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# RESEARCH REPORT 4

# JAPAN

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# Introduction

Many problems with nursing care have arisen with the extension of the life expectancy, which is common in developed countries. Each country has taken different approaches to solve these problems; Japan was the third country in the world, after Holland (1962) and Germany (1995) to introduce an insurance-style system of long-term care services: The public LTCI (LTCI) system, codified by law in the year of 1997 and implemented in 2000.

As we mentioned in RR1, after the mid 1980s the aging policies gained speed; there was certainly a clearly defined retrenchment in pensions and other related income protection, but, on the other hand, there was an enhancement of policies tending to invest public funds and develop new policies related to the long-term care services.

The background of the enactment of the LTCI Act was defined by, among others, the increment of elderly households, the prolongation of care services, which caused elderly care by elderly (care given to elderly by other old-aged family members), the serious "elderly mal-treatment" problem and the rise of support for the "socialization" of long-term care. During that time newspapers, magazines and TV programs the care problem was treated widely, contributing to the formation of a public opinion favouring the enhancement of care services.

Further, the need to solve the so called "*social hospitalization*" (hospitalization not due to medical treatment but to nursing care need) was a unique primary factor for the enactment of the LTCI Act. In brief, there was a tendency among the Japanese citizens to prefer hospitals to the (at that time) stigmatized welfare facilities, which accelerated the rise of medical costs. This, in turn, tormented the Ministry of Health, Labour and Welfare.

Looking back in time, there were some epoch making events: first, the elaboration of the "*Gold Plan*" in 1989 ("*New Gold Plan*" from 1994, "*Gold Plan 21*": from 1999 to 2004) and second, the announcement in 1994 of the "*21st century welfare vision –facing an aging society with declining fertility rates*".

Due to the Gold Plan, the amount of home- and facility-based services increased. This contributed largely to the smooth implementation of the LTCI Act. The "*21st century welfare vision*" suggested a change of the formula 5:4:1 of the interrelation between the government expenditure in pensions, medical treatment and welfare, changing it to 5:3:2, which was greatly appreciated as a message showing the enrichment of care services for the citizens.

The LTCI Act was enforced from April 2000 onwards and started with success. In the beginning, in some regions (rural areas) services were slow to follow insurance coverage. However, since the "Gold Plan" had already increased the supply of care services since 1989, the problem was not so serious.

However, it was not entirely true that there were no problems. First, a trend of long-term care service usage constraint and suppression could be observed due to the 10 percent of co-payment (not covered by the insurance) for low-income people. Second, the number of low care level users exceeded the prospects and forecasts, putting pressure on the public budget. Third, while the long-term care service system aimed at the enrichment and perfection of home-services, in fact, it increased the demand for facility-based service. The reason for this is as follows: especially family members who take care of frail elderly people prefer in-

facility service on the ground that home-based service would not alleviate their care burden to the same extent as facility-based service. As a result, a new preventative long-term care service was introduced in 2005, aimed at limiting the number of the recipients. It also introduced charges for food and residence at long-term care facilities (commonly referred to as "hotel cost") in order to dampen the demand for facility-based service.

Besides all of the above, the following problems remain unsolved: (1) the lack of sufficient human resources (=workers' shortage) due to the low wages and difficult working conditions and the diminution of the remuneration unit of care services which is set by the regulation and applied to all services covered by the Long Term Insurance Act), (2) lack of public funding. Hereafter, we would like to discuss the first point, by examining composition and attributes of the care workers, salaries, working hours and other working conditions, as well as how the workers themselves value their working environment.

The structure of this report is as follows:
The first section focuses on elderly care. Using available statistical data, we will tease out the types of elderly care services and elderly care workers (home-visit long-term care worker, long-term care workers, nursing staff, long-term care manager, etc.). We disclose data about gender and age composition as well as care workers' qualifications. We will then zoom in on the working conditions (employment type, salary, working hours, and social insurance coverage) of long-term care workers. By using recent survey data on the care workers' opinion about working conditions, we will try to assess whether they value working in this field, their degree of job satisfaction, and appraisal of their working hours. In the following, we will present the results of a series of in-depth interviews with five long-term care facility workers and five home-visit long-term care workers (home helpers) carried out between December 2008 and January 2009.

While this report focuses mainly on elderly care workers, the second section will briefly describe the attributes and working conditions of childcare workers, including child care centre workers (under the jurisdiction of the Ministry of Health, Labour and Welfare) as well as kindergarten teachers (under the jurisdiction of the Ministry of Education, Culture, Sports, Science and Technology). It also includes qualitative evidence from interviews with five childcare workers.

# Elderly Care Workers

## *1. A General Description of Elderly Care Workers*

In recent years, the prolongation of the life expectancy in Japan has meant that the elderly population has increased significantly, raising the need for nursing care. The number of elderly people over 65 years of age is 25,670,000 (male 10,870,000 and female 14,800,000), representing 20.1% of the whole population (according to the 2005 national population census). Out of this elderly population, 4,250,000 (or 16%) required support or primary nursing care approved by the LTCI System by the end of the 2006 fiscal year (Ministry of Health, Labour and Welfare, 2008).

The LTCI System was implemented in 2000 and ever since the "socialization of care" has been pursued. Given that the number of elderly households composed by either elderly "single" or elderly "husband-and-wife only" has increased, the provision of welfare services has become more and more pressing.

The introduction of the LTCI, the details of which are described in Research Report 3, has huge impacts to the care labour market both in terms of labour demand and supply as shown below.

1. The LTCI system itself does not provide care services directly to the frail elderly but it finances care services. The frail elderly, who applies for using services and is approved by the insurance agency, can use the services with 10 per cent co-payment. The number of the elderly who were approved and really used the services has increased enormously since the introduction of the insurance scheme (1.84 million people in the year of 2000, 2.54 million in 2002, 3.17million in 2004 and 3.54 in 2006).

2. The local agencies set up by the municipality (city, town and village) evaluate the application by the frail elderly and judge the seriousness or the degree of frailness of the applicant, which ranges from the first (slight) level to the fifth (serious) level. The ceiling of the budget varies with the degree of the frailness (166 thousand Yen per month for the first level, 195 thousand Yen for the second level, 268 thousand Yen for the third level, 306 thousand Yen for the fourth level and 358 thousand Yen for the fifth level[1]),meaning that the more serious frail elderly can make use of more intense services.

3. The total benefits obtained by recipients increased from 3.8 trillion Yen in 2001 to 7.4 trillion Yen in 2008, meaning that the market for care services grew rapidly. In accordance, many private profit-seeking corporations embarked in the care business, especially in home-based services representing more than 50 % of the total number of corporations under the LTCI in 2006. In the case of facility-based services, private profit-seeking corporations prohibited by the regulation, so care services are exclusively provided by public or non-profit organizations (Shakai-fukushi-hojin).

4. The expansion of the care services market and the participation of private corporations meant that the care labour market expanded rapidly. Indeed, the number of long-term care workers more than doubled from around 550,000 (in 2000) to 1,200,000 (in 2006)

The situation of service usage within the LTCI System is depicted in Table 1.

Home Services in Table 1 consist of “In-home (home-based) Services” and “Regional Special Services”. Facility Services are services which are provided to the recipients who are in welfare facilities, both of which are explained in detail in Table 2.

73% of LTCI users utilize home services. We can observe that when the care level is lower (less serious) there is more home service usage, 93.4% for the care level 1 and 86.2% for the care level 2. On the other hand, the proportion of facility service usage rises with the care level (i.e. the degree of frailty): It is 49.3% for care level 4 and 60.4% for care level 5.

[1] 100 Japanese Yen = 1 US Dollar

**Table □ State of long-term care service use by nursing care level (Number of recipients in thousands, 2007)**

| | Total Number | Support Required, etc | Care Level □ | Care Level □ | Care Level □ | Care Level □ | Care Level □ |
|---|---|---|---|---|---|---|---|
| Total Number □□□ | 2,870.2 (100) | 681.7 (100) | 740.8 (100) | 654.7 (100) | 577.4 (100) | 492.1 (100) | 405.2 (100) |
| Home Services □□□ | 2,101.8 (73.2) | 670.9 (98.4) | 691.6 (93.4) | 564.2 (86.2) | 415.1 (71.9) | 263.2 (53.5) | 167.7 (41.4) |
| Facility Services □□□ | 820.5 (28.6) | □ □ | 51.7 (7.0) | 101.8 (15.5) | 179.7 (31.1) | 242.6 (49.3) | 244.7 (60.4) |

Notes□ 1□Since many people use both "Home Services" and "Facility Services", the "Total Number" does not necessarily match, 2□Includes people from 0 to 64 years-old (127,000 people).
Data source: Ministry of Health, Labour and Welfare (2007) *Care Benefits Survey Monthly Report*□March 2007 Report□

The general state of the services rendered by the LTCI system is shown in **Table 2**. Here, A. In-home services refer to services the recipients use while living at home, including:

1) Home-visiting services such as home-visit long-term care by so-called " home helper" , bathing services at the tub-equipped lorry and nursing services

2) Day-care facility services of two kinds: mostly entertainment-related "day services" (to chat and/or play with other elderly people, watch movies, sing or dance at the facility) and health-related "day care rehabilitation" including health-keeping and outpatient medical services.

3) "Others" consist of various kinds of services, including "short stays" of up to one week, during which recipients get facility-based services staying at institution.

From 2000 to 2006, the number of service providers of in-home services increased markedly, especially in the home-visit long term care and day services categories (9,833 to 20,948 and 8,037 to 19,409 respectively). Over the same period, the number of group homes for the elderly with dementia multiplied by 12.4 times (675 to 8,350). Compared to that, the number of the service providers seems to be stagnant (10,992 in the year of 2000 to 12,036 in the year of 2006), the reason of which is that private profit-seeking corporation are prohibited to embark in this field. The total number of workers engaged in long-term care-related jobs almost doubled from around 550,000 in 2000 to 1,196,412 in 2006.
B. Community-based service are provided at small scale group homes (less than ten residents) for elderly with dementia which is the intermediate form of home and institution. C. Services rendered at facilities are institution-based services at a larger scale (usually more than fifty residents).

**Table □ Number of service providers and people working in each field**

| | 2000 | 2003 | 2006 | | |
|---|---|---|---|---|---|
| | Number of service providers and/or facilities | Number of service providers and/or facilities | Number of service providers and/or facilities | Number of Users and/or residents | Number of workers |
| **A. In-home services** | | | | | |
| **(Home-visiting related□** | | | | | |
| Home-visit long term care | 9,833 | 15,701 | 20,948 | 1,042,347 | 176,527 |
| Home-visit bathing | 2,269 | 2,474 | 2,245 | 62,412 | 9,580 |
| Home-visit nursing care | 4,730 | 5,091 | 5,470 | 291,907 | 27,015 |
| **(Day care facilities□** | | | | | |
| Day service | 8,037 | 12,498 | 19,409 | 1,105,211 | 177,094 |
| Day care rehabilitation | 4,911 | 5,732 | 6,278 | 466,745 | 57,513 |
| 1. Long-term care health facilities for the elderly | 2,638 | 2,960 | 3,288 | 273,523 | 31,689 |
| 2. Medical facilities | 2,273 | 2,772 | 2,990 | 193,222 | 25,824 |
| **(Others□** | | | | | |
| Short-stay care service | 4,515 | 5,439 | 6,664 | 227,990 | 97,550 |
| Short-stay nursing care | 4,651 | 5,758 | 5,437 | 59,028 | □ |
| 1. Long-term care health facilities for the elderly | 2,616 | 2,980 | 3,340 | 53,592 | □ |
| 2. Medical Facilities | 2,035 | 2,778 | 2,097 | 5,436 | □ |
| Daily life long-term care admitted to a specified facility | … | … | 1,941 | 73,313 | 41,422 |
| Rental services of welfare equipments | 2,685 | 5,016 | 6,051 | 726,948 | □ |
| **B. Community-based service** | | | | | |
| Group home for the elderly with dementia | 675 | 3,665 | 8,350 | 116,749 | 101,917 |
| **C. Services rendered at facilities** | | | | | |
| Long-term care welfare facilities for the elderly | 4,463 | 5,084 | 5,716 | 392,547 | 240,683 |
| Long-term care health facilities for the elderly | 2,667 | 3,013 | 3,391 | 280,589 | 176,170 |
| Long-term care medical facilities for the elderly | 3,862 | 3,817 | 2,929 | 111,099 | 90,941 |

Note□□□The figures for "Service providers and facilities" and "Practitioners" are given as of October 1st of each year; the figures for "Users and/or residents" correspond to mid September of each year, □□The figures for "Service providers and facilities" include among them service providers and facilities that have no users and/or residents, and also service providers and facilities that have an unidentified number of users and/or residents, □□Providers of multiple services are summed-up in each item, □□The number of users of "in-home service providers" (excluding Residence long-term care assistance) results from the addition of the number of "Support required users" (Preventive long-term care services) and the number of "Long-term care required users" (Long-term services), □□the number of practitioners is "full-time" equivalent.

