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Temporary Labour Migration and Care Work: The Japanese Experience

Michele Ford & Kumiko Kawashima

Abstract

Around the world, advanced industrial societies are facing a demographic time bomb that has enormous implications for the workforce in general, but for workforce planning and industrial relations in the health sector and related industries in particular. Japan, which has traditionally resisted structured forms of labour migration, has responded by establishing labour migration schemes for nurses and other care workers from selected South and Southeast Asian countries. This article examines the responses of different industrial relations actors to the first of these schemes. It begins by describing the opening up of hospitals and residential care facilities to temporary labour migrants from the Philippines and Indonesia, before turning to a discussion of the roles played by trade unions and employers and an evaluation of the outcomes of the programme to date. The article demonstrates the potential pitfalls of trade-driven labour migration schemes and their implications for the sector and the migrant workers concerned.

Keywords: care work, Indonesia, Japan, labour migration, nursing, the Philippines

Introduction

Around the world, advanced industrial societies are facing a demographic time bomb that has enormous implications for workforce planning and industrial relations in the health sector and related industries. Many high-income countries have attempted to address this challenge by encouraging large-scale temporary labour migration. At one end of the spectrum, Singapore, Hong Kong and Taiwan have long imported home-based care workers en masse on short-term contracts (Okushima, 2008; Sano, 2004). At the other, Canada has well-established programmes that offer opportunities for temporary migration into skilled and unskilled care work positions that can articulate into pathways to permanent residency (Oishi, 2011). Most recently, Japan decided to open up its hospitals and residential care facilities to foreign workers after decades of resisting large-scale labour migration of any kind. Small- to medium-sized business owners had long sought access to overseas labour, but it was not until 2005 that the range of areas in which foreigners could work was broadened beyond those deemed to be specialised skills. In effect, this was a move to accept certain groups of lower-skilled migrant workers.

Nursing and residential care were among the sectors flagged in the policy change (Endō et al., 2005: 3). At the same time, there remained concern that the opening up of nursing and other care-related occupations to foreign workers would blur the distinction between skilled and unskilled labour, that the quality of nursing services would suffer, and that already-tough working conditions in the care sector would worsen (Asato, 2010: 79). Migrant workers' lack of sufficient Japanese language and cultural knowledge was also a major source of anxiety for Japanese doctors, nurses and care workers represented by the Japan Medical Association, the Japanese Nursing Association and the Japan Federation of Medical Workers' Unions (*Iroren*) (cited in Suzuki, 2007: 362–363).

This article analyses the politics surrounding the opening up of the residential care sector to temporary labour migrants and evaluates the outcomes of the programme to date. The article argues that despite (and perhaps in part because of) interventions by unions and parts of the bureaucracy sympathetic to local workers' concerns about the introduction of foreign labour, problems in the design and implementation of the foreign care worker scheme have resulted in an uneven quality of training and the deskilling and exploitation of foreign nurses. These problems have had a negative impact not only on the experience of individual workers, but also on their colleagues and their employers and on the viability of the care-related labour migration scheme itself.¹

Opening up care work to foreigners

In Japan, the door was opened to foreign care workers not through labour policy but through trade negotiations. The Japan Philippines Economic Partnership Agreement (JPEPA), which was negotiated in 2004 and signed in 2006, included provisions for the employment of 400 nurses and 600 carers in Japan within two years of the commencement of the scheme. The Japan Indonesia Economic Partnership Agreement (JIEPA) was signed in 2007, with an initial target of 200 nurses and 300 care workers per year for two years.² In 2009, Japan concluded an Economic Partnership Agreement (EPA) with Vietnam, under which Vietnamese nationals were also to be allowed to work as nurse and care worker candidates. In February 2011, Japan and India signed a similar agreement (MOFA, 2012).

