

Migration of Indonesian Care Workers under the Japan-Indonesia Economic Partnership Agreement: From the Qualitative and Quantitative Surveys in Japanese Care Facilities

Reiko OGAWA

Associate Professor, Asia Center, Kyushu University

Abstract: With the conclusion of the Japan-Philippines Economic Partnership Agreement (2006) and the Japan-Indonesia Economic Partnership Agreement (2007), nurse and care worker candidates from Indonesia and the Philippines have started to work at hospitals and long term care facilities in Japan. This is the first time that foreign nurses and care workers from abroad have been employed in clinical and welfare settings in Japan in a large scale according to the bilateral agreements.

This article aims to provide empirical analysis and discussion on globalization of care work that is currently emerging in Japan. Firstly, it examines the international movement of foreign nurses and care workers under the EPA within the context of immigration policy of Japan in the era of declining birthrates and aging society. Secondly, it elucidates the current situation regarding acceptance based on qualitative and quantitative surveys conducted at care facilities in 2009 that have accepted Indonesian care worker candidates. Finally it illustrates assistance measures for local governments regarding the incorporation of foreign workers into the hospitals and care facilities.

Compared to the previous acceptance of foreign workers in Japan, acceptance via the EPA entails commitment by the governments of both sending and receiving countries, provides Japanese-language education, and continuous assistance on the side of accepting facilities. Migration of nurses and care workers via EPA becomes a litmus test in shaping future immigration, labor, and social security policies in Japan.

Keywords: Economic Partnership Agreement (EPA), Indonesia, Certified Care Worker, and Immigration Policy

1. Introduction

With the conclusion of the Japan-Philippines Economic Partnership Agreement (2006) and the Japan-Indonesia Economic Partnership Agreement (2007), nurse and care worker⁽¹⁾ candidates (hereafter, “candidates⁽²⁾”) from Indonesia and the Philippines have started to work at hospitals and long term care facilities in Japan. The Economic Partnership Agreements (EPA) are for the purpose of facilitating free trade across national borders, and as an aspect thereof, it has been initially determined that a maximum of 400 nurse candidates and 600 care worker candidates per country will be accepted over two years⁽³⁾. Also, it has been conditioned that the candidates have to pass the national exam in Japanese within a certain period of time⁽⁴⁾ and if they cannot pass, they have to return to their own countries.

In August 2008, the first batch of 208 Indonesian candidate nurses and care workers arrived in Japan. After completing the six-month Japanese-language training they have started to work at 47 hospitals and 53 facilities around Japan since the end of January 2009. This article firstly presents an overall discussion on the international movement of foreign nurses and care workers via the EPA within the immigration policy of Japan in the era of

declining birthrates and aging. Secondly it examines the current situation regarding acceptance based on qualitative and quantitative surveys conducted at care facilities that have accepted Indonesian candidate care workers. Finally, this article illustrates the assistance measures for local governments regarding foreign nurses and care workers. It aims to provide empirical analysis and discussion on globalization of care work that is currently emerging in Japan.

2. Immigration policy and the EPA in the era of demographic change

Before the entry of foreign nurses and care workers via the EPA began, only a small number of foreigners were working in clinical and welfare settings in Japan⁽⁵⁾. In the past, there have been initiatives by the private sector to educate the foreign nurses from Vietnam and China, and currently resident foreigners such as Koreans, Filipinas, Chinese and Japanese descendants, etc. are working at hospitals and care facilities. However, this is the first time that Japan has accepted foreign nurses and care workers from abroad in a large scale according to the bilateral governmental agreement. As expected, the acceptance of foreign nurses and care workers via the EPA is intensively being reported in the media compared to previous acceptance of foreigners⁽⁶⁾, and upon participating in open symposiums held at Kyushu University and elsewhere, public interest towards this issue is extremely high⁽⁷⁾. Why is the acceptance of such a small number of foreigners, i.e. up to 2,000 over two years, attracting a higher level of interest than that of approx. 370,000 Japanese descendants (2006) and 50,000~70,000 foreign trainees who arrive annually? Although Japanese descendants as well as trainees have to deal with much more significant issues than care personnel via the EPA regarding employment, health or education of children, the former has not evoked such high social concern.

According to the statistics by the Ministry of Justice, the number of foreign residents in Japan in 2008 was 2,217,426, thus accounting for 1.74% of the total population (Ministry of Justice⁽⁸⁾). Although this has increased by 1.5 compared to a decade ago, Japan is ranked 135th in the proportion of foreigners to the total population among 195 countries all over the world. It has fewer ratio than South Korea's 2.34%, which has a shorter history of accepting foreigners than Japan (UN⁽¹³⁾, South Korean Ministry of Justice⁽¹¹⁾). Compared to many countries in Europe and the United States where migrants encompasses various social sectors, foreigners living in Japan have largely remained invisible mainly engaged in manufacturing, construction, and agricultural industries without establishing much contact with the wider society. Therefore, the issue of foreign citizens has been more of a concern for companies that cannot relocate production sites overseas, and has not been an issue in which the general public is greatly interested. Only for the local governments with a concentration of foreign residents working in the local industry, the employment and livelihood support for foreign citizens has been regarded as an issue that should be dealt with.

Policies regarding the acceptance of immigrants have been recently pushed to the forefront because of drastic changes in demographics, such as declining birthrates and aging that is progressing at an unprecedented speed. The total population in Japan hit a peak in 2004 and shifted toward a population decrease after 2005. Since 1974, the total fertility rate has been consistently below 2.10, which is the rate necessary to maintain the same size of the population. The population aging rate in Japan in 2008 was 21%, and just those aged 75 and over accounted for approximately 10% of the population, 12,700,000. The population aging rate continues to increase every year, and the elderly will account for 25.2%, one out of four people, in 2013, and 33.7%, one out of three people, in 2035 (Cabinet Office⁽³⁾, pp.2-3).

In this regard, the immigration policy is still firmly maintaining the basic principle to "actively accept laborers in specialized and technical fields but respond to acceptance of so-called unskilled laborers in a fully careful manner"⁽⁸⁾. However, in the "3rd Edition of the Basic Plan for Immigration Control" of 2005 takes it a step further by stating that "it is high time that we consider how we accept foreign laborers in the era of decreasing population" (Ministry of Justice⁽⁶⁾, p.95). The third edition of the Basic Plan states the promotion of acceptance of foreigners in specialized and technical field by (1) adjusting the resident status and promote acceptance of foreign laborers depending on changes in socio-economic situations, and (2) consider and implement relaxation of requirements for

permission of permanent residence such as extension of the resident status for particularly capable and highly-skilled human resources. As responses to the depopulating society, it is described that (1) promoting acceptance of foreign laborers in specialized and technical fields remains unchanged, and (2) acceptance of foreign laborers in fields that are not evaluated as specialized and technical is considered by calculating both the positive and negative effects.