Data□Ministry of Health, Labour and Welfare□2007□*Survey of Long-term Service Facilities and Service Providers*

The management type of providers of long-term care services varies greatly with the type of services rendered. The proportion of home-visit long-term care in **A. In-home services** and

group home for the elderly with dementia in **B. Community-based service** founded / managed by private (profit) corporations exceeded more than fifty percent in 2006 (see Table 3). On the other hand, because of regulatory restraint, more than 90 percent of the long-term care welfare facilities for the elderly in **C. Services rendered at facilities** are founded / managed by social welfare (non-profit) corporations (Shakai-fukushi-hojin). Similarly more than seventy percent of health and medical facilities are run / managed by medical (non-profit) corporations (Iryo-hojin).

**Table□ Management Type of long-term care firms (the year of 2006)**

| | Number of firms | Founded and managed by □□□ | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Total | Public (Municipal) bodies | Social welfare corporation ( a kind of non profit body ) | Medical corporation ( a kind of non profit body ) | Profit-seeking corporation | General NPO | Others |
| **A. In-home services** | | | | | | | | |
| □Home-visiting related□ | | | | | | | | |
| Home-visit long term care | 20,948 | 100.0 | 0.6 | 26.2 | 7.5 | 54.3 | 5.7 | 5.7 |
| Home-visit bathing | 2,245 | 100.0 | 1.0 | 57.7 | 2.6 | 35.8 | 0.8 | 2.1 |
| Home-visit nursing care | 5,470 | 100.0 | 3.9 | 9.2 | 44.4 | 18.7 | 0.9 | 22.7 |
| □Day care facilities□ | | | | | | | | |
| Day services | 19,409 | 100.0 | 1.5 | 45.3 | 8.2 | 36.2 | 5.5 | 3.3 |
| Day-care rehabilitation | 6,278 | 100.0 | 3.3 | 8.8 | 75.5 | 0.1 | - | 12.3 |
| (Others□ | | | | | | | | |
| Short-stay services | 6,664 | 100.0 | 4.2 | 86.6 | 2.5 | 5.7 | 0.3 | 0.6 |
| Short stay nursing care | 5,437 | 100.0 | 5.1 | 10.0 | 76.0 | 0.0 | - | 8.9 |
| Daily life long-term care admitted to a specified facility | 1,941 | 100.0 | 0.2 | 17.1 | 0.6 | 79.0 | 0.5 | 2.6 |
| Rental services of welfare equipment | 6,051 | 100.0 | 0.1 | 3.7 | 2.1 | 88.9 | 0.9 | 4.3 |
| **B. Community-based service** | | | | | | | | |
| Group home for the elderly with dementia | 8,350 | 100.0 | 0.2 | 21.9 | 18.6 | 52.9 | 5.4 | 1.0 |
| **C. Services rendered at facilities** | | | | | | | | |
| Long-term care welfare facilities for the elderly | 5,716 | 100.0 | 6.4 | 91.0 | - | - | - | 2.6 |
| Long-term care health facilities for the elderly | 3,391 | 100.0 | 3.9 | 15.7 | 74.0 | - | - | 6.4 |
| Long-term care medical facilities for the elderly | 2,929 | 100.0 | 5.2 | 1.1 | 77.7 | - | - | 16.0 |

Data□Ministry of Health, Labour and Welfare□2007□*Survey of Long-term Service Facilities and Service Providers*

Table 4 shows the number of people (by profession) engaged in the long-term care work. Note that 1) long-term care managers are engaged in the care planning for the frail elderly, 2) long-term care worker is used here as a general term referring to workers in various care services.

57 % of long-term care workers are engaged in home-based services and group homes for the elderly with dementia; 43 % are engaged in facility-based service. 35,411 long-term care workers out of 167,141 hold the national care work certificate, which requires 3 or more years of care work experience. 60 % are engaged in one of the three kinds of facilities; 40 % is in home-based care work.

**Table 4 Number of people engaged in the long-term care related works by type of occupation**□measured as full-time job equivalent, 2006□

| | Home help | Home-visit nursing | Day Service | Care at fee-charging | Group home for the | Long-term care welfare | Long-term care health | Long-term care medical |
|---|---|---|---|---|---|---|---|---|

| | | care | | homes for the elderly | elderly with dementia | facilities for the elderly | facilities for the elderly | facilities for the elderly |
|---|---|---|---|---|---|---|---|---|
| Number of Service providers | 20 948 | 5 470 | 19 409 | 1 941 | 8 350 | 5 716 | 3 391 | 2 929 |
| Total Number | 176,527 | 27,015 | 177,094 | 41,422 | 101,917 | 240,683 | 176,170 | 90,941 |
| Physicians | … | … | 172 | … | … | 1,250 | 3,633 | 6,585 |
| Nurses | … | 20,226 | 10,607 | 2,740 | □1,776 | 8,815 | 13,984 | 14,124 |
| Associate Nurses | … | 2,631 | 12,498 | 2,208 | □2,574 | 11,097 | 19,870 | 19,264 |
| Functional Training instructors | … | … | 10,277 | 960 | … | 4,167 | … | … |
| Physical Therapists | … | 1,960 | □ 500 | □ 77 | … | □ 287 | 3,659 | 2,865 |
| Occupational Therapists | … | 992 | □ 307 | □ 35 | … | □ 196 | 3,566 | 1,461 |
| Speech Therapists | … | 58 | □ 52 | □ 10 | … | □ 29 | 615 | 627 |
| Long-term care manager | … | … | … | 1,596 | 6,414 | 6,435 | 4,843 | 3,060 |
| Life Consultants/Support consultants | … | … | 25,636 | 2,063 | … | 7,444 | 5,783 | … |
| < Certified Social worker □data re-indicated□ > | … | … | 3,280 | 362 | … | 1,976 | 2,254 | … |
| Long-term care workers | 167,141 | … | 94,565 | 31,855 | 90,375 | 156,253 | 94,297 | 37,542 |
| < Certified long-term care worker (data re-indicated□ > | 35,411 | … | 20,330 | 6,616 | 17,843 | 66,977 | 44,013 | 8,522 |
| National registered dietitians | … | … | 1,059 | … | … | 4,252 | 3,425 | 1,830 |
| Nutritionists | … | … | 1,215 | … | … | 1,909 | 1,105 | 930 |
| Cooks | … | … | 10,315 | … | … | 14,859 | 6,203 | … |
| Other professions | 9,386 | 1,147 | 10,490 | … | 5,129 | 19,699 | 14,306 | … |

Note□□□The figures of the table above arise from the survey. If a given profession was not included in the survey, it is indicated by "…", □□The number of "Nurses" includes both "Health nurses (District nurses, health visitors)" and "Midwives (Maternity nurses)" , □□□ indicates data taken from "Functional Training instructors", □□□ indicates data taken from "Long-term care workers", □□the figures above are of October1st. 2006
Data□Ministry of Health, Labour and Welfare□2007□*Survey of Long-term Service Facilities and Service Providers*

## 1. 1 Elderly care workers' characteristics

Surveys on working conditions of people working in long-term care facilities prior 1980 are scarce. Nevertheless, the number of surveys increased with the implementation of the gold plan in 1990.

In 1992, the Care Work Foundation was established by the Ministry of Health, Labour and Welfare based on the *Care Worker Employment Management Act*. Since 2002, the Foundation produces the survey *State of Care Workers in Service* on an annual basis. From the viewpoint of the degree of perfection of the sample quantity and survey items, these surveys have very high-value as basic data about care workers. In the following, we draw on the 2008 survey to

shed light on the gender, age, working conditions, salary and working hours of the care workers.

It is important to note that the definition of "long-term care worker" used in this survey is *different* from the one of the previously cited *Survey of Long-term Service Facilities and Service Providers*. In the *State of Care Workers in Service* the term "long-term care workers" refers to "all the people that work at designated service providers, *other than home-visiting long-term care workers*" (narrow definition). Their jobs are thus mostly facility-based. The institutional breakdown of "long-term care workers" is as follows: Long-term care facilities for the elderly (30%) day services (23%), group homes for the elderly with dementia (16%), long-term care at fee-charging homes for the elderly (9%) and rehabilitation facilities for the elderly (8%). Home-visiting long-term care workers are treated as a separate category.

The gender and age distribution of the care workers are indicated in **Tables 5 and 6**. In almost all professions, the proportion of female care workers is more than 70%. In the case of home-visit long-term care workers it exceeds 80%. Thus, care work is in general female-dominated.

Regarding age, many male care workers are in their 20s and 30s, while the number of female workers peaks in the 40s to 50s age group. Standard employees are younger than non-standard (atypical) employees which may reflect the expansion of labour market of long-term care in recent years. The age structure of the long-term care workers in various welfare facilities is relatively young compared to that of home-visit long-term care workers who are overwhelmingly over 40 years old.

**Table 5 Gender**

| | Number of Respondents | Male % | Female % | No Answers % |
|---|---|---|---|---|
| Total | 41,593 | 15.1 | 74.4 | 10.4 |
| Home-visit long-term care worker | 11,459 | 5.8 | 83.1 | 11.1 |
| Long-term care workers | 16,512 | 19.5 | 70.7 | 9.8 |
| Nursing staff | 4,576 | 3.2 | 86.6 | 10.2 |
| Certified Long-term Care Manager | 2,218 | 17.5 | 72.5 | 10.0 |
| Others | 5,886 | | | |
| No answers | 942 | | | |

Data Care Work Foundation 2008 *State of Care Workers in Service in 2007*

**Table 6 Age□□□**

| | Number of respondents | Average Age | below 20 % | 20-29 % | 30-39 % | 40-49 % | 50-59 % | 60 and over % | No answers % |
|---|---|---|---|---|---|---|---|---|---|
| Total | 41, 593 | 43.8 | 0.3 | 15.7 | 20.9 | 24.9 | 25.1 | 10.6 | 2.3 |
| Male | 6,301 | 37.0 | 0.5 | 31.8 | 33.0 | 14.2 | 12.0 | 6.4 | 2.2 |
| Female | 30,947 | 45.2 | 0.3 | 12.8 | 18.6 | 26.8 | 28.0 | 11.6 | 2.0 |
| ( NA ) | (4,345) | | | | | | | | |
| Standard Employees | 20,931 | 40.0 | 0.4 | 23.7 | 24.9 | 23.9 | 21.0 | 4.2 | 2.0 |
| Non-standard (atypical) employees | 19,072 | 47.7 | 0.3 | 7.8 | 17.0 | 26.2 | 29.5 | 17.2 | 2.2 |
| ( NA ) | (1,590) | | | | | | | | |
| Home-visit long-term care worker | 11,459 | 49.8 | 0.1 | 4.7 | 13.0 | 26.3 | 34.2 | 19.6 | 2.1 |
| Long-term care workers | 16,512 | 39.8 | 0.8 | 26.7 | 23.4 | 21.0 | 19.5 | 6.9 | 1.8 |
| Nursing staff | 4,576 | 44.9 | 0.0 | 6.9 | 23.8 | 34.0 | 25.5 | 7.5 | 2.3 |
| Certified Long-term care manager | 2,218 | 46.0 | - | 3.4 | 26.0 | 30.0 | 29.6 | 8.6 | 2.5 |
| Others | 5,886 | | | | | | | | |
| ( NA ) | 942 | | | | | | | | |