Within the structures of these EPAs, Japan's entry into the market for temporary labour migration has been framed as a step towards greater regional economic integration, rather than as a means of tackling the serious labour shortage within the care sector (MHLW, n.d.). Labour migration has thus been embedded in a broader free trade environment characterised not only by the abolition of tariffs, but also by greater exchange in services, sometimes referred to as 'WTO plus issues'. As a consequence, debates around the inclusion of temporary migrant labour within the EPA framework focused on whether or not particular occupations, including nursing and care work, should be included in the definition of the 'service sector' (Ito et al., 2008: 137). Outside the EPAs, the only avenue for foreigners wishing to work as nurses in Japan is through designation of 'Medical Services' status, which allows them to work for up to seven years.³ There is no other way to obtain a work permit as a care worker, so other foreigners employed as care workers in Japan are almost always partners of Japanese citizens.⁴

Care worker and nurse candidates seeking to be admitted through one of the EPAs must apply through the Japan International Corporation of Welfare Services (JICWELS), which is responsible for the recruitment of suitable candidates, the identification of an appropriate host institution and the provision of support services (JICWELS, 2011). Before entering the labour market, candidates take Japanese language and culture lessons for a specified period, the length of which depends on the year of their arrival. Those who arrived in 2008 were required to study Japanese language and culture for six months before commencing employment (JICWELS, 2011: 21). When language acquisition proved to be inadequate, the mandated period was successively extended, with those arriving in 2013 being required to take a full year of preparatory studies, six months prior to arrival and six months in Japan (JICWELS, 2012a: 5–7). The training is arranged and paid for by the host institution, which either provides lessons directly or through language schools, universities and other outside businesses. Candidates also undergo a 10-day induction period, during which they are provided with an outline of laws concerning immigration, employment and taxation, information about the basic structure of the nursing/care work sector, and other practical considerations such as Japanese communication styles and norms (JICWELS, 2012b: 9).⁵

Upon completing the language and culture training, nurse candidates undertake up to three years of employment and carer candidates up to four. During employment, candidates are required to continue studying Japanese language, as well as prepare for the relevant national examination. Nurse candidates become eligible to sit the examination as soon as they have completed their language and culture training, while carer candidates need to have worked for more than three years at their host institution (JICWELS, 2012c: 3).⁶ Nurse candidates are permitted to take the examination up to three times; carer candidates usually only once (JICWELS, 2012a: 5–6). Both groups are required to pass before their period of employment ends. Those who pass the examination are given renewable resident status and may continue to work in Japan. If they fail, they must return home; however, they may re-enter Japan again on a short-term visa in order to resit the national examination (JICWELS, 2011: 14–18).

In an attempt to maintain the emphasis on professional migrant flows, the EPAs are also quite prescriptive with regard to the baseline requirements for host institutions. Hospitals seeking to recruit foreign nurses are required to demonstrate that they have occupation ranks and separate duties for nurses, a separate nurses unit, and a designated manager for nursing training and trainers who have attended designated courses; that at least 50% of their nursing staff are certified nurses; and that they have nurse/nurse assistant to patient ratios of no less than 1:3 (1:4 for mental health patients and 1:6 for recuperating patients). They are also required to demonstrate the quality of their record-keeping with regard to nursing and to not have breached any rules regarding employment of foreign staff in the preceding three years. In addition, receiving institutions can only accept from two to five Filipinos and two to five Indonesians each (JICWELS, 2011: 6–7). Employment contracts offered to nurse candidates must state that their salary level is equal to that of Japanese staff doing equivalent work. However, since they are considered assistant nurses until they pass the national examination, nurse candidates are paid at that level even though they are qualified as a nurse back home. The training provided to foreign nurses is driven by the nursing national examination and must include specialised knowledge and skills, Japanese language, and content on coping

with life in Japan. Intending host institutions must also demonstrate that accommodation has been secured for candidates (who may be charged rent) and that there is a plan to facilitate their return to their home country. Reports (both periodic and on demand) must be sent to the Ministry of Health, Labour and Welfare and local immigration bureaus via JICWELS.

Residential care facilities seeking to recruit foreign workers are required to demonstrate that at least 40% of their workforce holds the national care worker qualification; that their employment practices comply with national regulations; that their infrastructure is of a standard comparable to that of care worker training institutions; and that they have not breached any rules regarding employment of foreign staff in the last three years.

Requirements for training in residential care work are similar to those imposed on hospitals, with the exception that care work training managers must have both qualifications and five years' experience. The work experience for nurse training managers is unspecified, although nurse training assistants must have at least three years of nursing experience. Other conditions regarding salary level, accommodation, repatriation and reporting in care institutions are identical to those imposed on hospitals (JICWELS, 2011: 8–9).