The entry of foreign nurses and care workers via the EPA is explained by the ambiguous expression “Foreign workers in professional or technical fields have been openly accepted from the standpoint that they have special knowledge and technical skills and help vitalize Japan’s economy and society. The immigration control administration will vigorously promote acceptance of those foreign workers who are valued in professional or technical fields although failing to meet requirements for existing statuses of residence or landing permission by developing new statuses of residence or landing permission conditions in accordance with changes in the economy and society, while also giving consideration to factors such as the effects on Japan’s industry and public welfare”. The visa status of the candidates is ‘special activities visa’ which is a miscellaneous category and their status remains the same even after they pass the national exam even though it can be extended limitlessly. The nuanced reading of the text suggests that in line with the immigration policy to accept skilled workers, the immigration office keeps the leeway to establish the policy based on the changes in the socio-economic condition and how the public opinion assess the foreign nurses and care workers who are increasingly becoming visible.

In June 2008, the “Federation of Diet Members of the Liberal Democratic Party for Promoting Exchange of Foreign Human Resources” made a proposal aimed at accepting immigrants up to 10% of the total population (approximately 10 million) within 50 years in order to maintain the vitality of the depopulating society, and the business community is also seeking expanded acceptance (Asahi Shimbun¹⁾). However, there are cautious opinions regarding the acceptance of foreign laborers, for example, that domestic employment including women and elderly people should be given first priority, or anticipating the openness and livability of Japanese cities before accepting foreigners (Asahi Shimbun²⁾).

In January 2009, the “Office for the Coordination of Policies on Foreign Residents” was established within the Cabinet Office which makes a shift in perceiving foreigners as ‘temporary sojourners’ to ‘long time residents’. Discussions on acceptance of immigrants including their settlement is growing more active reflecting the demographic change alongside with the globalization which intensifies the movement of information, goods, images and people across national boundaries. The strong public interest towards foreign nurses and care workers under EPA are a reflection of the anxieties triggered by the demographic change.

While the population of productive age is decreasing, the lack of human resources for long term care is especially serious. The turnover rate of care personnel is higher compared to that of other sectors, and although the Ministry of Health, Labor and Welfare (MHLW) has estimated that 400,000 to 600,000 care workers will be needed within the next decade and is currently developing measures, securing that many workers within the timeframe seems nearly impossible (Asahi Shimbun). In addition to distrust of the social security system that was triggered by the pension record problem, the question “who will care for us when we become old” is being increasingly asked in Japanese society, which boasts the world’s longest life expectancy.

Accelerated by globalization, international movement of nurses and care workers is increasing, with the proportion of foreign born nurses in OECD countries being 11% on average, and this trend appears to be continuing (OECD⁹⁾). With the liberalization of movement of people by regional integration in the EU and the establishment of the mutual accreditation system for nursing licenses in ASEAN in the future, international movement of medical and welfare professionals is about to enter a new era. In Japan, in the era of declining birthrates and aging, international movement of foreign nurses and care workers should be positioned at the nexus of immigration, labor and social security policies. However, the entry of nurses and care workers from Southeast Asia into the labor market in Japan via the EPA has taken a completely different contours compared to the tendencies seen in other countries.

First, the EPA is not exactly part of an immigration policy per se to open up the labor market in the field of nursing and care. Nurse and care worker candidates are included in the clause of EPA which intended to facilitate

the movement of people, goods, information and capital across national borders in order to facilitate free trade. The acceptance of foreign nurses and care workers under the Movement of Natural Person is rather a product of a compromise that the entire agreement would have been jeopardized unless a concession was made in acceptance of nurses and care workers in the negotiation with the Philippines (Iguchi⁵⁾). Therefore, although in line with the immigration policy to accept highly skilled labors, it has been underpinned by the logic to promote free trade. However, seen from other countries, it is natural to understand that “since Japan has declining birthrates and aging population, they need human resources for nursing care”, and it is difficult to understand why acceptance of foreign workers is not conceived as part of the immigration policy⁽¹⁰⁾.

Secondly, acceptance under the EPA is not intended to mitigate the shortage of labor in care settings. Compared to the past acceptance of foreign laborers in the manufacturing industry, medical and welfare organizations have held to a strong cautious theory in regard to entry of foreigners into nursing care work, for which language skills and cultural understanding are needed. The Japan Nursing Association (JNA) conditioned that the foreign nurses should 1) pass the national exam in Japanese, 2) acquire enough language skills to be able to provide safe nursing care, 3) be employed at the same or better working condition as the Japanese nurse, and 4) not entitled to mutual accreditation of qualification⁽¹¹⁾. This statement from the JNA largely shaped the policy framework of acceptance under EPA.

Responding to the statement, the MHLW insists on the utilization of qualified Japanese workers from the stance of securing the employment of Japanese citizens. However, due to poor working conditions in care work, only 57% of certified care workers are currently working, and there are no effective measures against the fact that “qualified personnel are not entering the workforce” (Ueno¹²⁾, p.39).

Thirdly, foreign care workers via the EPA are not “cheap labors”. Recruitment fees, travel expenses, and six-month language training expenses are borne by the Japanese government costing approximately 3 million yen⁽¹²⁾ per person. The facilities also paid the initial amount of approx. 600,000 yen per candidate including the matching fees and partial cost for the Japanese language training. Even after the candidates start working in facilities, they have to continue to provide support for the Japanese language study and preparation for the national exam. Aside from these costs, in the EPA, wages and benefits for foreign care workers are conditioned to be either equal to or surpassing those for Japanese workers and are protected under the labor standard law.

Entry of foreign care workers via the EPA does not directly imply the full opening of the domestic care labor market to all foreigners, but together with the immigration policy in the era of declining birthrates, the acceptance of foreign nurses and care workers via the EPA will surely become a litmus test, and may shape the discussions about future immigration, labor, and social security policies in Japan.

3. Quantitative survey at facilities accepting Indonesian candidate care workers

The first batch of nurse and care worker candidates from Indonesia who came to Japan in August 2008 was composed of 104 nurse candidates and 104 care worker candidates. The care worker candidates held an Indonesian nursing license with less than two years of clinical experience. The reason why the care worker candidates all had nursing education was because long term care work is not established as a profession in Indonesia so it was not possible to recruit people from the same background⁽¹³⁾. The profession of long term care has a shorter history compared to nursing and although long term care has been undertaken by paid labor in many developed countries, the professionalism and credentials of care workers have been established according to each specific social context. In Japan, the term “long term care (kaigo)” was included in the Japanese language dictionary⁽¹⁴⁾ in 1983, and “certified care worker (kaigo fukushishi)” became a national certificate in 1987.

For the matching between candidates and facilities, the National Board for the Placement and Protection of Indonesian Overseas Workers (NBPPIW) and Japan International Corporation of Welfare Services (JICWELS) matched applicants to accepting facilities. After the candidates came to Japan, the Association for Overseas

Technical Scholarship (AOTS) and the Japan Foundation (JF) provided Japanese-language education for six months, and candidates started to work at care facilities in late January 2009.

3. 1 Overview of the Survey

The Kyushu University research team designed a questionnaire for the purpose of collecting opinions about various issues related to acceptance from care facilities that decided to accept Indonesian candidate care workers via the EPA. The questionnaire was sent to 53 accepting facilities throughout Japan in early January 2009, and answers were received from 20 facilities (response rate of 37.7%). The period in early January 2009 was just before the Indonesian candidates were placed in care facilities.