Data□Care Work Foundation□2008□*State of Care Workers in Service in 2007*

The qualifications held by the care workers are indicated in **Table 7**. The majority of home-visit long-term care workers work with the "Qualification of home helper (second degree)", 35% of long-term care workers has a "Qualification in long-term care work". The requirements for each of the qualifications, introduced alongside with the Long Term Care Insurance Act in 2000, are as follows:

- Qualification in long-term care work (National Certificate): more than 3 years work experience and examination
- Qualification of Home Helper (First Degree): 50 hours lecture (including practicum) without examination
- Qualification of Home Helper (Second Degree):130 hours lecture (including practicum) without examination
- Qualification of Home Helper (Third Degree): more than 1 year work experience without examination

**Table 7 Qualification Holding□Multiple Answers□□□□**

| | Number of respondents | Qualification of long-term care | Qualification of Home Helper (First Degree) | Qualification of Home Helper (Second Degree) | Qualification of Home Helper (Third Degree) | Qualification of social work | No Answers |
|---|---|---|---|---|---|---|---|
| Total | 41,593 | 25.7 | 5.7 | 47.6 | 0.9 | 2.4 | 4.3 |
| Male | 6,301 | 31.6 | 3.9 | 34.5 | 0.9 | 5.2 | 6.4 |
| Female | 30,947 | 24.9 | 6.2 | 50.5 | 0.9 | 1.8 | 3.9 |
| ( NA ) | 4,345 | | | | | | |
| Home-visit Long-term Care Worker | 11,459 | 16.5 | 7.5 | 81.4 | 0.9 | 0.5 | 0.2 |
| Long-term care workers | 16,512 | 35.0 | 3.7 | 49.8 | 0.9 | 1.5 | 9.7 |
| Others | 5,886 | | | | | | |
| ( NA ) | 942 | | | | | | |

Data□Care Work Foundation□2008□*State of Care Workers in Service in 2007*

## 1.2 Working conditions of elderly care workers

Looking at the employment type of care workers (Table 8), we can see that almost half of them are standard (typical) employees but, there are differences according to gender. Almost 80% of male workers are standard employees, while 52 % of female workers are in non-standard (atypical) employment. The main differences between standard and non-standard workers in Japan is that the former have a 'not-defined term' contract of employment with monthly salary and are entitled to an ordinary bonus twice a year. The latter work fixed-term, for example, for on one-year contracts with daily or hourly pay.

Considering that the ratio of standard and non-standard workers in Japan is 34.0 million (65.9%) to 17.6 million (34.1%) (Labour Force Survey, 2008), the proportion of non-standard worker in long-term care work is fairly high (50.3%).

When we examine the type of employment of total employees in Japan by gender, the ratio of standard and non-standard workers for male is 80.9%:19.2% and 46.4%:53.6% for female. Comparing these figures with those of care work, it can be concluded that the proportion of non-standard (atypical) workers for female is similar to those of other jobs. Therefore, first, the high proportion of female non-standard workers in care work reflects the general characteristics of the Japanese labour market. Second, the high proportion of non-standard workers in care work is related to the fact that the majority of them are occupied by female workers. But the above does not deny that the male workers have occupied the more stable position in the care-related works.

There are also differences between the various types of care work: For example, in the home-visit long-term care segment the proportion of non-standard and part-time employees is very high (77.6% and 67.7% respectively)**.** Only in the case of certified long-term care managers is standard employment common practice (80%).

**Table 8 Type of Employment** □□□

| | Number of respondents | Standard employees □□□ | Non-standard employees (%) | | | No answers (%) |
|---|---|---|---|---|---|---|
| | | | Total | Full-time workers | Part-time workers | |
| Total | 41,593 | 50.3 | 45.9 | 14.1 | 31.8 | 3.8 |
| Male | 6,301 | 78.7 | 19.3 | 11.5 | 7.8 | 1.9 |
| Female | 30,947 | 45.2 | 51.6 | 14.6 | 37.0 | 3.2 |
| (N A ) | 4,345 | | | | | |
| Home-visit Long-term care worker | 11,459 | 15.6 | 77.6 | 9.9 | 67.7 | 6.8 |
| Long-term care worker | 16,512 | 57.4 | 40.8 | 19.5 | 21.4 | 1.7 |
| Nursing Staff | 4,576 | 59.5 | 38.4 | 12.4 | 26.0 | 2.1 |
| Certified care manager | 2,218 | 81.1 | 16.3 | 7.7 | 8.7 | 2.6 |
| Others | 5,886 | | | | | |
| □□□□ | 942 | | | | | |

Data□Care Work Foundation□2008□*State of Care Workers in Service in 2007*

The salary level and working hours of care workers change according to the pay-calculation method (monthly, daily and hourly) and according to the type of care work (see Tables 9 and 10).

The average salary of home-visit long-term care workers and long-term care workers (monthly-paid workers) are of 175,195 and 204,623 Yen, respectively, well below the average monthly wage of standard regular employees of all industries (273,008 Yen as of September 2007). In the case of home-visit care workers, the level of monthly pay is especially low due to short working hours (74.5 hours a month, see Table 10). There are two factors to explain the short working hours. The first is that when service providers employ home-visit care worker as atypical part-time worker, they can avoid paying certain benefits like bonuses and social security contributions. The second is that married workers may want to avoid tax/social insurance deductions and maintain their status as a dependent spouse (the upper ceiling for which is 1.03 million Yen for income tax and 1.3 million Yen for social insurance contribution per year).

The salary gap between male and female "average salary" in the second column Table 9 is huge (214,259 JPY : 151,288 JPY). The salary gap between male and female with monthly pay (meaning they are standard employees) is not as huge as between male and female "average salary." This contrast reflects the fact that the proportion of non-standard worker is higher in female workers. The certified long-term care managers' (most of them are standard workers) salary is ranked top in the care-related job.

**Table 9 Actual Monthly Salary (September, 2007)**

| | Total | | Monthly-paid workers | | Daily-paid workers | | Hourly-paid workers | |
|---|---|---|---|---|---|---|---|---|
| | Number of Respondents (people) | Average Salary (in JPY) | Number of Respondents (people) | Average Salary (in JPY) | Number of Respondents (people) | Average Salary (in JPY) | Number of Respondents (people) | Average Salary (in JPY) |
| Total | 36,267 | 160,753 | 19,203 | 221,248 | 1,475 | 138,680 | 15,589 | 88,321 |
| Male | 5,317 | 214,259 | 4,376 | 234,666 | 187 | 143,870 | 754 | 113,279 |
| Female | 27,284 | 151,288 | 13,093 | 217,050 | 1,102 | 138,297 | 13,089 | 86,599 |
| (NA) | 3,666 | | | | | | | |
| Home-visit long-term care worker | 10,296 | 88,994 | 1,546 | 175,195 | 295 | 112,029 | 8,455 | 72,428 |
| Long-term care workers | 14,800 | 168,255 | 9,125 | 204,623 | 870 | 145,756 | 4,805 | 103,264 |
| Nursing Staff | 3,880 | 215,692 | 2,450 | 270,150 | 134 | 145,327 | 1,296 | 120,018 |
| Certified long-term care manager | 1,757 | 242,098 | 1,614 | 252,063 | 24 | 158,778 | 119 | 123,751 |
| Others | 4,710 | | | | | | | |
| (NA) | 824 | | | | | | | |

Note The "Actual Salary" includes what in fact was paid, including, overtime and holiday work allowances.
Data Care Work Foundation 2008 "*State of Care Workers in Service in 2007*"

As for hourly-paid workers, a simple calculation from the average salary and the average working hours shows that the hourly-wage is 1,249 JPY for home-visit long-term care worker, 920 JPY for long-term care workers, 1,365 JPY for nursing staff and 1,315 for long-term care manager. Long-term care workers thus receive the lowest hourly-wage. This ranking is very different from the one based on average monthly salaries, because it reflects the difference in working hours between home-visit long-term care workers and long-term care workers.

**Table 10 Number of Actual Working Hours in a month (September, 2007)**

| | Total | | Monthly-paid workers | | Daily-paid workers | | Hourly-paid workers | |
|---|---|---|---|---|---|---|---|---|
| | Number of Respondents (people) | Average Working Hours | Number of Respondents (people) | Average Working (Hours | Number of Respondents (people) | Average Working Hours | Number of Respondents (people) | Average Working Time Hours |
| Total | 36,460 | 124.4 | 19,503 | 159.5 | 1,403 | 134.4 | 15,554 | 79.5 |
| Male | 5,342 | 154.9 | 4,416 | 163.3 | 179 | 146.2 | 747 | 106.8 |
| Female | 27,404 | 118.9 | 13,293 | 158.2 | 1,050 | 135.1 | 13,061 | 77.7 |
| ( NA ) | 3,714 | | | | | | | |
| Home-visit long-term care worker | 10,401 | 74.5 | 1,724 | 148.0 | 270 | 117.9 | 8,407 | 58.0 |
| Long-term care workers | 14,691 | 145.0 | 9,057 | 162.3 | 834 | 146.2 | 4,800 | 112.2 |
| Nursing staff | 3,940 | 132.2 | 2,494 | 156.6 | 129 | 111.7 | 1,317 | 87.9 |
| Certified long-term care manager | 1,787 | 149.4 | 1,643 | 153.8 | 22 | 126.2 | 122 | 94.1 |
| Others | 4,901 | | | | | | | |
| ( NA ) | 740 | | | | | | | |

Data□Care Work Foundation□2008□*"State of Care Workers in Service in 2007*"

Care workers stay an average of 3.1 years in their job (3.4 years for standard employees and 2.7 for non-standard employees). If we consider the occupation type, the length of service is of 3.2 years for home-visit long-term care workers, 2.8 years for long-term care workers, and 3.2 years for nursing staff and 3.3 years for the certified long-term care manager (Care Work Foundation, 2008). The length of service of workers in all industries is 12.0 years for common workers, 4.6 years for part-time workers (data from the Ministry of Health, Labour and Welfare 2007e). Therefore, the length of service of care-related workers is very short, particularly among standard employees. The reason is partly to be found in the rapid expansion of care labour market and the high turn-over rate.

The turn over ratio (leaving and/or losing the job) for home-visit long-term care workers is is 18.2% for standard employees and 18.5% of the non-standard full-time employees and 16.4% of the non-standard part-time employees. In the case of long-term care employees, the ratio is 20.4% for standard workers, 34.0% for non-standard full-time employees and 31.5% for non-standard part-time employees (Care Work Foundation, 2008). As for the workers in all industries, the figures were 13.1% for regular workers and 26.3% for part-time employees in 2006 (Ministry of Health, Labour and Welfare, 2007f). The turn-over ratio of care workers is thus noticeably high.

In the long-term care field the problem of labour shortages has become acute in recent years. When asked, nearly 60% of service providers acknowledged that there was a "*shortage (of employees)*"; the proportion exceeded 80% in the case of home-visit long-term care service providers (Care Work Foundation, 2008).

The increase in salaries, among others, should be considered in order to obtain sufficient human resources.

**Tables 11 and 12** indicate, respectively, the unemployment insurance and health insurance / pension coverage. About 70% of standard and non-standard full-time employees are insured. However, the insurance ratio is low among non-standard part-time employees. Among home-visit long-term care workers, 36% lack unemployment insurance and 52.2% are not covered by health insurance and pension schemes. The gap between standard and non-standard, particularly part-time worker, is evident.