Between August 2008 and June 2012, 629 nurse candidates and 896 care worker candidates were accepted under the JPEPA and JIEPA schemes (JICWELS, 2012a: 8). The first to pass the nursing national examination were two Indonesians and one Filipino, who were accredited in 2010. By the end of 2011, 15 nurses from the Philippines and 51 nurses from Indonesia had passed the national examination. In the same time frame, a total of 36 care workers, 35 of whom were Indonesian, obtained a Japanese care workers' licence (JICWELS, 2012a: 9).

The politics of change

The introduction of the foreign nurse and care worker scheme as a part of EPA negotiations was by no means uncontested. During the development of the EPAs, employers, trade unions and different elements within the bureaucracy actively sought to shape the way in which migrant care workers are accepted into Japan. A close examination of the responses of each of these industrial relations actors reveals how a set of beliefs, interests and agendas shaped the particular set of rules and requirements that came to be imposed on foreign candidates and receiving institutions and, ultimately, the way the scheme has operated. It also illuminates the relative strength of different actors' influence as the system has evolved.

Government agencies

As in many countries, there has been a range of responses within government to the opening up of Japan's care sector to temporary labour migration. The push for the JPEPA came from the Ministries of Foreign Affairs and Economy, Trade and Industry (Vogt, 2007). Of all the government agencies, the Ministry of Foreign Affairs has been most open to foreign workers (Suzuki, 2007: 267). The Ministry of Economy, Trade and Industry also firmly supported the development of temporary labour migration schemes designed to respond to labour shortages in the nursing and care sectors (Onuki, 2009: 494). By contrast, while acknowledging the shortage of nurses, midwives and other care professionals, the Ministry of Health, Labour and Welfare had insisted that migrant workers were not needed for care work for the elderly, and

was initially reluctant to accept the employment of foreign nurses and carers (Onuki, 2009: 495). The Ministry of Justice, which has jurisdiction over the Immigration Bureau, had also long been hostile to immigration as a solution for labour shortages because it associated foreigners – especially those deemed ‘non-professional’ – with border security problems (Suzuki, 2007: 366). In sum, the attitudes of government agencies towards acceptance of foreign care workers depended on whether they considered these migrant workers as an exchangeable commodity for the purpose of economic cooperation, a source of labour that may or may not benefit the Japanese domestic employment market, or a potential immigration risk.

Ultimately, the form of successive EPAs was determined by a top–down political decision that forced the Ministries of Health, Labour and Welfare and Justice to compromise on the issue of temporary labour migration (Asato, 2010: 79). The Ministry of Health, Labour and Welfare was forced to accept the bilateral treaty, but continued to insist that the acceptance of foreign care workers was about strengthening economic ties with the sending countries, not about addressing labour shortages (MHLW, n.d.). The Ministry of Justice also reluctantly agreed to accept care professionals, including nurses, but sought to maintain control over the scheme by using the ‘designated activity’ (*tokutei katsudō*) visa rather than issuing them with medical (*iryō*) visas (Suzuki, 2007: 367). It has also continued to emphasise that the focus of the temporary labour migration programme is on the recruitment of highly skilled workers, arguing that Japanese women and youth, as well as Japanese-South Americans with permanent residency, should be recruited to overcome labour shortages at the lower end of the skills spectrum (Vogt, 2007: 19).

Employers

Hospitals and residential care facilities are prepared to meet the quite stringent conditions imposed upon them when accepting foreign workers for a number of reasons. A survey of 541 hospitals with 300+ beds conducted six months prior to the arrival of the first foreign nurse candidates from Indonesia found that approximately 83% of those surveyed were interested in recruiting foreign nurse candidates or nurses (Kawaguchi et al., 2009). Of these, the majority indicated that their interest in doing so was driven by a shortage of nurses. Other reasons included a desire to improve the level of nursing services in the hospital and to better cater for foreign patients. Further analysis of the survey results by Hirano et al. (2009) revealed that general hospitals had greater interest in accepting foreign nurse candidates than mental health hospitals, while private hospitals had greater interest in accepting foreign nurse candidates than public hospitals, perhaps reflecting the fact that private hospitals find it more difficult to attract nurses.