3. 2 Survey results

15 (75%) of the survey respondents were special nursing homes for the elderly and 5 (25%) were geriatric healthcare facilities for the elderly. The number of facility residents was 50-270 and 30% of the facilities answered that they have employed foreign staffs and the nationalities included China, South Korea, the Philippines, Indonesia, Brazil, Thailand and Germany.

According to Figure 1, facilities accepting candidates have generally critical opinions about the current situation in long term care settings.

In Figure 2, it should be noted that “shortage of care workforce” is not necessarily the top reason for acceptance. The accepting facilities financially bear approximately 600,000 yen per candidate, and must provide Japanese-language education and training for the national exam preparation after the candidates are placed at the facilities. Furthermore, while paying the candidates a salary equivalent to that of Japanese workers, the facilities cannot count them in the staff ratio. Namely, facilities that already have a shortage of care workforce have neither human resources nor financial resources, so it was not possible for them to accept Indonesian candidates. Therefore, we can conclude that Indonesian candidates are accepted for the purpose of “revitalization” and “internationalization” of the workplace in preparation for the future rather than as workers who can immediately perform to mitigate the shortage of labor. As can be seen from attributes of the care facilities, it can be said that the facilities that ac-

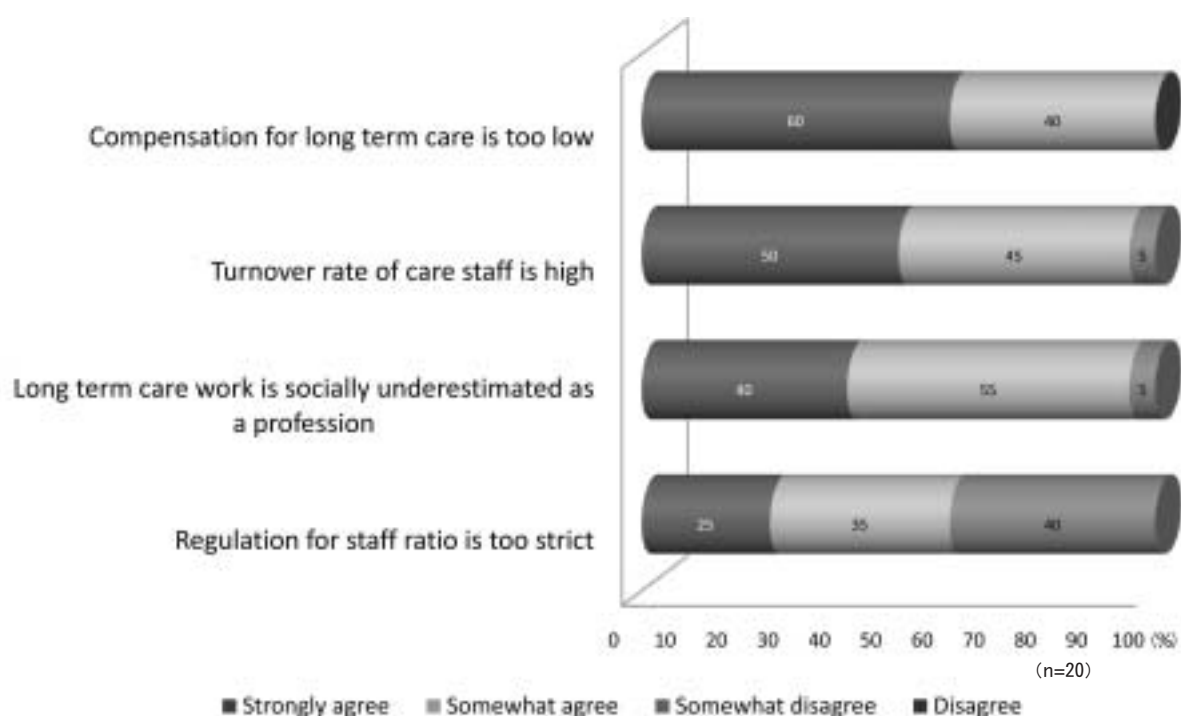


Figure 1 Recognition of the current situation with respect to long term care by the facilities accepting Indonesian candidates

cepted candidates in the first batch are “elite facilities” that are large in scale and have ample financial and human resources.

After the candidates start to work at the facilities, the facilities must provide both Japanese-language education and preparation for the national exam. However, there is no financial backing for these requirements and the expenses for attending Japanese-language school or school for long term care are borne by the facilities. Moreover, because the care facilities are often located in remote areas far from city centers, it may not be practical for the candidates to go to school after work. This is the reason that “tutoring by a Japanese certified care worker in the facility” among the answers in Figure 3 accounts for a remarkably high proportion. Actually, in many facilities, a