**Table 11 Unemployment Insurance Affiliation □□□**

| | Number of Providers | Full Membership | Membership more than 50□ | Membership less than 49□ | uninsured | No Answers |
|---|---|---|---|---|---|---|
| **Home-visit long-term care worker** | | | | | | |
| Standard Employee | 1,760 | 87.2 | 1.7 | 1.3 | 4.4 | 5.5 |
| Non- Standard Employee□ Full time worker | 719 | 77.5 | 3.3 | 3.3 | 6.7 | 9.3 |
| Non- Standard Employee□ Part time worker | 1,507 | 17.9 | 8.9 | 17.9 | 36.0 | 19.3 |
| **Long-term care workers** | | | | | | |
| Standard Employee | 2,297 | 87.9 | 1.4 | 0.2 | 1.1 | 9.4 |
| Non- Standard Employee□ Full time worker | 1,269 | 82.8 | 3.6 | 1.4 | 3.7 | 8.4 |
| Non- Standard Employee□ Part time worker | 1,655 | 36.6 | 16.4 | 11.8 | 17.3 | 17.9 |

Data□Care Work Foundation□2008□"*State of Care Workers in Service in 2007*"
Note□This table is based on survey to the service providers. Therefore note that figures in the table do not mean the affiliation rate of care workers.

**Table 12 Health insurance and Pension □□□**

| | Number of Providers | Full Membership | Membership more than 50□ | Membership less than 49□ | uninsured | No answers |
|---|---|---|---|---|---|---|
| **Home-visit long-term care worker** | | | | | | |
| Standard Employee | 1,760 | 83.0 | 2.4 | 1.3 | 6.6 | 6.7 |
| Non-standard Employee□ Full time worker | 719 | 70.0 | 4.6 | 3.3 | 11.7 | 10.4 |
| Non standard Employee□ Part time worker | 1,507 | 6.0 | 4.9 | 13.2 | 52.2 | 23.7 |
| **Long-term care workers** | | | | | | |
| Standard Employee | 2,297 | 85.9 | 2.1 | 0.3 | 1.8 | 9.9 |
| Non-standard Employee□ Full time worker | 1,269 | 74.9 | 5.8 | 3.2 | 6.3 | 9.9 |
| Non-standard Employee□ Part time worker | 1,655 | 13.5 | 12.6 | 12.4 | 39.2 | 22.4 |

Data□Care Work Foundation□2008□"*State of Care Workers in Service in 2007*"
Note□This table is based on the suvey to the service providers. Therefore note that figures in the table do not mean the affiliation rate of care workers.

## 1.3 The opinion of elderly care worker about their own working conditions

The Care Work Foundation also has been conducting an opinion survey on the conditions of care workers since 2003.

Using the data and descriptions of this survey, we try to find out what care workers think themselves are the problems of care work and what future policies and objectives should consider.

With regards to the motivation for taking on the job, "I had interest in the care and welfare jobs" receives the highest percentage (see Table 13). This can be observed not only among standard employees, but also among non-standard employees (70.7% and 66.6% respectively). It is not a common feature in other industries. The degree of job satisfaction is relatively high with regards to "the human relations with people I am taking care of" (see Table 13), but it is lowest when it comes to wages and income (with only 7.8% declaring themselves "satisfied").

**Table 13 Satisfaction with the present job (%)**

| | ***satisfied*** | ***usual or average*** | ***dissatisfied*** | ***no answers*** |
|---|---|---|---|---|
| *Wage and Income* | *7.8* | *40.9* | *48.8* | *2.6* |
| *Working hours* | *16.9* | *62.7* | *18.0* | *2.4* |
| *Day off* | *21.9* | *52.6* | *22.9* | *2.6* |
| *Position and Job security* | *15.3* | *63.8* | *16.9* | *4.1* |
| *Content of the job* | *14.7* | *64.8* | *17.8* | *2.7* |
| *Human relation s with boss and fellow workers* | *19.6* | *59.3* | *18.4* | *2.7* |
| *Human relations with people I am taking care of* | *31.6* | *62.6* | *3.0* | *2.8* |

Data: Care Work Foundation (2003) "*Opinion Survey into the actual conditions of the care workers* ".

Thus, while the satisfaction with the contents and challenge of interpersonal service work are relatively high, there seems to be wide-spread dissatisfaction with the working conditions, specifically with wages and working hours, among long-term care workers.
What are the main reasons for this situation and how can it be solved? The free description by both service providers and care workers captured in the *Opinion Survey on the actual conditions of care workers* (2003) is used to shed some light on these issues.

**Working time**

> "*The actual working hours, when care workers provide care services to the clients, are so piecemeal that we cannot allot enough work to the care workers*" (care services provider)
>
> "*... They do not consider the transportation time from one home to another as my working hour", "the working time is like a mosaic, my own free time becomes so limited*" (care worker)

While this problem is less pronounced among facility-based workers, it is severe in the case of home-visit long-term care services. What is called "piecemeal work" includes waiting time, transportation time from one home to another, document filing (recording) time and other non-service time. A lot of this time is not considered working time (and therefore not paid)

and it is one of the principal reasons why non-standard and part-time care workers are paid so little.

**Salary**

> *"Comparing the salary with the content of job, it results to be so cheap. Administrators would like to raise the wages but if we did, we would not make ends meet. We cannot recruit enough human resources and cannot improve the conditions of workers"* (care service provider)
>
> *"The ends cannot be met if we hire the additional (standard) managerial staffs"* (care service providers)
>
> *"It is not appropriate to ask for the raise of the remuneration unit for long-term care all the time, but at least regarding the standard staff necessary to provide a good service, the remuneration unit should be set at a level, as much as possible, to allow to employ the standard workers"* (care service provider)
>
> *"Since the introduction of the LTCI Act, short home-visits have become frequent, and since I do not get enough transport expenses, the amount I get as wage does not match the hours worked"* (care worker)
>
> *"I cannot understand why the pay is always the same, even if it is in the early morning, late at night or during a holiday"* (care worker)
>
> *"In relation to the harshness of the home helper work, the degree of physical extenuation is much undervalued"* (care worker)
>
> *"There is no difference in salary whether you possess a qualification or not"* (care worker)

Most of the above mentioned problems have burgeoned since the implementation of the LTCI Act (April 2000). The "care remuneration unit" set by the Ministry of Health, Labour and Welfare lies at the heart of the low remuneration of care workers, in the sense that it does not allow to pay higher wages. The care remuneration unit is applied to all service providers, public and private, who provide services under the LTCI Act.

Similar to "medical treatment remuneration unit", the care remuneration unit is based on a table of fees for each care service delivered (partly depicted in Table 14). It is not a direct wage control but has an enormous impact on the level of care workers' wages. It is worth noticing that the level of the unit has been cut down twice since the implementation of the Act in order to contain the costs (2003 and 2005).

**Table 14 "Care remuneration unit" for In-home services**

| **A. In-home services** | | | |
|---|---|---|---|
| (Home-visiting related) | ~30 min. | 30~60 min. | 60~90 min |
| Home-visit long term | 2,310 yen | 4,020 yen | 5,840 yen (2,190 |

| | | | |
|---|---|---|---|
| care<br>1. direct care-giving to the frail elderly<br>2. support for home making work | 2,080 yen | 2,910 yen (830 yen for further each 30 min.) | yen for further each 30 min.) |
| (Day care facilities)<br>Day service | 3~4 hours<br>Care level 1,2<br>3,540 yen<br>Care level 3,4,5<br>5,030 yen | 4~6 hours<br>Care level 1,2<br>5,060 yen<br>Care level 3,4,5<br>7,180 yen | 6~8 hours<br>Care level 1,2<br>7,090 yen<br>Care level 3,4,5<br>10,060 yen |
| (Others)<br>Short stay care service (a day) | Care level 1 8,750 yen<br>Care level 2 9,460 yen | Care level 3<br>10,160 yen<br>Care level 4<br>10,870 yen | Care level 5<br>11,570 yen |

Note: See also Table 2 for the content of home-visit long term care, day service and short-stay care services.
Data http://mhlw.go.jp/shingi

Of course, other supply-side factors, such as unpaid volunteer work, e.g. in the form of NPOs' mutual aid, part-time work by homemakers (which "supplement" a breadwinner wage), influence the care labour market, by bringing down the supply-price of work. But there seems to be a broad consensus among service providers and care workers that low wage levels can be attributed to the low level of the care remuneration unit.

In relation to the working hours, we find the consensus that the actual hours engaged in the work (waiting time, commuting time from one client home to another in the case of home-visiting care workers, filling time), should be considered working time by the *Basic Labour Standard Law*. However, this is not the case of most long-term care service providers who cannot afford to pay such costs, because of the low level of the care remuneration unit.

## 1.4 Concluding remarks

The service market created by the LTCI resembles a "quasi-market" including a government price regulation (price control). This "quasi-market" is characterized by (1) the supply side which is made out of a multiple organization with different principles and characteristics(e.g. municipalities, public corporation, private firms and NPOs), (2) the injection of a considerable degree of public funds which include insurance resources in relation to the demand side, (3) a third party, e.g. municipalities or the public corporation, which instead of the consumers shoulders the important role of deciding the services purchase (Koichi Hiraoka, 2006). Government price regulation (price control) means that the care remuneration unit is defined by the Ministry of Health, Labour and Welfare. There exists consensus that the care remuneration is too low to allow service providers to raise the wages of long-term care workers. The two reductions of the care remuneration unit since the implementation of the LTCI act have exacerbated the challenge of care work in contemporary Japan. Service providers, most of whom complain about the shortage of long-term care workers, cannot raise the pay in order to recruit and retain staff due to the low level of the unit. It is not exaggeration to say that if the present situation continues, the lack of human resources will become more serious and a deterioration of service quality may be unavoidable.

## *2. Qualitative Findings: Interviews and Observations*

Between December 2008 and January 2009, we interviewed five elderly care facility workers, five home helpers and eight unpaid family care givers who took care of the elderly. The case of family care givers is quite characteristic for Japan. Given their crucial role in care provision for the frail elderly, we decided to include them in the interviews. Similarly, we conducted a survey of child care workers, interviewing two kindergarten workers and three child nursery staff (see 2.3).

We divided the interviewees in four groups, each of which was queried by a team of two researchers. In the case of the elderly long-term care facility workers, home helpers and child care workers the interviews were conducted at the interviewee's work place; in the case of family care givers they were conducted at their respective homes or family meeting places. The interviews were conducted exclusively between the interviewer and the interviewees, except in the case of family care givers where the elderly care recipient was occasionally present.

Before each interview, we submitted the questionnaires to the interviewees so that they fully understood the aim and scope of the interview itself. While the questionnaire we presented in advance contained 24 questions, the actual interview took a semi-structured form. The interviewees were asked to speak freely about the question matters, and the interviewer intervened only occasionally. The interview time was approximately one to two hours. All interviews were recorded and transcribed. Personal data was deleted from the text in order to guarantee the respondents' anonymity. The results of the interviews were gathered for analysis in January 2009.

These interviews are carried out by the following graduate students. Koh Nakahra, Ritsu Yamamura, Shunsuke Hirono, Ham Ill-Woo, Ron Shuh (Doshisha University), Noriko Tani, Keisuke Kinoshita, Shuh Kinoshita (Kyoto University) .

## 2.1 Elderly care workers at long-term care facilities

### 2.1.2 Personal information

**Table 15 Elderly care workers (facility staff): Gender, age, professional experience, academic background, marital status and children**

| | A-1 | A-2 | A-3 | A-4 | A-5 |
|---|---|---|---|---|---|
| Gender | Female | Female | Female | Female | Female |
| Age | 55 years-old | 46 years-old | 59 years-old | 27 years-old | 39 years-old |
| Professional experience | 8 years | — | 5 years | 4 years | 6 years |
| Academic Background | University Degree | High School finished | Professional (vocational) school | University degree | High School finished |
| Qualification (degree) | Home Helper (2nd and 3rd degrees) Care Manager Long-term Care public aid worker Teaching license | Home Helper Second degree | Home Helper Second Degree Child Care Nurse | Home Helper 1st and 2nd Degrees Long-term care public aid worker | Home Helper 1st Degree Long-term care public aid worker Care manager Habitat Coordinator 2nd degree |
| Marital Status | Married | Married | Married | Single | Married |
| Children | Yes (2) | Yes | Yes | 0 | 0 |

**Motives for choosing the job**

The reason for taking up the profession was, among others, because the interviewees liked to have contact with people. In other cases, opportunities were offered by friends and acquaintances. Often, interest in the profession partly stemmed from the disease or death of a relative, the beginning of the LTCI system, etc.

