

Japan Labor Review

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Special Edition Combining Work and Family Care

Articles

Current Situation and Problems of Legislation on Long-Term Care in Japan's Super-Aging Society

Kimiyoshi Inamori

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Article Based on Research Report

Job Creation after Catastrophic Events: Lessons from the Emergency Job Creation Program after the 2011 Great East Japan Earthquake

Shingo Nagamatsu, Akiko Ono

JILPT Research Activities



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Japan Labor Review to Start Life Anew

Readers may like to know that our *Japan Labor Review*, published as an English-language quarterly on Japanese labor topics since January 2004, is to start life in a completely new guise after this issue. May we take this opportunity to express our sincere thanks for your interest in *Japan Labor Review* until now.

As a successor to *Japan Labor Review*, the Japan Institute for Labour Policy and Training (JILPT) plans to publish a new English-language journal from 2017 (title, publication date and frequency to be decided). The new publication will maintain the basic principles of *Japan Labor Review* and will continue to present research papers, but will also provide the latest information and data on labor in Japan. It will serve as a medium for introducing hot topics in the Japanese labor field to a global audience in English, aimed at a broad-ranging readership that will include not only researchers but also people working in industry, labor relations, governments and the media.

We hope the new publication will enjoy the same patronage and support as its predecessor.

Kazuo Sugeno
Editor-in-Chief, *Japan Labor Review*
The Japan Institute for Labour Policy and Training (JILPT)

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Introduction

Combining Work and Family Care

Although the various research that has addressed the difficulties of balancing work and family life over the years has generally focused on issues related to raising children, increasing attention is being given to the task of caring for older people as an important family responsibility as developed countries grapple with declining birthrates and aging populations. Among such countries, Japan is experiencing population aging at a particularly rapid pace. Japan's rate of population aging—namely, the percentage of people aged 65 or over among the total population—is currently the highest in the world, at over 25%. In that sense, Japan is at the “forefront” of super-aging society. In the past, the Japanese government has looked to other countries such as the US and European nations as guides in formulating its policies, but in the field of policies related to older people, Japan may be facing issues that are yet to arise in other countries. This edition was compiled on the basis of the concept that a publication of articles which grasp the development of such issues has the potential to be a valuable source of information for researchers and policymakers in other countries.

The first article in this edition, “Current Situation and Problems of Legislation on Long-Term Care in Japan's Super-Aging Society” by Kimiyoshi Inamori, investigates issues concerning policies to support caregiving for older people in Japan from the perspective of both the long-term care insurance system and the system of caregiver leave. While the long-term care insurance system, which was first implemented in 2000, may try to provide sufficient benefits for older people who require long-term care, this system alone does not in fact necessarily always meet all of their care needs. Family caregiving is therefore required to complement long-term care insurance services. As the system of caregiver leave established in the Child Care and Family Care Leave Act was created to allow people with family members requiring care to take time to prepare and arrange a system for that care to be provided, income guarantees for workers on caregiver leave are provided in the form of caregiver leave benefits from the employment insurance system. However, noting that the percentage of workers who actually take caregiver leave is extremely low, Inamori suggests that to assist workers in balancing work with family care it is more important to develop schemes related to ways of working, such as short working hour systems or limits on overtime work. The issues raised in this article such as the need to increase the take up rate of caregiver leave and develop the system through measures for reduced working hours and limitations on overtime work, are key points that have been addressed in the amendments to the Child Care and Family Care Leave Act that will take effect in 2017. The revised act makes caregiver leave easier to use by allowing caregivers to take the 93 days of leave in three segments. It has also increased the minimum period during which employers are obliged to provide measures such as short working hours and other such schemes for re-

ducing working hours, etc. (also including flextime, pushing the time of starting or finishing work forward or backward, and subsidizing the costs of long-term care), which allow caregivers to balance daily caregiving responsibilities with work, from the current 93 days to three years. The Act also guarantees workers the right to restrictions on overtime working hours until the end of caregiving.