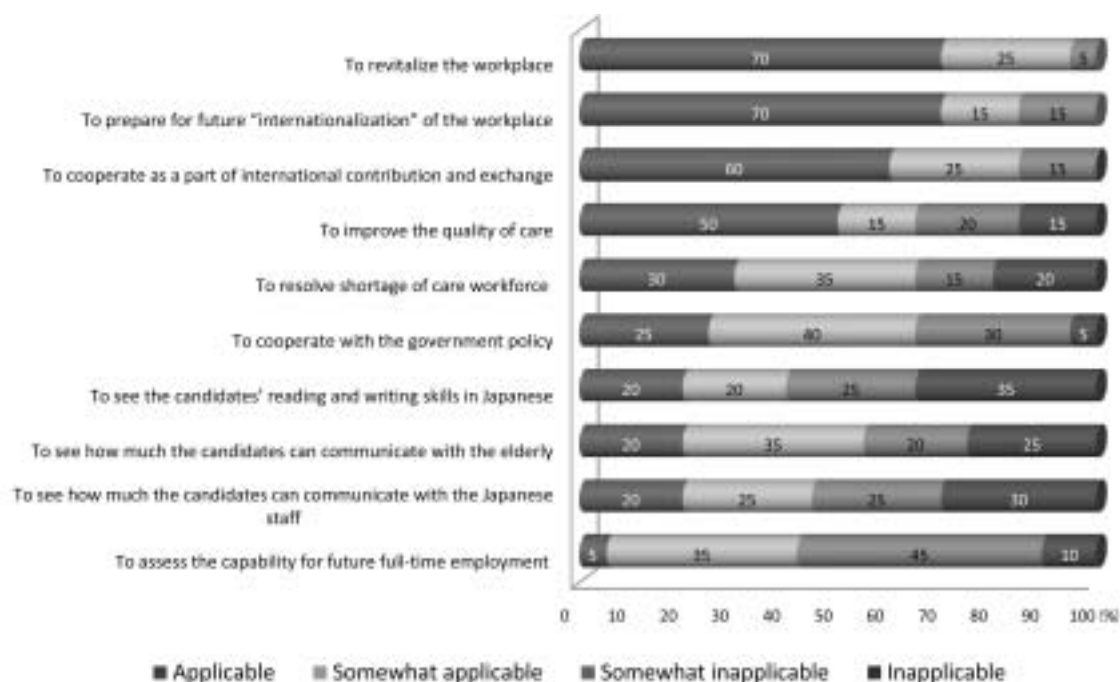


Figure 2 Motives for accepting foreign care worker candidates

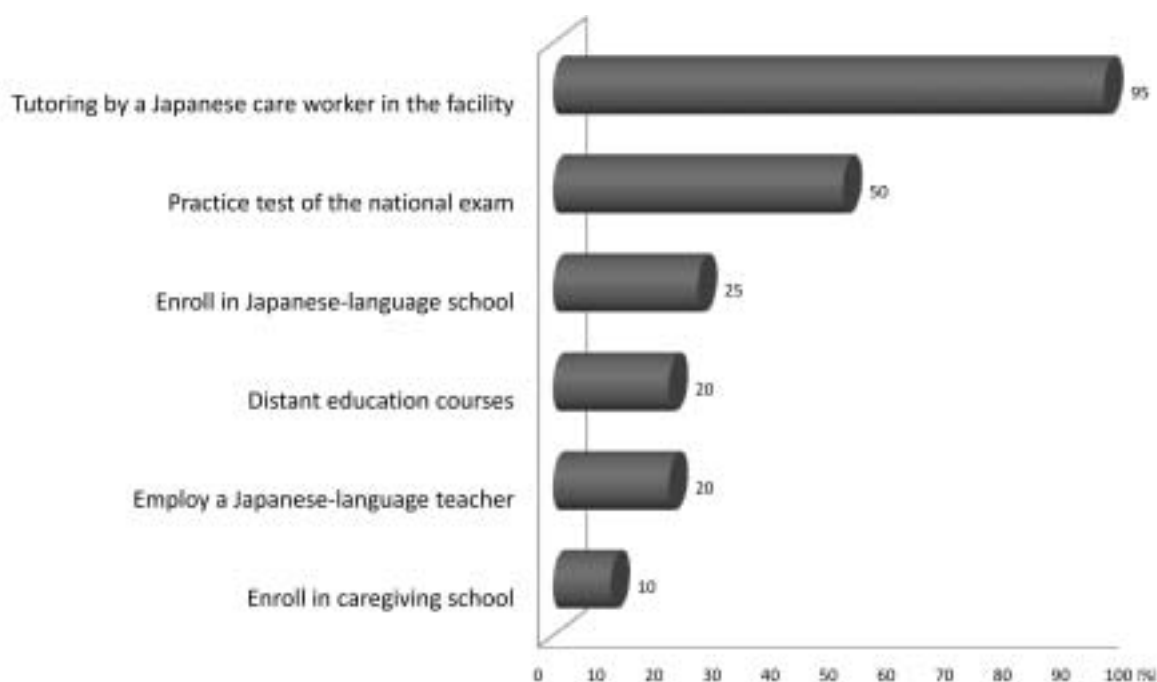


Figure 3 Preparation for the national exam for foreign care workers (multiple answers)

volunteer Japanese-language teacher visits or a Japanese care worker teaches Japanese using a textbook, but the former does not possess any knowledge of long term care and the latter is not a specialist of Japanese-language education, so in the current situation, proper teaching methods and educational materials for passing the national exam are yet to be established.

From Figure 4, it can be read that the request from the facility side to “develop a textbook for preparation for the national exam” is more serious than the long-term issue of “mutual recognition of qualification”. What became apparent is the situation wherein there is a high hurdle for passing the national exam, and without any guidance toward achieving this goal, facilities must support candidates by trial and error. Moreover, while neither the facility side nor the candidate side can change the employment contract within the framework of the EPA, a consultation service is strongly desired for both the employer and employee so that both sides can solve trouble at work.

In Figure 5, 100% of the facilities agreed with reducing the burden of expenses on the facility side, and request-

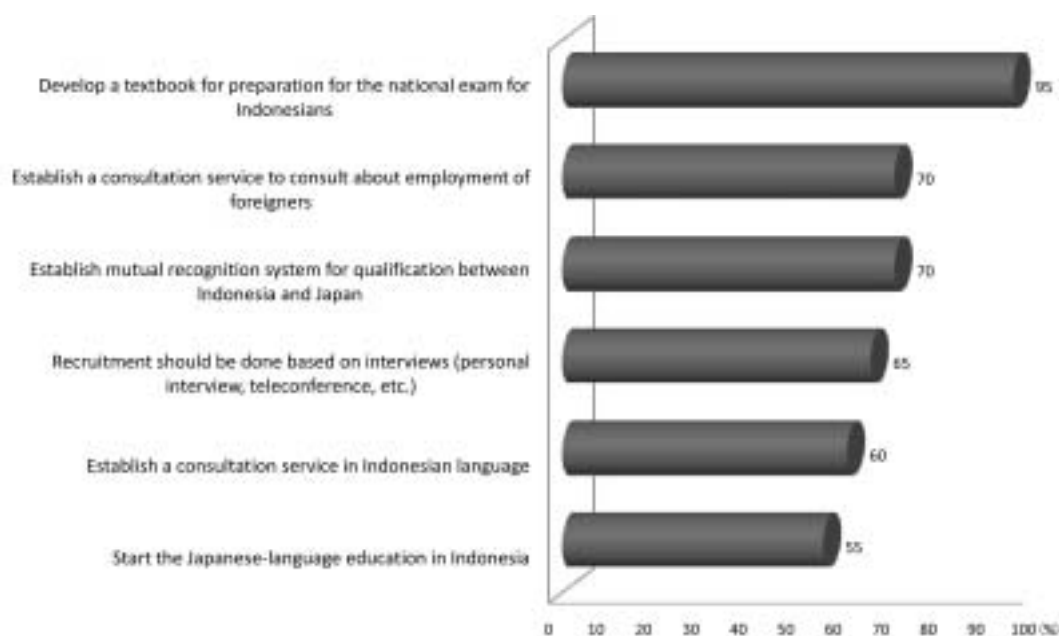


Figure 4 Suggestions about acceptance of care workers via the EPA (multiple answers)