> *I started this work because I wanted to have a job that had contact with people (A-4)*
> *Before starting to work in this care facility, I was a home-visiting helper for about half a year. I found that I was not very suited for the job. That is why I entered to work at this care facility. Since I believe that intensive long-term care at the facility are the ultimate form (meaning the last and best resort) of elderly care, I made up my mind to get this present job. (A-1)*

**Prospects**

More than half of the respondents voiced the intention to continue working in the field, since they principally liked what they did. On the other hand, however, job continuity was threatened by concerns over the continuous strength required by the physical work, wages not fairly matching the work effort, etc.

## 2.1.2 Working conditions

**Table 16 Elderly care workers (facility staff): Wages, working hours, contract modality, social security, paid holidays, labour union membership**

| | | A-1 | A-2 | A-3 | A-4 | A-5 |
|---|---|---|---|---|---|---|
| Wage (amount in JPY) | | 170,000 | 200,000 | (Hourly) 840 | 200,000 | 230,000 |
| Working Hours (including overtime work□ | | 40 hours a week | 40 hours a week □10□15 hours monthly□ | 8 hours daily | 40 hours a week □3 hours a day□ | 40 hours a week □30 hours a month□ |
| Contract modality | | Full-time□ Standard Employee□ | Full-time□ Standard Employee□ | Non-standard Employee □ contracted□ | Full-time□ Standard Employee□ | Full-time□ Standard Employee□ |
| Social Security | Medical Insurance | No | Yes | No | Yes | Yes |
| | Unemployment Insurance | Yes | Yes | Yes | Yes | Yes |
| | Workers' Accident Compensation Insurance | No | No | No | Yes | Yes |
| | Welfare Pension | Yes | Yes | Yes | Yes | Yes |
| Paid Holidays | | 20 days yearly | 20 days yearly | 10 days yearly | 20 days yearly | 20 days yearly |
| Labour Union Membership | | No | Yes | Yes | Yes | Yes |

**Working time**

Standard employees, in particular, had to work overtime and this is becoming common. Not all of allowances are paid, when the work is regarded as "service overtime work" (i.e. voluntary, without pay), which is not peculiar to the care work but can be seen in other jobs in Japan. The overtime work results from, in most cases, services which have nothing to do with long-term care.

*After the night shift I often have to do overtime, doing things that have nothing to do with the job I usually do. This overtime work is mostly "service overtime" (A-1)*

*The overtime work consists of assisting to meetings, the designing of care plans, the cleaning of the dwellings of long-term care recipients, doing groceries or taking care of small and odd jobs (A-5)*

**Paid holidays**

As depicted in Table 16, the paid holiday system was fully implemented among the workers we interviewed. However, it is very uncommon that a care worker can take all the paid holidays that she or he is entitled to. The main reason is the shift system, by which whenever there is a shortage, workers are called in to work regardless their right to rest.

*If I want to get just 4 straight paid holidays I have to discuss with my co-workers several months in advance; otherwise, it is impossible (A-1)*

*I cannot enjoy all the paid holidays I am entitled to in a year. But in the hypothetical case that all care workers here took 10 paid holidays, the shift system collapses (A-5)*

**Labour union and complaints treatment**
While four out of five interviewees belonged to a labour union, none had ever made use of the complaints treatment mechanism (although a pertinent department exists within the labour union). This mechanism is not so effective. One of the reasons for the lack of use by the interviewees lies in "*its usage, which is fairly complicated*" *(A-1).*

### 2.1.3 Job awareness and experience

**Job Challenges**
The challenges for facility staff are rooted in their interrelation with the long-term care users.

- Trust Relationship

  *It takes time to build a trust relationship……since many years of care provision have passed, the care recipients demand that I care them, if it is not me they do not want care provision. At these times I feel the challenges of this job (A-1)*

- Life Experience

  *I looked after a 105 year-old granny during the last moments of her life. I was happy to see her departing so peacefully (A-1)*
  *In the interrelation with care users, I enrich my life experience so much, and the more I do, the deeper it gets; if I put myself in the care recipient's shoes I learn so much from their life experience (A-5)*

**Stress and Difficulties of the Care Work**
Since there are many care recipients that demand relatively heavy support and because night shifts are common among long-term care facility staff, some interviewees talked about their concerns about their physical strength. Interviewees also pointed to the difficulties arising from work with care recipients suffering from mental and cognitive disorders. Additionally, there was evidence of stress resulting from the human interaction with family members and colleagues.

- Examples of difficulties

  *When, for example, a care recipient with a severe disability does not express clearly their determinations or when I do not know what it is they want me to do (A-2)*
  *There are communication problems because many of the care recipients have cognitive disorders (A-3)*

- Torn between the conflicting demands of care users and their family

  *When things do not go as the family wants because of the system; when things do not proceed as expected by the care users (A-4)*

- Dissatisfaction with co-workers

  *My supervisor has never had unit experience; people like this, who only know the practices of care work from the former system, are still in charge; and because of this they do not understand the job situation today or its contents and therefore they do not understand our feelings. They do not comprehend the difficulties of our job. (A-1)*

*Many very novice care workers come showing their faces as if they knew everything. I am very dissatisfied with this; I think theirs is not real care work (A-1)*

**Cooperation and coordination with other institutions**
The good cooperation with other institutions and workers, particularly with nurses, was often cited by the interviewees. We could observe interviewees identifying the importance of the consultations, advice and suggestion among staffs.

*A very veteran nurse that comes here makes us feel very secure and answers all of our queries. I am very thankful (A-2)*

*In order to provide care services, we have to work cooperatively allowing the participation of nurses, consult specialist, nutritionists, with everyone providing something in coordination with the rest, and they all participate at the same level, with great cooperation and coordination (A-□)*

**Job easiness or difficulty according to the gender of the care worker**
The answers to this question were not understood as referring to whether a given job was more suitable for a man or to a woman, but from the perspective of the care users, i.e. whether there was any specific advantage or disadvantage from the perspective of the care recipient. Differences pointed out were based on the peculiarities of the care recipients, who in a given case may prefer a care provider of the same sex and in other cases not, which may vary widely case by case.

While it is common practice in many long-term care facilities to assign workers of the same sex as the service users, there are also users' voices asking for the participation of care workers of the opposite sex. Many facilities lack a balance in the gender distribution of their staff (mostly women, few men); it is therefore in fact impossible to tackle those users' requests.

**Sexual Harassment**
Sexual harassment occurs mainly, with female workers being more affected than male workers. While cases of sexual harassment by male long-term care services recipients have been identified, the interviewees pretend to ignore it with laughing by trying not to take it seriously.

*There is little sexual harassment from female care recipients, but a lot from male users. It is difficult to work under such circumstances. Regarding sexual harassment, there are some words they use, but I usually tend to think that it is all cognitive disorder-related……in this cases I just let it go laughing. (A-1)*

*There are some joke-tainted expressions of sexual harassment from male care users, but I usually deal with this laughing and taking it all as a joke (A-3)*

### 2.1.4 Care for long-term care workers

We could not identify any specific special care system for care workers, but compared with home helpers, facility care staff has more paid vacation days. There is an environment conducive to consultation with co-workers and specialists, particularly nurses, which may help the facility care workers to deal with psychological burdens.

Furthermore, although not all facilities provide medical insurance and workers' accident insurance, because of the very nature of the care occupation they have a relative easy access to health care, at least when compared with home helpers. Many facility workers are union members. This provides them, at least theoretically, with a relatively strong organizational backup when compared to home helpers most of whom are not union-affiliated.

**Job-related stress reduction**
There is no institutionalized stress reduction policy, so most care workers tend to consult and talk with co-workers to vent out job-related stress.

> *Since here everyone is working with sharing, more or less, the same value, it becomes natural to talk about things I cannot talk about to any other person, with superiors and staff who know the same working environment, so I talk to them (A-2)*
> *To eliminate stress, first I discuss all the job-related problems with my superiors and others and then, second, in my private life, I try to forget and enjoy things that have no relation with the job (A-4)*

## 2.2 Home-visiting long-term care workers (home helpers)

### 2.2.1 Personal information

**Table 17 Elderly care workers (home helpers): Gender, age, occupational experience, academic background, qualifications, marital status and children**

| | B-1 | B-2 | B-3 | B-4 | B-5 |
|---|---|---|---|---|---|
| Gender | Female | Female | Female | Male | Female |
| Age | 28 years-old | 37 years-old | 53 years-old | 48 years-old | 63 years-old |
| Occupational Experience | 1 year | 15 years | 15 years | 3□5 years | 10 years |
| Academic Background | Vocational (Professional) School | Jr. College 2 years Voc. School 1 year | High School | University | Junior College |
| Qualifications | Home Helper 2nd Degree | Social Welfare Guidance Specialist Long-term care Public Aid Worker Care Support Specialist | Home Helper 1st Degree Long-term care Public Aid Worker | Home Helper 2nd Degree | Home Helper 2nd Degree |
| Marital Status | Single | Single | Married | Married | Married |
| Children | 0 | 0 | 3 | 2 | 2 |

**Motives for choosing the job**

□Because they like to interact with people
*When I entered university, I realized how interesting all the jobs based on interaction with people were (B-2)*

□Because they wanted to do a job that was useful to others
*I had the feeling of changing myself and because I had the desire to be useful to other people, I started this job (B-1)*

*I thought many things, for example, jobs that will be necessary from now on. Also, I thought how nice it would be to work in something that may help many people (B-4)*

Passive Reasons

*The reason I entered elderly care work is that since in these times there are not enough care workers and the profession is always in high demand, I considered that I could start anew in this job (B-2)*

*Frankly speaking, one of the reasons was that I was rather old to get into a common company or business…it is rather correct to say that another reason is that I could do this kind of job, probability of getting a job immediately being very high indeed (B-4)*

*Even when you want to work in something, you need some qualification, but I had none; so I was working in a buckwheat noodle shop when I happened to see an advert for care work in a town newspaper. I applied and then later I got half a year of training…(B-5)*

**Prospects**

☐ Job Continuity

Although the interviewees referred to several difficulties, all of them wanted to continue working in long-term care.

*I am sufficiently challenged by this job, and I like to do a job that is useful for other people. I can talk about many things, I can hear many conversations, I think this is useful for me too, and it is a very interesting job. (B-1)*

*This is something I always wanted to do, and I want to continue working in a job I like. (B-2)*

*I do not dislike this job, it is fairly enjoyable. Also I like to interact with the care recipients and my home helper colleagues are very good people so I think I want to continue working in this field. (B-3)*

*Unexpectedly I feel that I am very suited for this job, to a certain extent I appreciate to be thanked by the care recipients; I can help people; I want to continue this job. (B-4)*

2.2.2 Working conditions

**Table 18**
**Elderly care workers (home helpers): Wages, working hours, contract modality, social security, paid holidays and labour union membership**

| | B-1 | B-2 | B-3 | B-4 | B-5 |
|---|---|---|---|---|---|
| Wage (amount in JPY) | 150,000 | From 250,000 to 300,000 | From 170,000 to 180,000 | 100,000 | From 140,000 to 150,000 |
| Working Hours | 8 hours a day/ 5 days a week | 8 to 9 hours a day, once a week | 32 hours a week | 18 hours a week | 32 hours a week |
| Contract Modality | Standard | Standard | Non- Standard (contracted | Non- Standard Part-time | Non- Standard contracted |
| Social Security | Yes | Yes | Yes | Only the Workers' Accident Compensation Insurance | Yes |
| Paid Holidays | Yes | Yes | Yes | Yes | Yes |
| Labour Union Membership | No | No | No | No | No |

**Wages**

☐ Promotions and Pay Raises
The Promotion and Pay Raise System has not been properly structured and put in practice. Due to the working conditions, it is particularly difficult to be implemented and care workers do not expect much from promotion improvements.