In “Family Care Leave and Job Quitting Due to Caregiving: Focus on the Need for Long-Term Leave,” I investigate the potential effects of these amendments to the Child Care and Family Care Leave Act, as well as identifying new issues that require further examination. Based on the results of analysis of data on workers who are employed when caregiving begins, the article reveals that (i) the greater the need to take caregiver leave, the less likely working caregivers are to remain continuously employed at the same enterprise from the beginning to the end of the caregiving period, but the need for caregiver leave can be alleviated through the use of long-term care services, (ii) regardless of the degree of need to take caregiver leave, workers who work six hours or less per day are more likely to remain continuously employed at the same enterprise than those who work over eight hours a day, and (iii) those who care for their own parents have a greater need for caregiver leave than those who care for the parents of a spouse, but regardless of the necessity for caregiver leave, among workers who provide care alone without assistance from their families, and workers who care for relatives with severe dementia, there is a low likelihood of continuous employment at the same enterprise. In other words, it can be said that a factor behind the low numbers of people taking caregiver leave is the increase in the use of services offered through long-term care insurance. However, social changes such as the increase in people caring for their own biological parents and the rise in people who care for relatives alone without other family members to assist them suggest the possibility that in the future there will continue to be an increase in the number of people leaving their employment due to caregiving responsibilities. The analysis results indicate that in order to curb this increase, in addition to the caregiver leave system, it is also important to develop systems such as short working hours and limitations on overtime hours. In this sense, the recent amendments to the Child Care and Family Care Leave Act are suited to addressing the current circumstances under which people leave employment to provide care. At the same time, as the current framework was developed with the necessity for physical care that arises in the case of cerebrovascular diseases and other such conditions in mind, it may not cover social measures to support care for dementia, and this article also highlights the importance of such measures as an issue that will require more extensive consideration in the future.

Since the amendments that took effect in 2010, the Child Care and Family Care Leave Act has prescribed the obligation of enterprises to provide not only long-term caregiver leave but also “time off for caregivers” that can be taken in one-day units, and with the introduction of the 2017 amendments caregivers will be able to take this time off in half-day units. Mayumi Nishimoto’s “Choices of Leave When Caring for Family Members: What Is the Best System for Balancing Family Care with Employment?” investigates the

necessity of not only leave that can be taken on a long-term basis, but also a flexible time-off system like time off for caregivers. The results of the analysis reveal the following five points. Firstly, when the main caregiver ratio is higher, the likelihood of taking caregiver leave increases, and absenteeism is particularly likely. Secondly, leave is more likely to be taken when the spouse works longer hours, especially when the spouse's employment format precludes the control of those working hours. The likelihood of absenteeism is also higher if the spouse is a regular employee, and the likelihood of taking annual leave increases more or less significantly when the spouse is a regular employee or non-regular employee, or when there is no spouse. Thirdly, the likelihood that leave will be taken rises in cases where the person requiring care is admitted to a general hospital or geriatric hospital and in such cases caregiver leave and annual leave are particularly likely to be taken. Fourthly, absenteeism is more likely to occur when the caregiver has a lower annual income. Fifthly, absenteeism is also more prone to occur if the person is not a regular employee. In other words, this indicates that depending on the environment of family caregiving, there is also a demand not only for caregiving leave that can be taken on a long-term basis, but also time off that caregivers can take in single-day units.

As is also indicated in the aforementioned articles, balancing work and caregiving is shaped by various environmental factors, such as social services and support from enterprises, as well as the factors highlighted by Nishimoto in relation to family environment. In "Frameworks for Balancing Work and Long-Term Care Duties, and Support Needed from Enterprises," Yoko Yajima focusses on the correlations between these various fields, pursuing quantitative analysis based on the hypothesis that the quality of the balance of work and care ("subjective sense that balance is achieved, and preservation of a feeling that work is rewarding") differs depending on the frameworks and circumstances surrounding the balance of work and care. In doing so she looks at these "frameworks and circumstances surrounding the balance of work and care" from the five perspectives of attributes of the caregiver, attributes of the care recipient, the relationship between these two people and the role the caregiver plays, the long-term care framework (including the use of long-term care services, and cooperation from other family members), and the caregiver's work style or format (flexible work schedules and utilization of leave, etc.). The results of this analysis reveal that while caring for an elderly relative appears at first glance to place caregivers in circumstances that are more complex and diverse than those faced when raising children, if factors such as the attributes of the care recipient, the relationship between the caregiver and care recipient, and the long-term care framework are controlled, the types of support that employees seek from enterprises with regard to working styles and formats entail "curtailing excessively long working hours," "creating an environment in which time off can be taken flexibly and support programs can be utilized with ease," and "supervisors' consideration for employees' circumstances," and there is hardly any difference between these forms of support and the type of work environment required for employees raising children to achieve work-life balance. However, given that if the care "framework" required for bal-

ancing work and long-term care duties is not in place, support related to work style and format from enterprises will not function effectively, Yajima highlights that it is therefore important that enterprises do not merely offer such support in terms of work styles and formats, but also encourage caregivers, who often try to handle duties directly by themselves, to focus on the “management of care services and division of duties,” that is, using long-term care services and other such support effectively and dividing duties among family members.