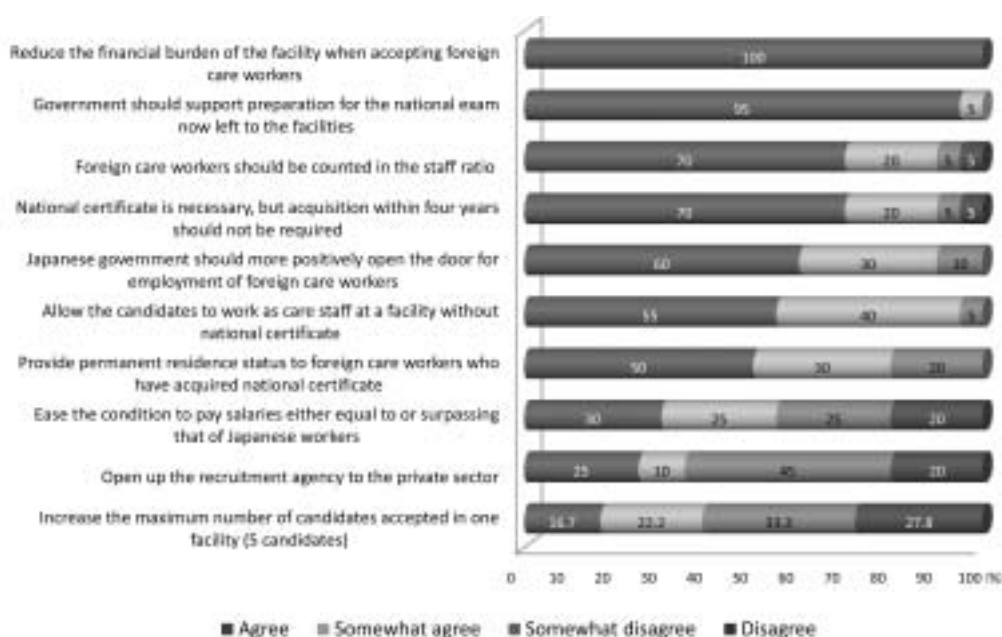


Figure 5 Opinions about the EPA

ing state support for preparation for the national exam, which reveals that financial and human burdens for acceptance on the facility side are large.

Interestingly, when the percentages of “agree” and “somewhat agree” are combined, 90% agreed with the opinion that “Japanese government should more positively open the door to overseas for employment of care workers”. Furthermore, 80% agreed with the opinion “to provide permanent residence status to certified foreign care workers who have acquired national certificate”. In “Basic Principle for Reforming Economic and Fiscal Policy 2008” decided by the Cabinet on June 27th, 2008, it is proclaimed to “facilitate provision of permanent resident status in order to accept highly capable human resources” as “creating an environment where it is convenient for foreigners to live”⁽¹⁵⁾. While the MHLW says that acceptance of human resources for nursing and care via the EPA is merely “exceptional”⁽¹⁶⁾ and not to amend the shortage of labor, the results of the present survey are suggestive in considering the resident status of foreign care workers who have acquired national certificate and the interest on the side of the care facilities for future employment of foreign care workers.

The present survey was conducted in January 2009, immediately before Indonesian candidates started to work, and as seen in Figure 6, the facility side showed a positive stance toward the acceptance of Filipinos via the EPA at the time of the survey. However, in fact, in the facilities that have accepted Indonesian candidates, those also accepting the first batch of Filipinos who came to Japan in May 2009 account for less than 10% of the total.

According to the interview survey conducted from April to May 2009, a number of facilities indicated that “we decided not to accept Filipinos because first we would like to take effort to educate Indonesians”. Acceptance of foreign care workers via the EPA will continue, but if human resources from the same country continue to come to Japan, it will be possible for the first batch to be in charge of the education of succeeding batches. Moreover, as the number of foreign nurses and care workers increase, workbooks and educational materials for the national exam will be translated, and it will become possible to accumulate know-how in preparation for the national exam and cross-cultural understanding. However, if a few hundred candidates each from Thailand, Vietnam, etc. keep coming to Japan via the EPA⁽¹⁷⁾, the social costs for acceptance will increase due to language and cultural differences. Moreover, not only the welfare institutions but also most sectors in Japan have no experience in multicultural management for employing, training, and supporting foreigners of different nationalities. This result from the fact that the migration of foreign care workers via EPA is not a framework based on the immigration policy as to how to se-

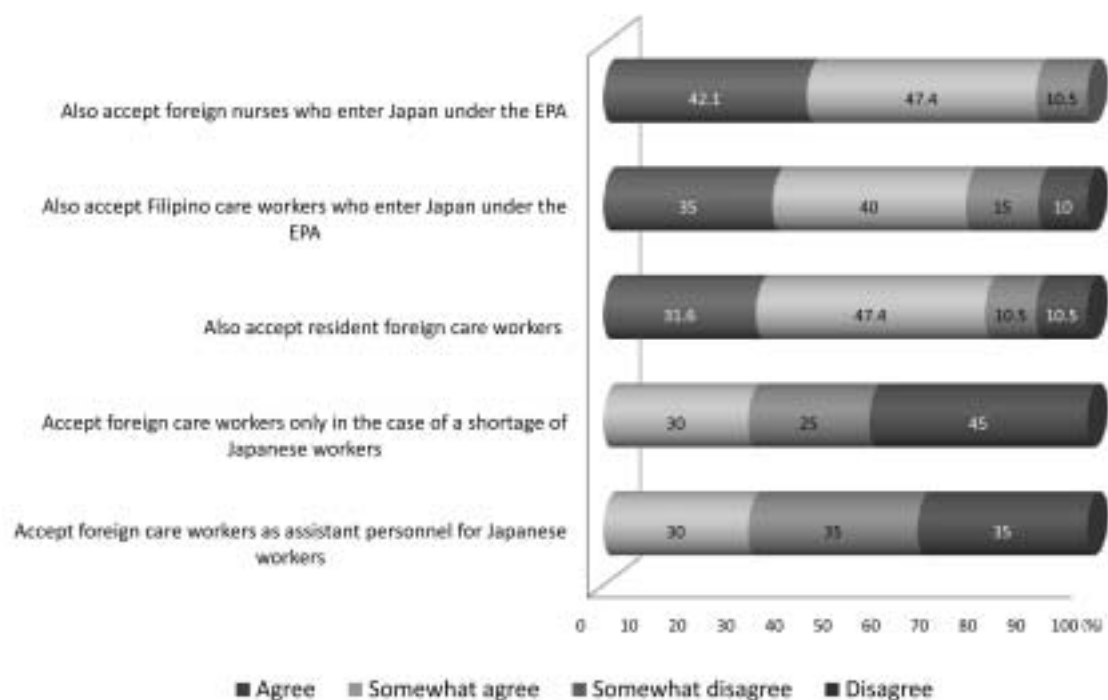


Figure 6 Future employment of foreign workers

cure human resources for care work in the aging society.

Furthermore, it is noted in Figure 6 that 70% of the facilities disagreed with “accepting (the foreigners) as assistant personnel for Japanese workers” and also 70% disagreed with “accepting (the foreigners) only in the case of a shortage of Japanese workers”. Since the present survey only had a small number of samples, it is not possible to generalize but from the interviews several reasons are conceivable for these answers.

Firstly, as seen in the Figure 2, the accepting facilities in this case accepted candidates not because of a shortage of care workforce, and they are so-called “elite facilities” which are relatively large and stable in management, and they do not have to rely on foreign care workers as a workforce. Furthermore, these facilities which are trying to “revitalize the workplace” by accepting foreigners expect Indonesian candidates who have received nursing education to utilize their experience, and prepared the work environment for that purpose. Therefore, these institutions have no intention of positioning foreigners as cheap laborers but wish to accept them with qualifications and treatment equivalent to Japanese citizens.

Secondly, some facilities pointed out that “one’s nationality does not matter as long as they have a heart for care”. A care setting is a world where the staff members have diverse backgrounds with different educational attainments, qualifications, experiences, age, and gender. Therefore, nationality is merely one of numerous attributes, and how much that person can actually perform in care settings becomes a criterion for evaluation. Indonesian candidates who have received nursing education may be more helpful than unqualified Japanese if only they have Japanese language ability, and in that sense, nationality might be considered as secondary.