> *We do not have promotions or pay raises. If we do our best and the president of the company so desires, we might get a 5000 Yen pay raise. (B-1)*

> *I think there are no more promotions in my current job. But there is the slight possibility that some senior worker quits and then a promotion is maybe possible. (B-2)*

> *The basic wage never changes. But this year the long-term care remuneration was raised. Some pay raise exists with the accumulation of working experience. The part-time home helpers become contracted (standard employees) home helpers. Then the promotion goes from full-time home helper to care leader. Next comes the level of consultant specialist, but I do not want to become one, because the consultant specialists have to remain after five and that is impossible for my schedule. (B-3*

**Working Hours**

The total hours spent working

In the case of standard workers the working time is 8 to 9 hours a day, but depending on the circumstances the working hours can be extended to anything from 11 to 14. In this last case overtime allowances are paid.

Time spent in other activities besides long-term care

Several interviewees found that the time not directly dedicated to long-term care was exceedingly long.

> *At the beginning of the month I get very busy by drafting and then identifying a report of the services rendered that we have to submit. □B-1□*
> *In my case, it takes a lot of travel time to move from one house of a long-term care recipient to another. When I have many, I can accumulate up to 7 or 8 hours just in transportation □B-4□*
> *32 hours weekly. 10 hours dedicated to the care leader job and more or less 20 hours of the home helper job. The remaining two hours are recording time. □B-5□*

**The difficulty of obtaining the paid holidays**
Although all the interviewees said that a paid holiday system was in place, most acknowledged that it was almost impossible to make use of it.

> *In theory we have 10 paid holidays every half a year, but since my supervisors do not take paid vacations, I cannot take them. □B-1□*

> *There are paid holidays, but I cannot take them all as my boss doesn't take it. When I saw my pay slip of October, I found out that I had 24.5 paid holidays left □B-2□*

> *We do have paid holidays, but it is complicated. Something like six or seven days a year. I have not made use of them yet, so they remain unused. I do not know if I can accumulate them. □B-4□*

**Labour Union and Complaint Solving**

None of the care workers we interviewed belonged to a labour union. Some indicated that there was no specific union or in the case it existed, it was not functional. There are no systematized complaint departments or inquiry counters, or in the rare case their existence was mentioned, they were not operational, so most of the interviewees indicated that in general they consulted their superiors.

> *Since my company is so small, we do not have an inquiry counter which helps us solve our complaints. We can just talk a little with the head of the department, and that is all. Even if I could complain, there is not much that can be done, given the circumstances, so I let it go □B-1□*

> *Since we work for the prefecture (province), we have a complaint department for care workers. But, if I want to gain some extra travel allowance, I prefer to talk with the administrator directly □B-2□*

> *I talk straight to a consultant or the chief □B-3□*

> *There is an outlet to complain by telephone, but other than that we do not have a complaint department or an inquiry desk. As for me, I have never used the telephone service □B-4□*

### 2.2.3 Job awareness and job experiences

**Job Challenges**

□Appreciation, gratitude

The home helpers considered the words of appreciation and gratitude from care users and family members to be a reward for their work. All the interviewees frankly expressed their pleasure when thanked by the care recipients for the carer's physical burden.

> *The care recipients wait for me, and are delighted by what I do for them, and the grateful words they tell me directly make me feel happy about doing this job. (B-2□*

> *I think it is good that the care recipient tells me "thank you" when I provide them with physical care or when I make them feel happy. This is not common in professions other than care work and medical services. Here I can know what the care recipient inner feelings are and it is a very good thing to be given direct appreciating words. (B-4□*

□Improvement of care recipients' conditions

The improvement of the physical conditions and life of the care recipients is also connected with the home helpers' professional reward.

> *I feel a great reward when the care recipient becomes able to do something that he or she was unable to do before the home helper started the home-visit long-term care. For example, when bedridden people can sit up on the bed, people without appetite start to eat and feel energetic again. All these improvements in the life of the care recipient take place from the start of the home helper care (B-3□*

> *I feel rewarded by this job when the "one at a time", "one by one" objectives I have for a given care recipient are fulfilled, when I see where we have made it to, when, as a team, we reach the objectives of the plan we mapped out. I feel happy, but on the other hand, I feel the challenges of the profession when things do not turn out as expected (B-5 □*

□Life experience

Several answers indicated the interviewee's personal happiness in relation to being in contact with the elderly.

> *Since most care recipients are elderly they have a very rich life experience, this allowed me to learn many new things they know. Therefore there are many more things other than money that can be obtained in this job, I think □B-1□*

**Job-related stress and difficulties**

□Stress arising from the relation with care recipients

Stress arises not only from physical demands but also from the difficulties with care recipients who suffer from mental or cognitive disorders, and also from coping with the negative feelings of the recipients.

> *Although the care recipients have mental or cognitive disorders, since I am a blood-and-flesh human being too, when I am told terrible things by them like "stupid", "die", "do not come anymore" and the like, I feel very bad, until I realize they are ill and that they do not have bad intentions, but I cannot avoid to get a lot of stress the moment I am told these things (B-3□*

*It is very hard to visit long-term care recipients with whom I cannot communicate. In the case of recipients who have mental disorders, they have peaks and valleys in their mood, and even if the family members are present during the home-visit, there is nothing that can be improved then and there; of course there are different situations, but for me going to the homes of this type of care recipients is very tiring (B-4*

*To hear from a care recipient all the time that he or she wants to die, or to listen to his or her negative feelings every day, which I would like to cope with, is very tiring (B-1*

The fluctuating recognition of care labour

We could observe that there is a situation of anxiety and distress in relation to the recognition awarded to the "home helper" profession.

*As a matter of fact, home helpers have a different sense of job responsibility and value, but we are expected to have the same job responsibility and sense of value, which put heavy mental burden to us. B-2*

*Finally, these days I got everyone to understand that I am a home helper, because in the beginning care recipients thought I was like a maid whom they could ask to do anything, and they made very rude comments when I was not able to do things outside the scope of the care (B-3*

The job burden

*Now, I am the only standard employee, all the other 6 staff are non-standard employees. This means that all the clerical jobs fall on my shoulders, and I would like that one more person becomes a standard employee to share the burden, but it seems to be rather difficult B-2*

*This job is terribly demanding and I cannot get time off, and indeed when there is a lot of work to do I even have to surrender my private time. Since I am in charge and therefore held responsible my cellular phone works 24 hours to receive calls from the care recipients. They call me wherever I might be, any day so I cannot get away from the job B-2*

**Cooperation and coordination with other institutions**

Depending on the labour affiliation, standard/non-standard status, etc., the cooperation and/or coordination with other institutions varies greatly. However, since the home helper job is of an individualistic nature (the home helper goes alone to the care recipient house, and provides the care alone), the moments shared with other care workers are inevitably rare and short. This makes cooperation and/or coordination with other professionals or institutions difficult. The situation is thus markedly different from that of facility staff which has to interact within the care facility with workers in other institutions.

☐Difficulties of cooperation and coordination

*The coordination with other care workers is difficult, because our time schedules are very different. I would like them to allow me to meet the care recipient once they are done with them so that we could exchange information on the care recipient, but since there are not enough workers anywhere, the other care workers cannot think this far. It is true that we communicate through a contact note; it is quite difficult to meet personally. (B--1*

*I do not have direct relation with the care manager. Just sporadically, if a doctor or nurse visit the care recipient at home and I happen to meet them, I may talk briefly about the care recipient's condition □B-4□*

☐Good cooperation

*I work in cooperation with a multimodal facility, with which it is relatively easy to cooperate and coordinate. They also provide short stays and day services, and there is a care manager there. I am also part of a committee within the general structure of this corporation.□B-2□*

*Where I go to give care I very often happen to meet a professional home-visit nurse……I was taught by this home-visit nurse how to put a pyjama on the care recipient. I learned a lot from this nurse, which I plan to use in my next task. □B-5□*

**Job easiness and/or difficulty according to the gender**

Problems regarding the gender relation with the long-term care recipients do happen. Also, as we saw previously in the case of facility care workers, male care recipients may have sexual harassing attitudes. However, since these care recipients are under the jurisdiction of the care facility, the harassment is not so pronounced. During our interviews with home helpers, who work alone and at the recipient's home, harassment was a bigger issue.

☐In relation with users of opposite sex

*Two other staff members have been sexually harassed by certain long-term care recipients, so I am thinking not to go there even if I am asked to □B-2□*

*What bothers me most are the sexual harassers. There are some such long-term care recipients I look after. There are not many full-fledged sexual harassers. (B-3□*

☐Male home helpers

*Many care recipients do not tell me many things since I am male and rather old, they are hesitant to ask me to do certain works. □B-4□*

*When bathing a physically disabled care recipient I do this with another care worker. It is physically very demanding to do it alone. When the other care worker is a man, I feel quite reassured; I think that for physical work the presence of male care workers if fundamental, women cannot do it alone □B-5□*

☐Female home helpers

*Since I am a woman, I can give care in a way that only women can do □B-2□*

*Being a woman helps a lot to talk and understand what other female care recipients feel. We can talk about housewife and children matters and therefore there are many points of understanding□B-3□*

*The home helper world is, in a way, a woman's world, given the fact that there are so many female home helpers, it is kind of difficult (for men) to do this job □B-4□*

### 2.2.4 Care for care workers

All the interviewees indicated that they felt some kind of bodily or physical burden due to their occupation. However, it is not possible to say that the care system deals with this in any substantial way. Even if there are inquiry counters or counselling services, in practice each home helper consults other colleagues. Regarding the improvement of private time and other such matters, home helpers cope with this at the individual level.

**Stress elimination techniques**

□Outside of the workplace

*Meeting with friends, having a meal together helps reduce the stress or, as I like to move, doing sports (tennis, walking) also helps me reduce the stress. □B-1□*

*Listening to music, relaxing, resting, in any case. And then, meet and have fun with friends, trying to go to any site different from the work place in order to get away from the stress. □B-2□*

□At the workplace

Home helpers try to solve their occupational stress by exchanging their experiences with colleagues.

*There are several people I can consult within my workplace, colleagues and seniors*

*We consult among the home helpers, particularly when two or more home helpers look after the same people, then we usually exchange information about them □B-3□*

*Of course we hold home helper meetings and, now, in our association we are creating a support team. There we have the possibility to talk about our experiences; the system has been somehow established so that when, for example, I present the outline of a home-visit card, and/or the monthly tally, etc. Or any other time when there is a chance, we ask one another if there were any problems, what the activities from now on will be, and so on. □B-5□*

**Family support**

For many interviewees family support was essential in order to continue working in the home-visit long-term care field, especially when it came to household chores.