The final article in this journal, “Current Issues regarding Family Caregiving and Gender Equality in Japan: Male Caregivers and the Interplay between Caregiving and Masculinities” by Mao Saito, examines the problems faced by family caregivers in Japan from the perspective of gender. More specifically, Saito focuses on the increasing numbers of male caregivers in Japan, and investigates what significance the increase in male caregivers may have for the achievement of gender equality in family caregiving, in light of the actual conditions of caregiving by male caregivers. Contemporary family caregiving is inseparable from the gender relationship between men as the breadwinners and women as the caregivers. At the same time, in Japan as in other countries, changes in family structures are leading to a growing number of situations in which men must take on caregiving roles. As men take on caregiving roles, they are forced to confront their own masculinities, and by looking at the difficulties faced by male caregivers, this article demonstrates that care and masculinities are not simply conflicting aspects of men’s identities.

In discourse on “welfare regimes,” Japan is considered to be a conservative regime in which the family takes the key role in providing care. However, as family sizes decline along with decreases in birth rates, it is becoming difficult to rely on families to provide care, and efforts have been made to supplement family care by socializing caregiving through the development of public long-term care services and company-based support for balancing work and caregiving. Countries with social democratic regimes in which the government typically provides substantial policies for supporting elderly people and liberal regimes characterized by small government models may find that the onset of super-aging society necessitates some kinds of changes to their frameworks. We hope that this edition provides useful insights to readers who are aware of such issues.

Shingou Ikeda

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Current Situation and Problems of Legislation on Long-Term Care in Japan's Super-Aging Society

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The long-term care insurance system, introduced in 2000, has promoted the socialization of long-term care and helped to reduce the burden on families with elderly relatives who need long-term care. But while the purpose of the long-term care insurance system is to provide a necessary and sufficient level of benefits for elderly persons in need of long-term care, the system alone does not necessarily meet all of their care needs. As a result, family care or services other than long-term care insurance are required to complement long-term care insurance services. The system of care leave based on the Child Care and Family Care Leave Act was established as a preparatory period with the aim of building a system for long-term care of family members in need of such care; income guarantees during the care leave period are provided in the form of care leave benefits from the employment insurance system. However, the rate of care leave actually taken remains at an extremely low level, despite progress by businesses in establishing related regulations. What is more important is to create schemes for working formats, such as short working hour systems or limits on overtime work, to assist workers in balancing everyday and continuous employment with family care.

I. Introduction

What kind of long-term care has been sought by the Japanese legal system until now? Amid the ongoing trends toward birth rate decline and population aging, various initiatives are currently being promoted in the field of guaranteed elderly care, including promotion of the integrated community care system. These have their sights set on the year 2025, when the baby boom generation will pass the age of 75. This paper will examine developments to date in various legislation on long-term care for the elderly, and study existing problems. The principal focus will be on the Long-Term Care Insurance Act, which is mainly responsible for guaranteeing public care services for elderly persons in need of long-term care, the Child Care and Family Care Leave Act,¹ which helps workers who have elderly relatives in a care-requiring condition to balance their employment with family care, and the Employment Insurance Act, which is responsible for income guarantees during periods of care leave.

¹ The full name of this law, at present, is the “Act on the Welfare of Workers Who Take Care of Children or Other Family Members Including Child Care and Family Care Leave.”

II. The Basic Structure of Existing Legislation on Guaranteed Care

1. The System of Long-Term Care Insurance

Since the Long-Term Care Insurance Act came into effect in April 2000, long-term care insurance has been central to the system for guaranteeing public care services. Persons insured under long-term care insurance are those who are domiciled in the catchment area of a municipality and are 65 years of age or more (“primary insured persons”) and those insured by public medical insurance who are domiciled in a municipality and are between the ages of 40 and 64 (“secondary insured persons”). The system is mainly funded by contributions from insured persons and their employers. When an insured person enters a condition of need for long-term care, etc., is certified as such, and receives long-term care insurance services from a designated operator or similar, based on a service utilization agreement, 90% of the service cost is paid as insurance benefits.² The Long-Term Care Insurance Act states that necessary insurance benefits shall be provided for conditions of need for long-term care, etc., of the insured person (Article 2 para. 1 of the Act), and that “With regard to the contents and level of insurance benefits, consideration must be given so that the insured is able to live an independent daily life according to that person’s own abilities in his or her home as much as possible, even if said insured person enters a condition of need for long-term care” (Article 2 para. 4). In reality, however, for those living at home, a maximum payment commensurate with the need for long-term care has been set for non-residential in-home services and community-based services that are provided (in combination) based on an in-home service plan (“care plan”) (Article 43 para. 1).³ This means that there is an upper limit to the volume of long-term care insurance services that can be received (though full services can be received by paying the whole amount in excess of the maximum limit (= “combined long-term care”). For those admitted to a facility, the minimum required care services are provided by the intensive care home for the elderly or other admitting facility by establishing remuneration for comprehensive long-term care, but many people are waiting to be admitted owing to a supply shortage. Thus, Japan’s long-term care insurance does not necessarily meet all the care needs of each person in need of such care.⁴

² 80% in the case of higher earners. In reality, users pay their own contribution of 10% or 20% to the service provider, and the remaining 90% or 80% is paid by the insurer to the service provider as remuneration for long-term care. Meanwhile, the cost of creating care plans is covered 100% by benefits, so that the user pays nothing.

