed 25 September, 2024.

MHLW, 2024b, 36th Kaigo Fukushishi Kokka Shiken ni okeru EPA Kaigo Fukushishi Kohosha no Shiken Kekka (Results of the National Examination for EPA Care Worker Candidates), https://www.mhlw.go.jp/content/12004000/001284279.pdf, accessed 25 September, 2024.

MHLW, 2009~2023, Gaikokujin Koyo Jyokyo no Todokede Jyokyo nit suite (Reporting status of employment of foreign nationals), https://www.mhlw.go.jp/stf/seisakunitsuite/bunya/koyou_roudou/koyou/gaikokujin/gaikokujin-koyou/06.html, accessed 25 September, 2024.

National Institute of Population and Social Security Research (NIPSSR), 2000 and 2023, Shakai Hosho Hiyo Tokei (Social security cost statistics), https://www.ipss.go.jp/site-ad/index_Japanese/security.html, accessed 25 September, 2024.

OECD, 2024, *Recruiting Immigrant Workers Japan 2024*. OECD Publishing, Paris, https://doi.org/10.1787/0e5a10e3-en, accessed 25 September, 2024.

Ogawa, Reiko, 2022, The State and The Market: Acceptance of Migrant Care Workers Through Multiple Channels, Eds. Yuko O. Hirano and Osuke Komazawa, ERIA Research Report No. 6, *Agents of Care Technology Transfer: Trends and Challenges of Migration Care Workers Across Borders*, pp8-21, https://www.eria.org/research/agents-of-care-technology-transfer-trends-and-challenges-of-migration-care-workers-across-borders accessed 30 September, 2024.

Peng, I., 2017, Explaining Exceptionality: Care and Migration Policies in Japan and South Korea, In S. Michel & I. Peng (Eds.) *Gender, Migration and the Work of Care*, Palgrave Macmillan, pp191-214.

Tronto, Joan C., 2013, *Caring Democracy: Markets, Equality, and Justice*, New York and London: New York University Press.

This document is developed based on the presentation delivered at the Symposium on "Immigrant Workers from Global South to Japan, Taiwan and South Korea: Present situations and future challenges" convened on 22 August 2024.

Modified notes without making any changes to the main text on 27 February 2025