According to a survey of 100 host institutions conducted by Okushima (2010: 329), residential care facilities are even more likely to consider care worker candidates as a source of labour. This finding is supported by a smaller survey of 10 aged-care institutions that had accepted foreign care worker candidates, which revealed that the majority of the institutions surveyed had accessed the scheme in order to prepare for an anticipated labour shortage in the near future (Roken, 2010: 19). That residential care facilities are eager for foreign labour is also clearly reflected in the findings of a survey conducted by Ogawa (2012) of the dozen

residential care facilities that received Indonesian nurse candidates in the first phase of the programme. Ten of the twelve institutions surveyed considered it unnecessary to require foreign candidates to obtain the Japanese qualification in the first place and a majority were critical of the temporary nature of candidates' residence in Japan, requirements that they deemed unsuited to their own needs and the needs of their foreign employees.

Demands voiced by host institutions and industry bodies through these various surveys and during JICWELS's visits in 2011–2012 led to some changes in the programme (JICWELS, 2012b: 20). They were also picked up by institutions such as the Bureau of Social Welfare and Public Health at the Tokyo Metropolitan Government and the Japan Hospital Association, which demanded better support for individual candidates and/or their employers in open letters to the Ministry of Health, Labour and Welfare (Japan Hospital Association, 2012; Tokyo Metropolitan Government, 2010). Across the board, the most pressing issue has been the insufficient support for employers when it comes to providing education and training. The residential care facilities surveyed by Ogawa all reported an increase in workload of the staff in charge of providing education for the first group of Indonesian candidates. Ten of them concluded that the presence of foreign candidates brought with it increased costs, particularly for smaller institutions (Ogawa, 2012: 110). Receiving institutions were frequently frustrated with having to invest in foreign candidates when there was no guarantee that they would continue working there after passing the national examination (BIMA CONC, 2011; Ogawa, 2012: 109).

Trade unions

The key trade union bodies that became involved in debates around the introduction of temporary migrant labour in the care sector were the Japan Nursing Association (*nihon kango kyōkai*), the Japanese Federation of Textile, Chemical, Food, Commercial, Service and General Workers' Unions (UI Zensen), the Japanese Trade Union Confederation (Rengo) and the National Confederation of Trade Unions (Zenroren). The Japan Nursing Association is an influential professional association with a long history of lobbying the Ministry of Health, Labour and Welfare for recognition of the social and occupational status of nurses as professionals (Fukuma et al., 2008: 84). UI Zensen is the federation to which many of the unions representing care workers, such as Nippon Careservice Craft Union (*nihon kaigo kurafuto union*; NCCU), belong. It is the largest member of the Rengo, the confederation that represents enterprise-based unions, and has a history of opposing the entry of unskilled migrant workers. Zenroren, which represents industrial federations of unions in small enterprises, has been active in protecting migrant workers' rights and improving their employment conditions through its Liaison Council on Migrant Issues (*gaikokujin mondai renrakukai*), established in 1996. However, its priority remains the protection of rights of Japanese and migrant workers already in Japan (Gaikokujin Rod osha Mondai, 2009: 203–204, 225–226).

Along with the Ministry of Health, Labour and Welfare, the Japan Nursing Association had consistently opposed the move to facilitate temporary labour migration as a means of alleviating the shortage of nurses (Asato, 2010; Okaya, 2005: 36–39). Its primary concern is that labour migration will undermine the social and occupational status of nurses, but it also

claims that temporary labour migration threatens the quality of medical service provision. The association has actively lobbied the Ministry of Health, Labour and Welfare on issues such as Japanese language proficiency and conditions of employment, including pay levels, which it insisted must be the same as or better than that of Japanese nurses (Inoue, 2010: 15; Okaya, 2005). The Japan Association of Certified Care Workers (*nihon kaigo fukushishikai*) is in agreement with this position (Ohno, 2012: 548). Zenroren also opposed key elements proposed in the EPA negotiations, including acceptance of nurses and skilled care workers under the EPA; acceptance of unskilled migrant workers who may lower the employment conditions for all; acceptance of foreign workers as home-care workers in the absence of a qualification system of sufficient standard to distinguish them from general labour; and mutual recognition of each other's national qualifications (Gaikokujin Rōdōsha Mondai, 2009: 225–226).