³ Besides this, if a specific service is lacking, municipalities may stipulate a base amount of maximum payment for the categories of allowances at their own discretion, but there are few examples of this in practice.

⁴ When calculating long-term care insurance premiums, the volume of long-term care insurance services needed in each three-year period (a fiscal unit) is estimated for each level of long-term care need, and insurance premiums are set by calculating back from the amount needed for the corresponding benefits. In that sense, compared to the German long-term care insurance system, where levels of insurance benefits are set within a range that can be covered by long-term care insurance finances, Japan’s long-term care insurance has been described as a “necessary and sufficient benefit

2. Care Service Guarantee Systems Other than Long-Term Care Insurance

There are various publicly funded systems guaranteeing care services other than long-term care insurance, which are used to complement the long-term care insurance system. Specifically, these are welfare safeguard measures under the Act on Social Welfare for the Elderly, independence support benefits based on the Act on Comprehensive Support for Persons with Disabilities (ACSPD),⁵ and care assistance based on the Public Assistance Act.

Since the Long-Term Care Insurance Act came into effect, welfare safeguard measures under the Act on Social Welfare for the Elderly (ASWE) have mainly been applied when it is difficult to use long-term care insurance, such as in emergencies, or when an adult guardian needs to be secured in order to enter an agreement for the use of services (ASWE Articles 10–4, 11).

As independence support benefits based on the Act on Comprehensive Support for Persons with Disabilities, persons with disabilities may receive payments of care benefits for in-home care and other disabled welfare services (ACSPD Article 28 para. 1 onwards). Long-term care insurance takes precedence when those services are also being received (Article 7), meaning that independence support benefits serve to supplement or augment long-term care insurance.⁶

For welfare recipients, because those aged 65 and over contribute to long-term care insurance as primary insured persons, the precedence of long-term care insurance means that amounts equivalent to long-term care insurance premiums are paid as additional long-term care insurance premiums for livelihood assistance, and a user contribution is paid

type” (Masanobu Masuda, “Nihon to doitsu no kaigo hoken-kan no soui [Differences between Japanese and German long-term care insurance],” *Shukan Shakai Hoshō*, no. 2798 (2014), p.32). Nevertheless, certification of the level of long-term care need is focused solely on the individual’s ability to perform daily living activity, irrespective of the care environment in which each person in a care-requiring condition is placed. As such, the required volume of long-term care is calculated from the hours of care, and therefore does not necessarily meet the actual care needs of each individual in a care-requiring condition. Unlike medical services, the volume of services required for long-term care is difficult to quantify objectively in the first place, and therefore, in the long-term care insurance system, combined long-term care is permitted as it takes the form of monetary benefits. In that sense, Japan’s long-term care insurance system is also “partial insurance” (Shuzo Tsutsumi, *Kaigo hoken no imiron: Seido no honshitsu kara kaigo hoken no korekara wo kangaeru* [Semantics of long-term care insurance: Considering the future of long-term care insurance based on the essence of the system], (Tokyo: Chuo Hoki Shuppan, 2010), p.48).

⁵ The full name is “the Act to Comprehensively Support the Daily Life and Social Life of Persons with Disabilities.”

⁶ “On the application relationship between independence support benefits based on the Act to Comprehensively Support the Daily Life and Social Life of Persons with Disabilities and the long-term care insurance system” (03/28/07 *Shōkihatsu* No. 0328002, *Shōshōhatsu* No. 0328002). However, long-term care insurance services are not uniformly given precedence, but rather an individual judgment is to be made as to whether long-term care insurance services corresponding to disabled welfare services are to be received (Shogaisha Fukushi Kenkyukai, ed., *Chikujō kaisetsu shogai-sha sogo shien ho* [Article-by-article commentary on the Act on Comprehensive Support for Persons with Disabilities], (Tokyo: Chuo Hoki, 2013), p.79).

when using long-term care insurance services (10% in principle) as care assistance, respectively. On the other hand, welfare recipients aged under 65 are exempt from the application of national health insurance, and therefore do not contribute to long-term care insurance. As a result, the necessary care services are provided as care assistance for welfare support.

As to welfare safeguard measures and the payment of care benefits, one may discern a degree of administrative discretion on decisions for or against, and on the details.

As shown above, the system of public guaranteed care services does not necessarily always meet the care needs of each individual in need of long-term care, etc.; in some cases, it needs to be supplemented by care provided by the family itself or by private care services other than long-term care insurance.