*I am working strenuously, so my family situation is changing. My husband, who used to have hard words towards me has become soft-spoken, my children are more cooperative than in the past, and whenever I feel like quitting this job, they tell me that at this age I will not get a new job □B-5□*

*I do not have a clearly marked division of house chores in my family, but my husband takes care of the futon (quilted Japanese-style mattresses laid out on the floor), I cook dinner and my daughter puts the house in order, tiding up and cleaning the bath tub, among other things. □B-3□*

## Childcare Workers

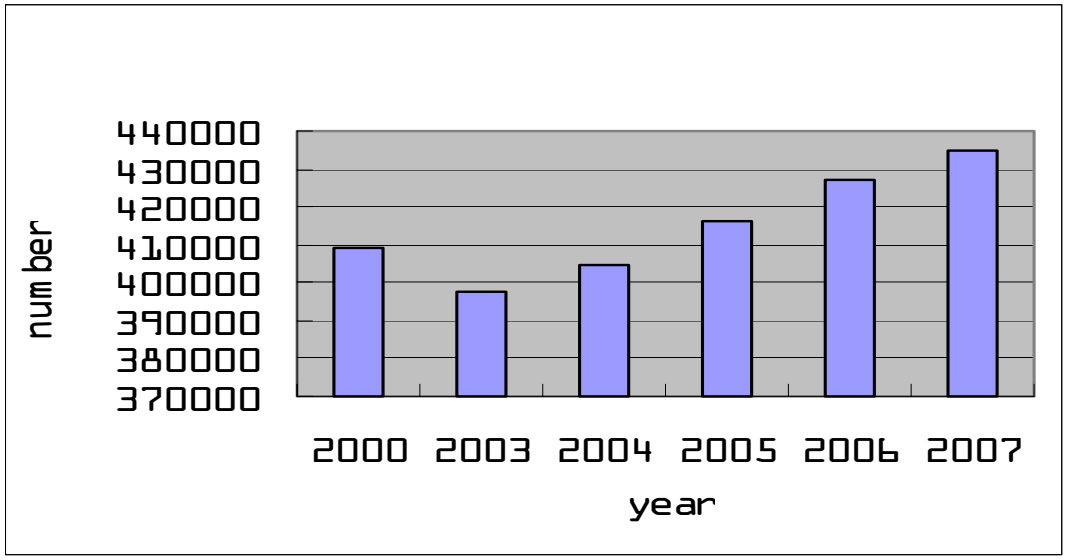
In the following, we will provide a brief overview of the working conditions of child care workers in Japan, including workers at day-care centres as well as kindergarten teachers. We

distinguish between employees with standard contracts and those with temporary contracts. Employees with standard contracts are mostly full-time workers whereas employees with temporary contracts are mostly part-time workers. The reason for this differentiation is that part-time workers are not eligible for social insurance through their employers in Japan.

## *1. Childcare workers at day-care centres*

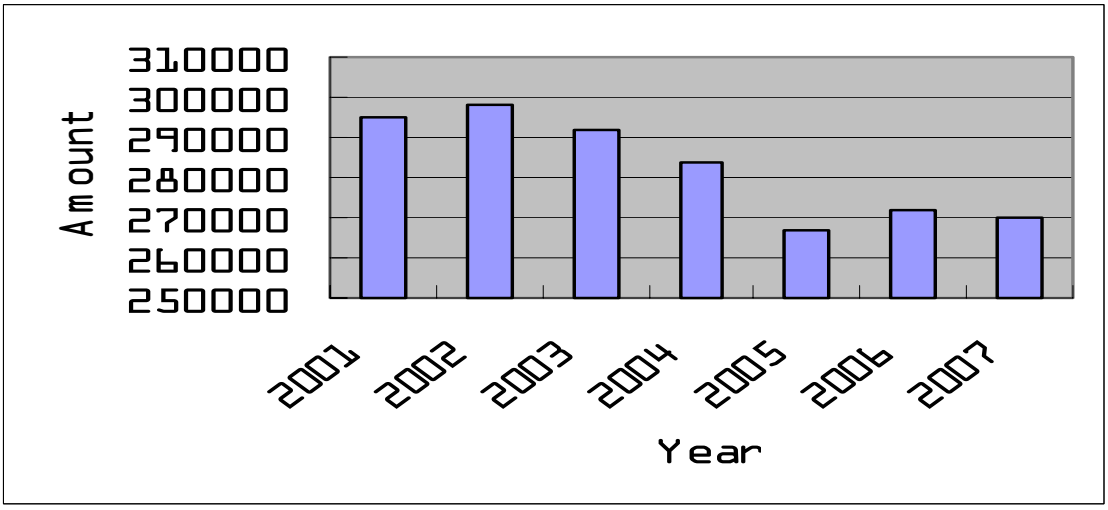
The number of day-care workers has increased since 2004. According to the 2008 survey of the Childcare Workers' Council (*Zenkokuhoikukyougikai*), most childcare workers are female. Only 1.9% of childcare workers are male and in more than half of the day-care centres there are no male childcare workers at all. The monthly salary of a day-care worker is 27,000 Yen and has been decreasing over the past couple of years. The average number of monthly working hours is 175. The average age of child care workers is 32 and they usually continue to work for 7 to 8 years. 30% of the child care workers take a paid vacation from 3 days to 6 days throughout the year. Only 23% of the child care workers take more than 10 days per year.

**Figure 1 Number of child care workers at day-care centres, 2000-2007**




Source: Ministry of Health, Labour and Welfare

**Figure 2 Monthly salaries of child care workers at day-care centres, 2001-2007**




Source: Ministry of Health, Labour and Welfare

Due to the economic situation of local governments in Japan, licensed public day-care centres are increasingly confided to private organizations. These kinds of confided public day-care centres are trying to cut costs by hiring part-time workers. Therefore the percentage of part-time workers is higher than one of private day-care centres.

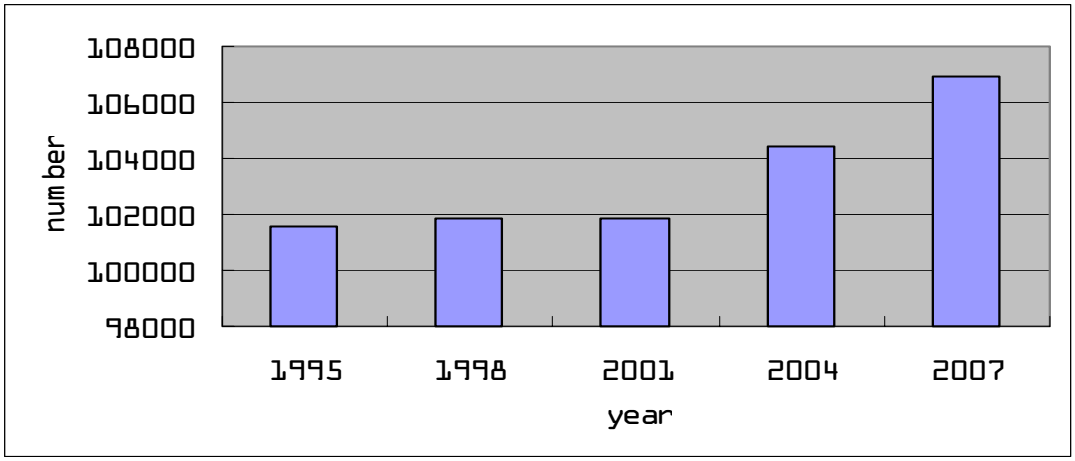
According to a survey by the nursery council covering 11,605 day-care centres, there are 3.6 part-time workers out of 14.3 workers in total. More than 70 % of these day-care centres are hiring part-time workers. The new childcare workers sometimes accept to be employed on temporary contracts, because they are promised full-time status after working a few years.

Most of these day-care centres do raise the salary of full-time childcare workers as a reward for long service. This system does not apply to part-time workers. For example, using the hourly salary of a 30 year-old full-time nurse as a reference, we find that in public day-care centres the salary of a full-time childcare worker aged 45 or more is 1.61 times the reference salary. The salary of a part-time childcare worker, on the other hand, is 0.96 times the reference salary irrespective of age. In private day-care centres, the salary of full-time childcare workers aged 45 or more is 1.46 times the reference salary, while the part-time worker's salary is 0.94 times the reference salary.

## *2. Kindergartens teachers*

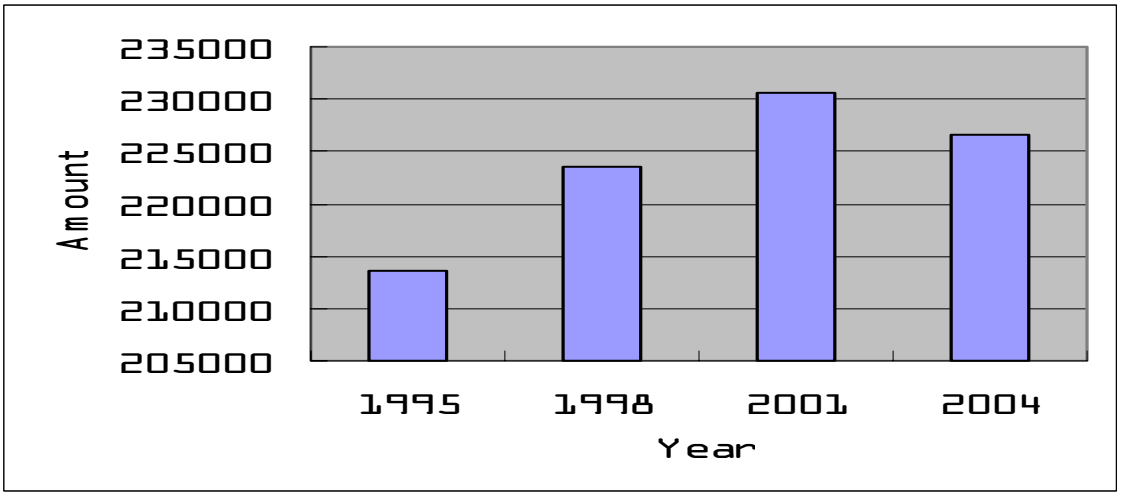
The number of teachers at kindergartens has been increasing since 1995. Again most teachers are female. In 2007, male teachers comprised 7 % of the total number of teachers. The average salary is 227,000 Yen and they usually continue to work for 10 years in all.

**Figure 3 Number of teachers at kindergartens, 1995-2007**




Source: Ministry of Culture, Sports, Science and Technology

**Figure 4 Salary of teachers at kindergartens, 1995-2004**




Source: Ministry of Culture, Sports, Science and Technology

## *3. Qualitative findings: Interviews and observations*

As pointed out earlier, kindergarten teachers and by childcare nurses at day-care centres are usually treated differently, but for the matter we are discussing we have put them together under the heading of childcare workers.

### 3.1 Personal information

**Table 19 Child Care Workers: Gender, age, occupational experience, academic background, marital status and children**

| | D-1 | D-2 | D-3 | D-4 | D-5 |
|---|---|---|---|---|---|
| Working Place | Kindergarten (Public) | | Kindergarten□Social Welfare Corporation□ | | |
| Gender | Female | Female | Female | Female | Female |
| Age | 46 years-old | In her mid 40s | 25 years-old | 44 years-old | 54 years-old |
| Occupational Experience | 26 years | Almost 25 years | 3 years | 15 years Left her occupation after marriage | 31 years |
| Academic Background | Junior College | Junior College | University | Junior College | Junior College |
| Qualifications | Preschool Teacher Child Care Nurse | Preschool Teacher Child Care Nurse Elementary School Teacher (Type 2) | Preschool Teacher Child Care Nurse | Preschool Teacher Child Care Nurse | |
| Marital Status | Married | Married | Single | Married | Married |
| Children | 2 | 2 | 0 | 2 | 2 |

One characteristic of kindergarten teachers and childcare nurses is their long duration of their job which, in some cases like D-4, they return to after they have quit, for example, due to marriage. It is a profession that is easy to return to in case of job quitting. Not counting the young people we can also see that most childcare workers are mature women married with

children; we can conclude therefore that this is a profession which is relatively easy for women to continue working in even after career breaks.

Kindergarten teachers and child care nursery workers are controlled by different ministries. Interestingly, most childcare workers have *both* degree qualifications, that is to say, kindergarten teacher and childcare nurse. Although from the point of view of governmental administration these qualifications differ, we can make the conjecture that from the perspective of the job itself or as a professional identity of child care workers these two qualifications are not so different in the practice.

**Motives for choosing this job**
All interviewees answered that the reason for choosing the present job was "that they admired this job since they were children, being their dream". This is characteristic for this type of care work. Another reason often cited was simply that they "loved children." Most of the answers indicated that the interviewees were interested in this job since elementary school.