UI Zensen and Rengō have also taken an active stance on the EPA negotiations. When the Ministry of Economy, Trade and Industry proposed the system of mutual recognition of qualifications, Rengō came out alongside the Japan Nursing Association in opposition, demanding that migrant workers must pass the Japanese examination (Suzuki, 2007: 363, 365). After the foreign care worker programmes were put in place, Rengō opposed increases in the number of foreign workers in the sector (Rengō, 2010: 13) and demanded that trade unions be involved in an early stage of future EPA negotiations in order to ensure that labour standard compliance rules are included as a matter of priority (see e.g. Rengō, 2012: 14). Zenrōren has also continued to campaign against the acceptance of foreign care workers through the EPAs (Zenrōren, 2012: 14).

Pressures in the system

The trajectory of the scheme's development has been strongly influenced by these competing agendas. Although forced to accept the presence of foreign labour in the sector, in several key respects, union interests prevailed over the demands of employers. The unions and their allies within government succeeded in having the employment and labour laws, workers' compensation, employment and health insurance, and superannuation apply to foreign nurse and care work candidates in the same way that they do to Japanese workers (JICWELS, 2011: 20). Under pressure from the Japan Nursing Association and other professional associations, the Ministry of Health, Labour and Welfare has also moved to improve the general working conditions in order to create incentives for the 320,000 Japanese qualified care workers not employed in the sector to return to their jobs (Burgschweiger, 2006: 46).

On the surface, these concessions to local workers and their institutions can be construed as a victory for organised labour. However, these adjustments have been made within a framework driven by the free trade agenda rather than by workforce planning considerations and, as such, have to some extent contributed to ongoing problems in the operation of the scheme. Its first major flaw is a consequence of the timing demands imposed on it by the broader EPA process. The Indonesian and Philippine EPAs came into effect before Japan had organised itself to accept foreign nurse and care candidates. In the absence of any pilot programme, each host institution was forced to experiment with its foreign worker cohort. Because there is little expectation of continuing on-the-job training, hospitals in Japan

generally do not have good facilities for internal education (Asato, 2010: 96). In addition to questions about the quality of training, there are indications of significant variability among the level of commitment of host institutions towards their training obligations. According to Okushima (2010: 320–322), overtime or night shifts occurred at 50–80% of institutions, making it difficult for the candidates to find time to study. As it is virtually impossible to change host institutions during training, foreign candidates who found themselves in this situation had little power to negotiate for better conditions or more study time. Importantly, the capacity of foreign nurse and care worker candidates to pass national examinations depends heavily on their employers' willingness and capacity to train them (Oishi, 2011: 192). Notably, the three nurses who were the first to pass the national examination in February 2010 all trained at receiving institutions that provided more than 20 hours a week for their study (Asato, 2010: 93–94).⁷

There is evidence of a strong correlation between commitment to formal study and opportunities for on-the-job training. The results of the surveys conducted by the Sasagawa Peace Foundation in 2009 and 2010 indicate that there is significant polarisation between host institutions that provide sufficient study time for the candidates and those that involve candidates only in low-skill tasks (Asato, 2010: 92). In terms of task distribution, nurse candidates are only to work at the assistant level temporarily until they obtain the Japanese qualification, although the scheme assumes that the tasks in which they engage will become progressively more complex, taking into account the candidates' experience and improvement of Japanese proficiency. In practice, however, this has often not been the case. Applicants interviewed by Asato (2010: 90) were not aware of the expectation of a progression of tasks, and voiced concern about loss of skills, as they had assumed that they would have to continue basic tasks until they pass the examination. These concerns were not without reason: according to Okushima (2010), the 208 Indonesian nursing candidates initially employed were mainly engaged in tasks such as feeding and bathing, or cleaning and managing equipment.⁸

Foreign candidates are also affected by the sharp distinction in the Japanese system between medical and aged care. All the Indonesians recruited as care worker candidates in the first year of the training scheme were graduates of nursing schools, in effect, resulting in the deskilling of these workers. In response, professional associations in the Philippines and Indonesia criticised the EPA for its potential to lower the social status and the skill levels of workers in their own countries. The Philippine Nurses Association of Japan opposed the treatment of Filipino nurses as assistants or care workers (Ohno, 2012: 548–549), while the Indonesian Nurses Association considered at one point the possibility of disqualifying nurses who go to Japan to work as carers (as opposed to those going to Japan to gain the Japanese nursing qualification and working incidentally as carers in the meantime) (Asato, 2010: 95).