3. System Based on the Child Care and Family Care Leave Act

Changes in family composition, in the form of the progressive nuclearization of the family and women's advancement into the labor market, combined with other factors including the prolongation of care accompanying increased longevity due to advances in medicine, have had a major impact on the nature of family care. Elderly people living alone or in husband-and-wife households have increased, and a growing problem is to ascertain which family member should be responsible for long-term care. While people in employment are increasingly taking care of family members, the Child Care and Family Care Leave Act (CCFCLA) specifies several ways of facilitating a balance between employment and care.

Firstly, there is the system of taking family care leave to care for a subject family member in a care-requiring condition (CCFCLA Article 2 para. 2). Workers (except day laborers) may take care leave by submitting a request to their employer, specifying (1) that the subject family member pertaining to the care leave request is in a care-requiring condition, and (2) the first and last days of the care leave period (Article 11 paras. 1 and 3). However, employees on fixed-period contracts may only do so when they have been employed by the same employer continuously for at least one year at the time of the request, and when it is not certain that the labor contract will have expired within six months after the 93 days allocated for care leave. Workers with an employment period of less than one year, those whose employment relationship will end within 93 days, and those whose contractual working days are two or fewer days per week may be made ineligible by a labor-management agreement.

A "care-requiring condition" is defined as a condition requiring constant care for a period of two weeks or more due to injury, sickness, or physical or mental disability (Article 2 (iii), Enf. Regs. Article 1). The standards for judging "a condition requiring constant care" are set out in Ministry notices,⁷ and there is no direct connection with situations requiring

⁷ "On the enforcement of the Act on the Welfare of Workers Who Take Care of Children or Other Family Members Including Child Care and Family Care Leave" (12/28/09 *Shokuhatsu* 1228 No. 4,

care under long-term care insurance. A “subject family member” is defined as a spouse (including *de facto* marital relationships), parent, child, or parent of a spouse, or a grandparent, sibling or grandchild who is cohabiting with and dependent on the worker (Article 2 (iv), Enf. Regs. Article 3).

Up to now, care leave may be taken in a single block for a total of up to 93 days per subject family member in a care-requiring condition, but a 2016 amendment of the Act made it possible to take leave in three segments from January 2017. When measures to reduce working hours or similar are taken, the period in question shall total no more than 93 days.

Employers who have received a request for care leave may not refuse that request (Article 12 para. 1). However, when the scheduled start date of the requested care leave is less than two weeks after the date of the request, employers may designate any day after said scheduled start date within that two week period as the scheduled start date (Article 12 para. 3).

Secondly, there are measures to reduce working hours. Employers are under obligation to take such measures for workers in their employ (except day laborers) who take care of subject family members in care-requiring condition, for a period exceeding 93 consecutive days (a minimum of 93 days combined with the days of care leave) based on a request from the worker, for each subject family member and for each care-requiring condition. Specifically, employers must use one of the measures of (1) a system of shortened contractual working hours, (2) a flextime system (Article 32–3 of the Labor Standards Act), (3) advancing or delaying the time of starting or finishing work, and (4) a system of subsidizing the cost of care services used by workers, or some other system equivalent to these (CCFCLA Article 23 para. 3). However, workers with less than one year of employment and those with two or fewer contractual working days per week are ineligible for these measures when a labor-management agreement has specified them as exempt from measures to reduce contractual working hours or similar. These measures have been created for workers who, for one reason or other, do not take care leave for the requisite period.⁸

Thirdly, there is the system of taking time off for care. Workers (except day laborers) who are taking care of subject family members in a care-requiring condition, or otherwise providing care as stipulated in ordinances of the Ministry of Health, Labour and Welfare, may be granted time off to give said care (time off for care) upon request to their employers, within a limit of five days per fiscal year in the case of one subject family member in a care-requiring condition, or ten days per fiscal year in the case of two or more subject family members (Article 16–5 para. 1). However, this shall not include workers with an employment period of less than six months, or, of those with two or fewer contractual working days per week, those made ineligible by a labor-management agreement. From January

Kojihatsu 1228 No. 2).

⁸ Romu Gyosei, ed., *Kaitei-ban shosetsu ikuji kaigo kyugyoho* [Detailed Commentary on the Child Care and Family Care Leave Act], revised edition (Tokyo: Romu Gyosei, 2005), p.441.

2017, it will be possible to take time off in units of less than one day.

When requesting time off for care, (1) the fact that the subject family member pertaining to the request is in a care-requiring condition, and (2) the date on which time off for care will be taken must be specified. Employers who have received a request may not refuse it.