**Future prospects**
Most interviewees wanted to "continue working in this field" in the future, being the main reasons that they "liked this job" and that childcare work "was a rewarding job". But, they also included mostly the clause "if possible." When asked why "if possible", they answered that the continuity in the job depended, for example, on whether "my parents' health deteriorates" or "because of child-rearing" which might show the general concern of female workers in Japan.

On the other hand, "since this is a public servant job, I would like to continue", "my children need money to go to college or university" were also given as reasons.

## 3.2 Working conditions

**Table 20 Childcare workers: Wages, working hours, contract modality, social security, paid holidays, labour union membership**

| | D-1 | D-2 | D-3 | D-4 | D-5 |
|---|---|---|---|---|---|
| Wage (amount in JPY) | 300,000 | 300,000 | 140,000 | (Hourly) 1100 | 240,000 |
| Working Hours | 8:30-17:30 | 8:30-17:30 | 8:15-17:00 | 8:15-17:00 | 8:15-17:00 |
| Contract Modality | Permanent Employee | Permanent Employee | Permanent Employee | Non- Permanent Employee | Permanent Employee |
| Social Security | Yes | Yes | Yes | Yes | Yes |
| Paid Holidays | Yes□40 days a year | Yes□40 days a year | Not specified | Yes□10 days a year | □ |
| Labour Union Membership | No | No | No | No | No |

**Wages**
There were differences regarding promotions and pay raises depending on whether the interviewee was kindergarten teacher of childcare nurse. Interviewees working at a public kindergarten were treated as public servants whose promotion and pay raise system is regulated by the local public servant regime. That is to say that in order to get a promotion, the interested party must pass certain examinations and thus move up the scale and gets a pay

raise according to the status. In contrast, the promotion and pay raises of childcare nursery workers in private nurseries controlled by welfare corporations were regulated by their contracts, which varied from one welfare corporation to another.
In all cases, there were pay raises every year so we did not find any dissatisfaction with wages. The amounts indicated in the table refer to salary alone, but in all cases the childcare workers we interviewed received extra allowances, which led to improvements in their salaries (for example, in the case of D-1, her salary rounds up to 400,000; in the case of D-3 it was around 170,000). Hence, we did not perceive that incomes for working women of the same age were particularly low.

**Working hours**
The working hours are indicated in Table 20, but these are theoretical hours which in fact are always exceeded. Most interviewees explicitly said that the indicated working hours refer to contractual hours only, but that there are many other tasks, like class preparation time. In most cases they had to arrive 30 minutes earlier than indicated just to leave everything ready for the beginning of the work day.
Furthermore, with the exception of D-4 whose wage payment modality was hourly, all child careworkers interviewed indicated that they never finish within the indicated time frame which, in turn, points to the fact they take much of the work home (mostly married childcare workers) or do overtime (unmarried childcare workers only). These tasks were carried out on an everyday basis. Indeed, the answer "there is hardly any day I go home early and I do not do overtime" was common. Among the tasks the interviewees carried out either at home or as overtime at the facility were preparing for the next day lesson, making decorations, devising educational material, etc.

**Social Security**
All interviewees were inscribed in social security, which differed according to where they worked; in the case of public kindergartens the social security was that of public servants, whereas in the case of private nurseries, social security was that of common company employees.

**Paid Holidays**
In all cases, a paid holiday system was in place. However, similar to the case of elderly care workers the possibilities for making use of it were limited. The difference between permanent and non-permanent employees was striking. Permanent employees indicated that the only paid holidays they enjoyed were "just due to sickness". The situation of D-4, the only non-permanent employee of the group, was different. She mentioned she "was able to enjoy all the paid holidays without problems" and "freely go to events" as she pleased.
Concretely, of the 40 paid holidays available to D-1, she indicated to have used only 4.5. As for D-3, she said "since I virtually do not take paid holidays, I do not know certainly". When asked what they used the holidays for, most of the answers were "because of sickness", although one answer also pointed to "my children's school affairs", which was taken not as a full day but as a half-holiday. Also, in cases where the interviewee could not go to work due to influenza contagion, it was counted as paid holiday time.
As for the reasons the childcare workers did not enjoy the paid holidays, they mentioned in generally that "there is no teacher substitute in the case I take a paid holiday", pointing to the lack of human resources.

**Labour union and complaint treatment**

The interviewees replied that they did not belong to a labour union because it either did not exist or because they did not want to participate. In relation to complaint treatment, there were not outlets that canalize childcare workers' complaints. It has become customary that whenever an actual problem arises in either the kindergarten or, particularly, in a child nursery, childcare workers first consult with and inform their superiors, and then if no treatment is offered, they present their complaint to the Board of Education.
Also, regarding consultations, replies pointed out that child care workers rely mostly on their superiors for advice, and/or on senior childcare workers in the same institution. Although the replies varied, a cooperative atmosphere or mood seemed to prevail.
However, with regards to queries related to workplace complaints (for example employment or working conditions) of the interviewees themselves, there were no particular answers.

## 3.3 Job awareness and job experience

**Job Challenges and Rewards**
About the professional rewards mentioned mostly was the "seeing the children grow (to adulthood)". Also the work was described as "everyday different, fresh" as an example of job challenge.

**How to cope with the job-related stress**
The most important reason for stress was "the relationship with parents". Many misunderstandings seemed to arise from the communication between childcare workers and parents, for example, when explaining an accident at the kindergarten or nursery school, or when explaining the ways in which the childcare workers relate to the children.
In addition, interviewees pointed to the heavy load of other activities and tasks; this was particularly the case of public kindergartens, where the childcare workers had to elaborate material for training sessions (for example about social integration education), prepare result reports on educational curriculum, and conduct exchange activities with other kindergartens in the city or town. All of this was mentioned as a source of stress because the care workers felt they could not pay enough attention to the children due to these additional tasks.
Furthermore, when preparing educational material or when relating to the infants, a concern over "what is best for the children" was indicated as a source of stress by some interviewees.

**Cooperation and coordination with other institutions**
In relation to the cooperation and coordination with other institutions or professionals, we could observe a big divide in the answers depending on whether the interviewees worked at public (state) kindergartens or private child nursery schools (welfare corporations). The former are part of the public administration, having institutional, job-related links of cooperation and coordination with other educational institutions (from elementary schools to universities) as well as the Board of Education, which consisted mainly of formal gatherings of staff members (professional training workshop). In the case of private kindergartens and child nursery schools, cooperation and coordination with other institutions and professionals was said to be "negligible".
Regarding children with special needs, there is cooperation and exchange with rehabilitation centres, other nursery schools, child consultation centres and related institutions, but this was acknowledged differently by the public kindergarten child care workers who indicated this to be "job-related coordination" and by the private nursery school and kindergarten child care workers who referred this as "something that sometimes happen".

**Easiness or difficulty of childcare work by gender**

In relation to the gender differences in the child care world, some replies coincided with those of the elderly care workers we had interviewed, that is to say, that physically demanding actions were best performed by men, and delicate and/or complicated or continuously demanding tasks by women. However, given the fact that there are almost no male kindergarten or child nursing professionals, the opinions tended to affirm that "it would be nice if there were male childcare workers". Also, regarding the childcare itself, "it is easier for women to do this job because of our instinctive maternal heart, and therefore it is also easier for children to come close to us". In relation to the parents and/or guardians (usually mothers who take care of children at home), childcare workers found that "for them to interact with us becomes easier because we are all women, we are all mothers". However, "presence of a man (in the class or nursing room) is stimulant for the children".
Since there are so few male child care givers, the image of "men" in the child care work is rather poor or limited, and henceforward it is regarded matter-of-factly as feminine work; on the contrary, "being a woman" was not considered to be a problem in childcare at all by all the interviewees.

**What is necessary to offer better childcare services**
All the replies varied in the wording, for example "to understand children", "to see each individual kid's needs", "to pay attention to every single child", but they all emphasized the same need to give the best nursing care for "each individual child".
The importance of understanding each individual child was also common, not because it was best for the child care worker, for the nursing facility or for the child guardian, but because it was perceived to be in the best interest of the child. It also was mentioned as important for the childcare worker-child relationship to have a "trusting relationship" and "physical contact"
In all, the interviewees coincided in what was deemed necessary to attend to each child's needs, but they did not mention in any case the recurrent social concern about the need to fund childcare facilities or provide child-rearing support for parents and other related problems.

## 3.4 Support for workers

**Cooperation and understanding from the family**
Previously we indicated that job continuity among childcare workers was long not only because it is relatively easy for women to continue working in this field, but also because of the cooperation and understanding of the families of these workers. All the married women indicated "the cooperation of parents or in-laws helping with children rising" and the "husband's understanding". When their children were particularly small, they were reared with other children in the nursery, but when they grew too old to be in the nursery, in all the cases, the mother of the care worker took care of the children.
At this point, 3 out of the 4 married women lived with their parents, the other one was living very close to her mother's house, and the interviewees recognized the important cooperation of their parents in case of sudden illness and in housekeeping.

## 3.4 About the childcare service system

We did not obtain in this interview any opinions or hints on how the service could be improved. Some of the interviewees pointed out that "*the childcare working hours have become longer*", "*we had started the childcare of toddling babies aged three not only in the childcare centre but also in the kindergarten*", etc. We could find the recognition that the reorganization process is taking place according to the "zeitgeist." Also, in its foundation, lies

the fact that there is a change of roles as demanded by the different times.
We could observe that both “temporary nursing” and “night nursing” were perceived rather negatively. Care workers’ opinions were that although this was necessary for the parents, it was not good for the children.
Now, there were also an opinions pointing to the introduction of different initiatives like it happens in other countries, more from the perspective of the care tasks than of the child care service system. This opinion might have to do something with the fact that the interviewee was a staff of a public kindergarten.

# References


Hiraoka, Koichi □2006□ *The marketization and the public essence of social welfare –based on long-term care services* [Fukushikenkyu (Social Welfare Research Magazine) number 96, published by the Tetsudo Kosaikai (Railway Benefit Association)]□

Care Work Foundation□2001□ *Research report on improving the working environment of care workers*□

Care Work Foundation□2004□ *Care workers awareness and actual situation 2004 report*

Care Work Foundation□2008□ *2008 version of the current state of care workers, I - status of care workers in long-term care service providers*

Ministry of Health, Labour and Welfare□2007a□ *Overview of the 2006 National Livelihood Survey*
http://www.mhlw.go.jp/toukei/saikin/hw/k-tyosa/k-tyosa06/index.html

Ministry of Health, Labour and Welfare□2007b□ *Monthly Report on the Actual Conditions of the Long-term Care Benefits Expenses of March, 2007*
http://www.mhlw.go.jp/toukei/saikin/hw/kaigo/kyufu/2007/03.html

Ministry of Health, Labour and Welfare□2007c□ *Overview of the long-term care services facilities and service providers survey results*
http://www.mhlw.go.jp/toukei/list/24-18-2.html

Ministry of Health, Labour and Welfare□2007d□ *Monthly Labour Statistical survey – Data report for September, 2007*
http://www.mhlw.go.jp/toukei/itiran/roudou/monthly/19/1909r/mk1909r.html

Ministry of Health, Labour and Welfare□2007e□ *Wage structure basic statistical survey*
http://wwwdbtk.mhlw.go.jp/toukei/kouhyo/indexk-roudou.html#rou4

Ministry of Health, Labour and Welfare□2007f□*Employment Survey: Time table series*
http://wwwdbtk.mhlw.go.jp/toukei/kouhyo/indexkr_14_1.html

Ministry of Health, Labour and Welfare□2008□ *Report on the State of the Long-term care Services* (yearly report of 2006)
http://www.mhlw.go.jp/topics/kaigo/osirase/jigyo/06/index.html

Statistics Bureau of the Ministry of Internal Affairs and Communication□2006□*2005 National Census* http://www.stat.go.jp/data/kokusei/2005/index.htm