4. Indonesian candidates and accepting facilities three months after starting to work

4. 1 Overview of the survey

Based on the results of questionnaire survey, qualitative research was conducted at four facilities in Saga, Osaka, Tokyo and Kanagawa from April to May 2009. The interview included the issues of preparation before candidates started to work, situations of training and working, human relationships at work, current issues, etc. from 12 Japanese including facility directors, care workers in charge of training and elderly, and 6 Indonesian candidates.

4. 2 Survey results

The candidates who were interviewed included one candidate who was exempt from Japanese-language training and had started to work from September 2008, but the other candidates had started to work from the end of January 2009. At the time of the survey, after over three months had passed, the candidates at all the facilities had been already incorporated into the teamwork for routine care services and performing tasks. The candidates were initially surprised that Japanese elderly were so old compared to Indonesian elderly as some residents were 100 years or over. They also experienced care for the elderly with dementia for the first time so they were learning the work step-by-step from Japanese co-workers. The Japanese care workers say that they can safely trust the candidates to conduct suctioning assistance or transfer, etc., because the candidates have knowledge of medical science and anatomy from the education as nurses. Moreover, they say that the presence of such candidates gave the Japanese care workers in charge of training an opportunity to reflect on the work of care, and the staff have come to attempt more careful communication with each other for the candidates who do not understand Japanese, and they have come to pay attention to each other so that no mistakes are made, so consequently the teamwork has improved.

While some facilities including elderly and their families had no hesitance against the entry of foreigners into care, which is emotional labor (Hochschild⁴⁾), other facilities had staffs who felt that “employment of Japanese citizens should be given priority”. Even so, as the Indonesian candidates actually started to work, the staff gradually became friendly even in places where some initially felt reluctant. Inspired by the motivation of the candidates, Japanese care workers became cooperative and felt that they “would like to teach everything we know”, and the candidates are playing a major role in routine care services such as assistance in eating, excretion, and taking a bath.

As a result, how is the relationship between the candidates and elderly, which was a concern before placement of the candidates? The director of one special nursing home for the elderly says:

“The capability (of the Indonesian candidates) as a care worker was more than expected. They are gentle, affable, and kind. I feel they are working very hard in a place where nobody knows them. There has been no single trouble with the elderly.”

In the four facilities where the author conducted the interview, all responded that there has been no trouble with the elderly. One elderly in her 80s said:

“They both (the two Indonesian candidates) are very gentle. I think it must be very hard for them to travel such a long way to work here, but they are working very hard. Everyone counts on them because they rush to us from the corridor when we call them.”

The candidates are popular in all of the facilities and are deeply trusted by the elderly. Among the candidates, one who is highly capable memorized the names of 30 residents on one floor in two days and made a note of their characteristics. In fact, the greatest worry for many facilities before acceptance was the relationship with the elderly. Particularly, they were worried about how the elderly, the generation who experienced the war, would react to the word “Indonesia”. However, the director of another special nursing home for the elderly said as follows:

“At first I felt doubtful since they (the elderly in their 80s and 90s) have experiences of the war, and I was worried that Japanese might harbor some feelings of discrimination, but there was no such sense and the residents seemed to feel that ‘we don’t mind as long as they are good’. Even an elderly who said ‘I don’t understand English’ at first now communicates with the candidates normally. Whether they are foreigners or Japanese, nationality does not matter if they have a caring heart.”

The trouble with the elderly, which was a concern before acceptance, cannot be seen. This results from the fact that the accepting facilities explained in advance the reasons and purposes for acceptance to the family association and communities, and asked the elderly “not to ask something difficult in the beginning because the candidates don’t comprehend Japanese well”, so as to give consideration to the candidates. In a certain facility, when candidates finished Japanese language training and arrived at the facility for the first time, all the elderly who could move gathered at the hall and welcomed the two candidates warmly.

Regarding the relationship with the communities, it seems that there was no trouble as initially worried. The candidates cooked *mi goreng* (fried noodles of Indonesia) for the annual bazaar, which was very popular with people from the local community and sold out quickly. The candidates certainly became part of the local community and also contribute to the activation at the grass root level.

Despite the fact that this is almost for the first time for care facilities to employ Muslim staffs, the friction regarding culture and religion was hardly an issue⁽¹⁸⁾. In accepting the Indonesian candidates, the accepting facilities have made considerations for smooth acceptance in various ways, such as inviting an Indonesian student to hold a study session in advance, asking the local international associations to provide information on Indonesia, purchasing and distributing an Indonesian conversation book to the staff, prepared a praying room, and distributing instructions about the Muslim praying and eating habits to the community. Due to such preparation on the side of the facility, “cultural friction” with respect to meals and religion has not surfaced as a major issue⁽¹⁹⁾. The candidates are allowed to pray during breaks, and the Japanese staffs give consideration to their meals. After work, the candidates go to restaurants or karaoke with the Japanese staff, and on the weekends, some do sports with the Japanese co-workers, while the others get together with Indonesians working at nearby facilities or hospitals to cook Indonesian food and

enjoy talking in Indonesian. Now it has been several months since the Indonesian candidates started to work, and it can be said that their presence has resulted in “revitalization of the workplace”, “internationalization”, and “improvement of the quality of care” as intended by the facilities.

4. 3 Immediate issues

The candidates have few problems with care techniques, and the sole issue at work is Japanese language skills. In some facilities, support is provided by having a daily reflection on their work, discussing things the candidates could not understand at work, having them write a daily report, and conducting Japanese language tests. Whether a candidate possesses Japanese language skills or not is a key factor in deciding the job content of the candidate. Candidates who hold the 2nd level of the Japanese Language Proficiency Test (JLPT) are given the responsibility in creating care records and making care plans, but those with insufficient Japanese language skills tend to do ancillary tasks. Moreover, there are dialects depending on regions, and the candidates were puzzled because the standard Japanese that they learned during Japanese-language training and the Japanese spoken by the elderly at the care facilities were different. For example, the verb “kita (came)” becomes “kinshatta” in Saga and “kihatta” in Osaka, which is difficult even for Japanese if they do not come from those areas.

At the public seminar “Accepting Indonesian Care Workers - Seeking Problems and Solutions” organized by the Kyushu University Asia Center on May 23rd, 2009, all 5 participating nurse and care worker candidates gave a presentation in Japanese, among which 2 even gave their talk using Power Point. Therein, all of them mentioned that Japanese is difficult and some of them said that they would like to be allowed to take the national exam in English or Indonesian. Although this had been predicted from the beginning, both the accepting facilities and candidates indicated that the current way of administering the national exam is problematic. In the free answer field in the questionnaire to the care facilities, there was a statement as follows:

“I think the conditions for Indonesian candidates to acquire national certificate are too difficult. It may be necessary to measure Japanese language skills of the candidates during the 3-year period of work experience, and possibly ease the conditions. Otherwise no one will pass the exam. I feel concerned that all the candidates may go home consequently.”