Fourthly, there is the limitation on overtime work. When workers who take care of subject family members in a care-requiring condition request such a limitation in order to take care of said subject family member, employers may not extend working hours beyond a limit on overtime work (24 hours per month, 150 hours per year) except when it would impede normal business operations (Article 18, Enf. Regs. Article 31–3). However, this does not apply to day laborers, workers employed for less than one year, or those with two or fewer contractual working days per week. The period subject to such limitation must be at least one month but not more than one year, and must be requested no less than one month prior to the start date (“limitation period scheduled start date”). There is no restriction on the number of times this may be requested.

Fifthly, there is the limitation on late-night work. When workers who take care of subject family members in a care-requiring condition request such a limitation in order to take care of said family member, employers may not make them work in the hours between 10 p.m. and 5 a.m. (“late-night”) except when it would impede normal business operations. However, this shall not apply to day laborers, workers employed for less than one year, workers who have a family member living in the same household who can take care of the subject family member during late-night (i.e. a family member who is aged 16 or over, who does not work during late-night (including those who work during late-night on a maximum of three days per month), who is not in a situation of difficulty in taking care of the subject family member due to injury, sickness, or physical or mental disability, and who is not due to give birth within six weeks or has given birth within the last eight weeks), those with two or fewer contractual working days per week, or those whose contractual working hours are all during late-night (Article 20, Enf. Regs. Articles 31–11, 31–12). The period subject to such limitation must be at least one month but not more than six months, and shall be requested no less than one month prior to the start date (the limitation period scheduled start date). There is no restriction on the number of times this may be requested.

Sixthly, there is the limitation on non-contractual working hours. When workers who take care of subject family members in a care-requiring condition request such a limitation in order to take care of said family member, employers may not make them work beyond contractual working hours during the limitation period (at least one month but not more than one year) except when it would impede normal business operations (Article 16–9).

Employers are prohibited from dismissing or otherwise treating workers disadvantageously by reason of said workers requesting or taking the leave, time off, or measures outlined above, or on other similar grounds (Article 23–2).

Besides this, employers must, when making changes to the assignment of workers

that result in a change in the place of employment, give consideration to said workers' situation with regard to family care, when such a change in the place of employment would make it difficult for the worker to take care of family members while continuing to work (Article 26). When a worker has quit by reason of family care, the employer must endeavor, whenever necessary, to implement special measures for re-employment or other measures equivalent to the same (Article 27).

4. Care Leave Benefits from the Employment Insurance System

During a period of care leave, employers are not obliged to pay wages, as no labor is provided. Instead, when care leave is taken, care leave benefits are paid from the employment insurance system as an employment continuation benefit. Care leave benefits were established under the 1998 amendment to the Employment Insurance Act, and the benefit rate was raised in the 2000 amendment.

Under the existing system, (1) when “generally insured persons” under employment insurance submit a request to their employers and actually take leave in order to care for a specified family member (the generally insured person’s spouse, parent, child, or spouse’s parent), (2) and when there are at least 12 months in which the basic daily wage is paid for at least 11 days within the two-year period preceding the day on which care leave was started, (3) care leave benefits are paid after the end of care leave subject to an application by the generally insured person (Article 61–6 of the Employment Insurance Act). Care leave benefits are paid as a lump sum by dividing the care leave period into monthly segments, starting from the date of care leave commencement, then calculating and totaling the payment amounts for each monthly segment. The amount paid in each payment unit segment is 40% of the daily wage at the start of the leave multiplied by the number of days of payment, but in the 2016 amendment, this percentage was raised to 67% from August 2016 onwards, as a temporary measure (Supp. Prov. Article 12–2). Since the maximum care leave is 93 days, the maximum period subject to payment of care leave benefits is also three payment unit segments. Moreover, when wages are paid by the employer and the total of wages plus care leave benefits exceeds 80% of the wage before taking leave, care leave benefits are reduced according to the value of the excess.

III. Development of Systems of Guaranteed Care Services

1. The Era of Welfare Measures

In the past, family care was basically regarded as a matter belonging to the private domain, and was undertaken as part of private support. At the same time, public guaranteed care services were extended to those faced with long-term care needs who cannot rely on private support. Before the advent of long-term care insurance, elderly care needs were handled by an elderly welfare system based on the Act on Social Welfare for the Elderly.