In addition, candidates were disadvantaged by their lack of facility in the Japanese language and by the token nature of the efforts of many host institutions to address this deficit. In terms of language training, only 10% of the 39 host institutions that responded to a 2010 survey conducted by the Ministry of Health, Labour and Welfare had sent foreign candidates to Japanese language schools (Okushima, 2010: 330–331). Around 70% met their language

training requirements through private lessons given by qualified trainers or volunteers, and 20% used e-learning. Common activities labelled as ‘cultural training’ included on-the-job training, visits to private homes, accommodation in homestays, volunteering and social events. The inadequacy of language training is reflected in the results of the 2010 survey, in which 60% of patients said that they could communicate with foreign candidates and less than 20% of staff felt that foreign candidates could communicate about work tasks without problems. Close to 60% of staff claimed that foreign candidates could only understand them if they spoke slowly and simply (Okushima, 2010: 331). Language problems also affected candidates’ capacity to pass the notoriously difficult national examinations for nurses and care workers (Fukuma et al., 2008: 85).

These very real issues in terms of workplace opportunities and work readiness exacerbate inequities built into the scheme’s structure. For example, while the scheme’s conditions regarding payment of minimum wages have been respected, in some cases, insufficient information was provided at briefing sessions in respective sending countries about salaries. In Indonesia, the first group of candidates were informed of the salary level for fully fledged nurses, only to find upon arrival that they were to be paid at the assistant nurse level until such time that they passed the examination (Asato, 2010: 89). These systemic problems have taken their toll. By July 2010, 17 Indonesian candidates (10 of 93 nursing candidates and 7 of 190 carer candidates) had left Japan prematurely (Asato, 2010: 95–96).

It is important to note that a number of improvements have been made since the introduction of the schemes. JICWELS increased levels of support, hosting group training for candidates and creating networks of host institutions for greater information-sharing (JICWELS, 2012b: 20). It also moved to use briefing sessions and interviews during the selection process to encourage prospective candidates to aim towards obtaining the Japanese qualification in order to stay at their host institution (JICWELS, 2012b: 20). As an added measure, as discussed earlier, from 2013 initial Japanese language training upon arrival has been doubled from six months to one year and host institutions required to demonstrate that they have the wherewithal to provide Japanese language training (JICWELS, 2012a: 5–7). An English translation was included in the national nursing examination from 2011 (Japan Times, 25 August 2010) and a new examination introduced for carer candidates (Japan Times, 17 October 2010). From 2012, foreign candidates also received extra exam time, and all Chinese characters were presented with a reading aid to indicate pronunciation (Japan Times, 20 June 2012). These adjustments were made possible by a significant increase in JICWELS’s budget: initially, funding for the foreign care worker programme was approximately US\$200,000 in 2008, but rose to around US\$1m in 2009 and then to US\$8.7 m in 2010 (Asato, 2010: 102). Funding was also allocated for the provision of financial assistance to host institutions for the purpose of ensuring quality study and training opportunities (Asato, 2010: 103). Despite these improvements, however, there remain many flaws in the scheme.

Lessons from Japan

Japan’s experience has shown that a poorly designed temporary migration scheme can create as many problems as it solves. It is not surprising that unions are anxious about the possible negative impacts of temporary labour migration on the care sector, especially with regard to

semi-skilled labour. There is no doubt that concerns about the devaluation of care work are legitimate: ultimately, recruitment of foreign nurses as carers upskills the Japanese care sector workforce without incurring additional costs, and many employers have been more interested in sourcing labour rather than in providing overseas nurses with an adequate pathway to Japanese registration (Hirano et al., 2009: 65; Kawaguchi et al., 2009: 58). The expansion of the labour force also allows them to disregard trade union (and, to some extent, government) demands for better wages and conditions, especially in the parts of the sector that are least attractive to local workers, namely, private general hospitals and residential care facilities.