As for the national exam, there are various opinions such as, “adding hiragana beside each kanji⁽²⁰⁾”, “taking the exam in Indonesian or English”, “extending the period of stay to increase the number of times a candidate can take the exam”, etc. Especially for care worker candidates, 3 years of work experience is required as eligibility for admission to the exam, and their contract is for four years so they have only one chance to take the exam. As it has been several months since the Indonesian candidates started to work at the facilities, the staff who have had deep exchanges with the candidates say “it is too cruel to say good-bye to the candidates if they cannot pass the exam the first time.”

On the other hand, from the viewpoints of the candidates, they are studying for the certified Japanese care worker exam while having an Indonesian nursing license, but as described earlier, there is no such occupation as a certified care worker in Indonesia. Namely, if they fail the exam, they are forced to return to their country, but it might be difficult to return to work as a nurse because they have not worked as a nurse for 4 years during their stay in Japan, and furthermore, there are few workplaces in Indonesia where they can make use of their experiences as a care worker in Japan.

In the survey conducted by the Kyushu University research team focusing on the care workers, many candidates answered that they came to Japan “in order gain experience for career advancement” (97.4%), and “in order to study Japan’s advanced technologies” (97.4%), and conversely, the reason for coming to Japan “because of dissatisfaction with the job in Indonesia” accounted for only 21.6%. One concern is that the expectation of the candidates that they would like to learn advanced technologies in Japan to improve their career will turn into disappointment before long

due to the high hurdle of the national exam and deskilling of their professions, which may develop into a diplomatic problem between the two countries several years down the road.

5. Support to the Indonesian candidates by local governments

Whether the strength of foreign residents can be utilized or not also depends on the strength and vitality of communities including local governments. For acceptance of Indonesians via the EPA, several municipalities have already started to provide support. For example, in Tokyo, 8 nurses and 6 care workers from Indonesia have been accepted in 4 hospitals and 5 facilities. In 2009, 10 nurses and 17 care workers from the Philippines will be accepted. The Tokyo metropolitan government, which first set out support for candidates as part of the international cooperation project, provides a grant of 1 million yen per year per candidate as part of expenses for training in Japanese and preparation for the national exam that are borne by hospitals and facilities. Moreover, the Tokyo metropolitan government has entrusted Tokyo Metropolitan University to translate “The Easy Handbook of Long Term Care Terms” (Seibido Shuppan Co., Ltd.) into Indonesian and English as an educational material for candidates working in Tokyo. However, due to copyright issues, distribution of this glossary is limited.

Yokohama City has already accepted 6 Indonesians in 3 facilities, and will accept 14 Filipinos in 5 facilities and 5 Indonesians in 2 facilities in 2009. In the project that Yokohama City has entrusted Yokohama Association for International Communications and Exchanges to conduct, two separate programs, support for candidates and support for accepting facilities, have been designed.

First, in the support for the candidates, a staff member who understands Indonesian was assigned in the association, and a counter for provision of daily life information and consultation was opened a few times a week. Initially it had been envisioned that the candidates would come to consult about daily life, healthcare, mental care, and laws, but contrary to expectation there was not much demand, so after several months, the staff directly visited the facilities to provide counseling and also gave their cell phone number to the candidates to provide consultation as needed. For studying Japanese language, Japanese-language instructors are dispatched to the facilities to give one-to-one lessons for approximately two hours a week according to the level of candidates. Moreover, approximately 300 members of the association of Indonesian families consisting of international couples of Japanese and Indonesians live in Yokohama, so with their cooperation, an exchange event was conducted. Some candidates get homesick, and therefore, the Indonesian community living in Japan is a bridge for both Japan and Indonesia.

As support measures for the accepting facilities, Indonesian-Japanese interpreters have been dispatched. When the facility side has to explain something difficult regarding contracts and tasks, the interpretation service can be utilized for 2 hours per service up to 15 times per year. At the beginning of the assignment, the candidates cannot correctly understand the language, which can lead to misunderstandings between the employer and employees, so such communication support is critical. The Yokohama Association for International Communications and Exchanges has a system of citizen volunteer interpreters, so their past experiences of international exchanges are utilized in the support for the candidates.

Due to the tendency of prolonged stay and settlement of foreigners, the role of local government and civil society has been increasing in providing support by viewing foreigners as partners for community development. Since Indonesian candidates are charged with insurance and tax, the stance to support them as community members are needed. Besides education and livelihood support, various ways of support utilizing local resources such as an Indonesian community living in Japan including international students are conceivable. Local governments must situate foreign residents as citizens and partners within the local community and formulate the framework for social participation and integration.

6. Conclusion

Japan continuously sent out emigrants until the 1980s when it turned itself to accepting immigrants. Compared to the past acceptance of foreign laborers such as “entertainers”, “trainees” and “Japanese descendants” the acceptance of foreign nurses and care workers via the EPA is giving rise to a better way of accepting foreign laborers in terms of (1) commitment of the governments of both countries, (2) providing Japanese-language training, and (3) continuous support for candidates on the side of accepting facilities. Acceptance of foreign care workers has just started and the number is limited, but this will be regarded as test case for considering future immigration, labor, and social security policies.

The quantitative survey by the Kyushu University research team has revealed several facts regarding motives of the facilities for acceptance, future plans of employing foreign care workers, and suggestions to the government. Firstly, the care facilities have accepted the candidates for “activation of the workplace” or “internationalization in the future” rather than to compensate for a shortage of care workforce. Secondly, the facilities are active in opening the door to foreign care workers and also granting permanent resident status once the candidates become certified. Thirdly, the facilities do not expect foreign care workers to amend the shortage of Japanese care personnel or as assistant personnel for Japanese workers. Fourthly, support from the government for preparation for the national exam is indispensable.

From the qualitative survey conducted after the candidates started to work, even if the EPA is “a product of compromise”, it was revealed that Indonesian candidates had been already accepted as highly capable personnel in the facilities and have gained trust from Japanese care workers and elderly. Indonesian candidates have brought a new breeze into the care settings, contributing to the activation of the workplace and improvement of the quality of care. The care facilities are located in local communities so the candidates, even small in numbers, have a great impact in terms of activation of the local community. Currently Indonesian candidates and Japanese care workers who support them are making daily efforts to improve the quality of care, learning Japanese, and preparing for the national exam. Directly facing that fact, it is about time for Japan to discuss the immigration policy and social integration programs based on a long-term vision that treats foreigners as constitutive members of the society. We are at the junction where the forces of globalization and the super-aging society are converging at an unprecedented manner, and the challenge remain in how to create social policies that will do justice to both Japanese elderly and migrant care workers.

Acknowledgements

The questionnaire survey in the present article is part of the research outcome conducted with Kyushu University’s fund for education and research programs and projects (P&P) “International sociological study on opening of labor market in Japan - focusing on the field of care and nursing” (2007~2009) (representative: Shun Ohno). Co-researchers of the present survey are Shun Ohno, Yuko Hirano, Kiyoshi Adachi, Takeo Ogawa, and Yoshichika Kawaguchi, and the analysis of the survey results is based on knowledge obtained from research meetings that have been continuously held with the co-researchers. The interview survey is part of the research outcome conducted with the Grant-in-Aid for Scientific Research (C) “International movement of care workers and cross-cultural care - regarding entry of care workers from Southeast Asia” (2009~2011) (representative: Reiko Ogawa). Part of this paper was presented at Understanding Asia Seminars, Kyushu University, “Accepting Indonesian care workers - Seeking problems and solutions” 23, May, 2009.