Under that system, the necessary services were provided to elderly persons with

long-term care needs in the form of welfare measures (including the dispatch of home helpers to those living at home and admission to Intensive Care Homes for the Elderly, among others). Of course, these services were funded from tax revenues, and owing to fiscal constraints in that regard, together with constraints on the supply of services due to insufficient quality and quantity in the provision of services, the system could not necessarily meet all of the long-term care needs faced by each individual elderly person in a care-requiring condition. The government was deemed to have broad-ranging discretion on whether or not to apply measures, and their content, and the limited services available were allocated in order of priority. If admission to a facility was an option, the minimum necessary services were provided within the facility, but as well as the burden of costs on an ability-to-pay basis, the number of facilities was small compared to the numbers seeking admission, giving rise to long waiting lists.⁹

2. Enactment and Implementation of the Long-Term Care Insurance Act

The Long-Term Care Insurance Act, approved by the Diet in 1997 following many years of deliberation, was implemented from April 2000 after a two-year preparatory period. At first there were concerns over whether use of the system would take off, owing to a traditionally deep-rooted awareness of long-term care based around the family, among other issues. In fact, however, not only was there a dramatic increase in the volume of service provision mainly involving in-home services and residential services, but the Act also opened up a vast array of care needs that had previously been under the radar, and the socialization of long-term care progressed. The volume of service provision increased partly because the door to care service provision had been opened to private business entities other than social welfare corporations (e.g. NPO corporations, health care corporations, agricultural organizations, limited companies and joint stock companies), mainly in the field of in-home services.

Subsequent developments in the long-term care insurance system mainly concerned the increased use of long-term care insurance services and the response to this. The question of how to address users' needs and ever-growing burdens, intertwined with the concepts of emphasis on in-home care and user orientation raised in the Long-Term Care Insurance Act, would define the way in which the system would develop in future.

3. The Rising Burden of Costs

The increased use of services has also brought a rise in costs, in turn causing long-term care insurance premiums to increase as well. The primary insurance premium paid by primary insured persons was 2,911 yen (national average) in Phase 1 (FY2000–2002), but continued to rise to 3,293 yen in Phase 2 (FY2003–2005), 4,090 yen in Phase 3

⁹ While the elderly health care system acted as a receptacle for the deficiencies of the elderly welfare system, it gave rise to the problem of “social hospitalization” (keeping patients hospitalized due to inadequate infrastructure).

(FY2006–2008), 4,160 yen in Phase 4 (FY2009–2011), 4,972 yen in Phase 5 (FY2012–2014), and 5,514 yen in Phase 6 (FY2015–2017).¹⁰

This is the consequence of introducing a system in which the benefits and burdens of social insurance are linked. The basic rule of social insurance is that if the benefits rise, then so too do the premiums.

Of course, there is strong resistance to any increase in burdens, but in the case of long-term care insurance, the balance between benefits and burdens needs to be considered even more than in the case of health insurance. This is partly due to inherent differences between the risk of a care-requiring condition and the risk of disease, but also due to a difference in the fiscal structure of the two systems. The difference lies in consideration for the ability of the person insured to personally bear the cost. While funding for long-term care insurance is in principle provided half-and-half by insurance premiums and the public purse, persons aged 65 and over, as primary insured persons, must pay the primary insurance premium as a fixed-amount premium based on income levels. When receiving more than a certain level of public pension income, the premiums are specially levied from pension benefits. As the nuclearization of the family progresses and more elderly people live alone or in husband-and-wife households, this special levy of social insurance premiums represents a very visible reduction in pension income for households that only have pension income as their personal income. Since public finances for care insurance work in three-year cycles, long-term care insurance premiums are stipulated by municipal ordinance for the coming three years every three years, and in the sense of gaining acceptance of burdens, there are also strong political constraints on any increase.¹¹

By contrast, insurance premiums of secondary insured persons, as the actively working generation, are fixed-rate insurance premiums deducted from wages, and the resistance to burdens is thought to be lower than with primary insurance premiums. Nevertheless, these too cannot be raised limitlessly. This is because, when considering levels of burden, not only do long-term care insurance premiums have to be considered in combination with the health insurance premiums that are levied at the same time, but also, in the case of secondary insured persons, the existing long-term care insurance system only provides limited response to the risk of a care-requiring condition on the part of the secondary insured person. That is, for secondary insured persons themselves to receive benefits from long-term care insurance, their care-requiring condition would have to be caused by a so-called “specified disease.” As such, burdens of long-term care insurance premiums for secondary insured persons, though not entirely lacking an aspect of being for the sake of their own long-term

¹⁰ The more modest rise in Phase 4 resulted from fiscal and other measures using subsidies to improve employment terms for care workers, with a view to avoiding an increase in premiums.

¹¹ Moreover, the contribution ratio between primary and secondary insurance premiums has to be periodically revised in line with the proportions of persons insured, and given an increase in primary insured with progressive population aging, the contribution ratio of primary insurance premiums is continuing to rise gradually.

care, could be said to have a strong significance of social assistance or social support for the older generation by actively working generations.¹² It is difficult to gain acceptance of increases in burdens that are not directly linked to a person's own (potential) benefits.