Trade unions have had some impact on the form and function of temporary labour migration in the care sector, including guarantees regarding occupational health and safety, superannuation, and labour rights. Importantly, also, the scheme's emphasis on training was driven by pressure from Japanese professional associations and trade unions. Although these measures were largely motivated by unions' continuing perception that temporary migrant workers constitute a threat to the domestic labour market, they provide important guarantees to foreign care workers. At the same time, however, in a context with little tradition of on-the-job training, the inadequate planning and resourcing of training requirements have placed unrealistic demands on employers and on individual migrant workers themselves.

The Japan case therefore presents a conundrum. On the one hand, its focus on training, its adherence to principles of equal pay and conditions for equal work, and the opportunities it offers for long-term placements far exceed the Asian benchmarks for such schemes. On the other hand, however, problems in the scheme's first few years of implementation reinforce concerns about employer approaches to temporary labour migration and the government's capacity to monitor and manage workplace practice, and about the form and motivations of trade union responses to such initiatives. With regard to the former, it is evident that many employers are only too ready to exploit foreign labour in the absence of rigorous monitoring and enforcement regimes. With regard to the latter, trade unions' recourse to labour rights and professional standards as a form of gatekeeping arguably undermines their capacity to protect the needs of local workers and consumers. They would be better equipped to do so if they focused their energies on lobbying for institution-building measures that make it feasible to train foreign workers in a way that guarantees labour rights, professional standards and quality of care.

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Biographical Notes

Michele Ford is Director of the Sydney Southeast Asia Centre and Associate Professor in the Department of Indonesian Studies at the University of Sydney. Her research interests focus on the Indonesian labour movement, trade union aid, and trade union responses to labour migration in East and Southeast Asia. Michele is the author of *Workers and Intellectuals: NGOs, Unions and the Indonesian Labour Movement* (NUS/Hawaii/KITLV 2009) and co-editor of *Women and Work in Indonesia* (Routledge 2008), *Women and Labour Organizing in Asia: Diversity, Autonomy and Activism* (Routledge 2008) and *Labour Migration and Human Trafficking in Southeast Asia: Critical Perspectives* (Routledge 2012).

Dr. Kumiko Kawashima is a Research Fellow at Asia Research Institute, National University of Singapore. Kumiko's research interests include international mobility, youth, labour, consumption and identity in post-industrial contexts. She has recently published "Japanese Working Holiday Makers in Australia and their Relationship to the Japanese Labour Market: Before and After," *Asian Studies Review* (2010) and "Becoming Asian in Australia: Migration and a Shift in Gender Relations among Young Japanese," *Intersections*, (2012). Kumiko's current research is on Japanese young adults as service workers in a Chinese offshore outsourcing centre.

Notes

¹ The authors contributed equally to this article.

² As ratification of JPEPA by the Philippine parliament was delayed (Onuki, 2009: 509), JIEPA was implemented first, with a contingent of 104 nurses and 104 carers arriving in 2008 (JICWELS, 2011: 5).

³ Between 2004 and 2011, just 25 new immigrants entered Japan under this category (MOJ, 2012).

⁴ Filipino women who were already in Japan as long-term residents (mostly former entertainers who married Japanese men) are said to have frequently taken on the care worker role (Lopez, 2012; Suzuki, 2008: 73-74).

⁵ If candidates are exempted from this requirement on the basis of existing language proficiency (equivalent to at least level 2 of the Japanese Language Proficiency Test), they still undertake the shorter period of induction training before commencing work (JICWELS, 2011: 14).

⁶ Filipino carer candidates have an option of enrolling in a care worker training institution in Japan for two years in order to obtain the national qualification before commencing their work in Japan (JICWELS, 2012c: 3).

⁷ For a more recent success story, which elaborates on the challenges and opportunities faced by one Indonesian candidate, see Hongo (2013).

⁸ Asato (2010) also notes that some applicants are unwilling to make use of the study time provided by host institutions because they lose interest in studying Japanese or taking the national exam, or because they are primarily concerned with maximising their income.