Notes

- (1) In this paper, the term ‘care worker’ is used as an English translation of ‘*kaigo fukushishi*’ (certified care worker) in Japanese.
- (2) Under EPA, the foreign nurses and care workers are expected to pass the national exam so until they pass, they are referred to as ‘candidates’.

- (3) International migration of nurses and care workers is stated in the provision of Movement of Natural Persons (MNP) of the EPA.
- (4) Three years for nurse candidates and four year for care worker candidates. This is because the *kaigo fukushishi* national exam requires three years of working experience in order to qualify for taking the exam.
- (5) There were 220 medical service visas holders in 2009, including foreign nurses.
- (6) The Association for Overseas Technical Scholarship (AOTS), which conducted Japanese-language training for Indonesian candidates, received more than 240 inquiries from the media in half a year. Haruhara, K, 2009, "Japanese-language education for foreign candidate nurses and care workers", Paper presented in the Annual Spring Convention of Society for Teaching Japanese as a Foreign Language, p33.
- (7) For example, "Globalizing nursing and care" (organized by Kyushu University Asia Center, 8th, March, 2008), "Cross-cultural care in globalization: management of nursing/care work in multi-cultural settings" (organized by The Sasakawa Peace Foundation 15-16, January, 2009), "Who will take care of us?" (organized by Afrasian Center for Peace and Development Studies, Ryukoku University, 20th, June, 2009), etc.
- (8) "The 9th Basic Plan for Employment Measures", Ministry of Labor (2000), p65-67. However, in fact, while acceptance of highly capable personnel is growing at a sluggish pace, Japanese descendants, trainees and students are engaged in unskilled labor, which is indicated by many studies. See, "Problems of foreigners in the depopulating society", National Diet Library, p23. <http://www.ndl.go.jp/jp/data/publication/document2008.html>, accessed on July 21st, 2009.
- (9) The definition of "care worker" is ambiguous and a live-in domestic helper may care for the elderly, so the accurate number is unknown.
- (10) For example, "Japan taps foreign nurses in labor squeeze", *The Wall Street Journal*, 23-25 May, 2008, explanation at the pre-departure orientation by the Philippine Overseas Employment Administration (POEA) in May, 2009 for Filipino candidate nurses and care workers, the presentation at "Imploding populations: global and local challenges of demographic change" organized by the German Institute for Japanese Studies, held in 2-4, June 2009, etc.
- (11) Press statement of Japan Nursing Association, 24, February, 2005.
http://www.nurse.or.jp/home/opinion/press/2004pdf/press20050224_01.pdf, accessed on 15 July, 2009. See also, 17 June, 2008 for acceptance of Indonesian nurses. Accessed on 15 July, 2009.
<http://www.nurse.or.jp/home/opinion/press/2008pdf/0617-4.pdf>
- (12) 1US\$=90yen as of September, 2009.
- (13) This was not the case for the Filipino care workers because the Philippine government has already established a certified care worker course in the Philippines in the 1990s. Upon the establishment of the EPA, the Indonesian government initiated a certified care worker course in 2009 similar to that of the Philippines so the second batch of Indonesian care worker candidates do not necessary come from those who have nursing education. For more details about the care worker course in the Philippines, see Ogawa, R. 2009.
- (14) It was included in "Kojien" which is the major dictionary for Japanese language vocabulary.
- (15) The definition of highly skilled personnel is decided by the resident status, including "medical visa" directed to foreign physicians and nurses. However, the resident status of the candidates who came to Japan via the EPA is "special activity", which remains the same even after passing the national exam. Therefore, foreign nurses in Japan will be working under two different resident statuses. On the other hand, "Basic Principle for Reforming Economic and Fiscal Policy 2008" includes "consideration of the range of highly skilled personnel", and according to the amendment of "Problems of foreign laborers - the analysis of issues and the desirable acceptance system", "interpersonal service" (who must acquire certificate) according to the EPA is positioned as a new highly skilled personnel. The definition of highly skilled personnel vis-a-vis resident status of foreign nurses and care workers remain ambiguous and left with discrepancy with the existing resident status.
<http://www.rieti.go.jp/jp/events/bbl/bbl051006.pdf>, accessed on June 10th, 2009.
- (16) "Proper acceptance of foreign candidate nurses and care workers based on the economic partnership agreement", Ministry of Health, Labor, and Welfare, <http://www.mhlw.go.jp/bunya/koyou/other22/index.html>, accessed on June 10th, 2009.
- (17) The EPA with Thailand is under negotiation for care workers, and that with Vietnam is under negotiation for nurses and care workers.
- (18) According to the Japan International Corporation of Welfare Services (JICWELS), which set up the consultation service in Japanese and Indonesia regarding EPA, the total number of telephone consultations from the end of January to July was approximately 30, most of which were about problems with employment contracts (from the interview on July 13th, 2009).
- (19) According to the Indonesian Nursing Association, a case was reported that it was difficult for certain nurse to ensure time and space for praying (from the interview on August 10th, 2009).
- (20) Japanese writings are consisted from three types of characters: kanji, katakana and hiragana.

References

- 1) Asahi Shimbun, May 27, 2008.
- 2) Asahi Shimbun, February 9, 2007.
- 3) Cabinet Office, *White paper on aging society*, 2008.
- 4) Hochschild, A.R., *The Managed Heart*, Sekaishisosha Co., Ltd, 2000. (in Japanese)
- 5) Iguchi Y, “Shoshika Nihon ni senryaku hitsuyo (Declining birthrates: Japan needs strategies)”, *Asahi Shimbun* Asia Network, February 15th, 2005.
- 6) Immigration Bureau, Ministry of Justice, *Heisei 17 nen ban: Shutsunyukoku kanri* (2005 Immigration Control), 2005.
- 7) Mainichi Shimbun, April 20, 2008.
- 8) Ministry of Justice, *Toroku gaikokujin tokei tokeihyo* (Registered foreigners statistics), 2008.
http://www.moj.go.jp/housei/toukei/toukei_ichiran_touroku.html
- 9) OECD, *International Migration Outlook: Annual Report*. Paris, 2007.
- 10) Ogawa, R., Gaikokujin kaigoshoku to ibunka kan care: Firipin no nihonjin koreisha shisetsu no keiken kara (Foreign caregivers and cross cultural care: the experiences from the Japanese elderly homes in the Philippines), *Bulletin of Kyushu University Asia Center* Vol. 3, 2009. (in Japanese)
- 11) South Korean Ministry of Justice, *Statistics of foreign residents*, 2008 (in Korean)
- 12) Ueno, C. and Tateishi, S, “Rodo toshiteno care (Care as labor)”, *Gendai Shiso*, vol.37-2, Seidosha, Inc, 2009.
- 13) UN, *World Population Policies*, <http://www.un.org/esa/population/> , 2005.