If we assume there to be a limit to increases in insurance premiums, the remaining response in terms of burdens would be to raise the contribution from the public purse. In fact, the Long-Term Care Insurance Subcommittee of the Social Security Council did previously discuss a proposal to raise the public burden ratio from the current 50% to 60%, among others, but in the end the matter was shelved.

4. Revision of Benefits

When there is limited scope for increasing burdens, the way to maintain the system is to make revisions on the benefits side (optimization or reduction of benefits).

In the 2005 amendment, undertaken as a revision five years after enforcement, a major system change was introduced to cope with a sudden increase in the use of long-term care insurance services by persons with only a minor care need. Specifically, categories of support need were revised and preventive care benefits were introduced. Meanwhile, on the regulatory (designatory or supervisory) authority of businesses and others, a new service type consisting of community-based services, regulated by municipalities as insurers, was created as separate from the in-home and institutional services overseen by the prefectures. The intention was to establish a system of small-scale service provision in the sphere of everyday life. Besides this, community general support centers were also introduced, and amendments that pioneered today's integrated community care system were made.

The introduction of community-based services was praiseworthy in itself, in that persons in need of long-term care could live normal lives while receiving care services in a form in which they were not uprooted from their existing living environment as far as possible. However, because existing benefit types remained intact when the new benefit type was introduced, this led to a complication of benefit types and made the system harder to understand. While diversification of the benefits menu could be seen as a system response to new needs (or needs not met by existing benefit types), it does also reflect the fact that the various benefit frameworks (e.g. operating criteria, structure for calculating long-term care compensation) are too rigid. On that point, it could also be symptomatic of the fact that Japan's long-term care insurance is heavily based on legislation and official notices, for better or worse, and that there is little room for discretion by insurers (municipalities). The complexity of benefits was further intensified by the 2011 amendment, which added two new types to community-based services.

This trend toward diversification (ballooning?) of benefit menus came to an important turning point in the 2014 amendment. Home-visit care and outpatient care aimed at people in need of support were moved away from preventive benefits as statutory benefits and into

¹² Tsutsumi, *ibid.* Note 3) p.104.

Integrated Long-Term Care Prevention and Daily Life Support Programs (New Integrated Programs) as community support programs (though deferred until March 2018), and the range of insurance benefits shrank for the first time. Of course, the fiscal effect of this is not necessarily clear. Municipalities are obliged to implement New Integrated Programs, and insurance premiums are used as the funding source.

For users with incomes above a certain level, on the other hand, the user burden was raised from 10% to 20%. In other words, the benefit rate was reduced from 90% to 80%. Meanwhile, means testing was added to the conditions for supplementary benefits paid to reduce burdens of food and housing costs for residents of long-term care insurance facilities who belong to households that are exempted from paying resident tax. After the amendment, the supplementary benefit will no longer be paid if there are savings above a certain figure.

Finally, anticipating a further increase in cases of severe need, new admissions to Intensive Care Homes for the Elderly were in principle limited to those with medium or high levels of care need (level 3 or higher). Those with level 1 and 2 care needs could only be admitted in exceptional cases, based on the judgment of the municipality, when as a result of unavoidable circumstances they were deemed to have conspicuous difficulty in living anywhere other than in Intensive Care Homes for the Elderly.

5. From Insurance to Safeguard Measures?

Something that demands particular caution as a trend seen in the 2014 amendment is the fact that, while the sustainability of the long-term care insurance system is in doubt, the social insurance nature of long-term care insurance when it was first introduced seems to have been gradually diluted (in other words, it is veering away from the path of social insurance). Instead, elements of the previous safeguard-based system seem to be creeping back in, little by little. This is plainly seen in the changes mentioned above, namely (1) the shift of home-visit care and outpatient care for those in need of support to New Integrated Programs, (2) the differentiation of some burden ratios based on levels of income, (3) the addition of means testing for supplementary benefits, and (4) the admission of persons with level 1 and 2 care need to Intensive Care Homes for the Elderly in exceptional cases.

The basic rule of social insurance is that contributions, in the form of insurance premiums, are paid with attention to flow income, and when an insurance event occurs, fixed benefits are paid irrespective of assets or income. Of course, actual systems of social insurance take a variety of forms. In the Medical Care System for Older Senior Citizens, some burden ratios are already being differentiated in line with the size of income, while the ceiling on the patient's own contribution under the high-cost medical expense system is also stratified into three tiers depending on income levels. Of the above, (2) will make long-term care insurance the same as the Medical Care System for Older Senior Citizens. On the other hand, (3) will take account of stock as well as flow when deciding benefits, and thus could be said to be more advanced than it was before. Although supplementary benefits may be regarded as benefits with a welfare-like character, the question should then arise as to why

benefits with a welfare-like character are funded from insurance premiums. Meanwhile, (1) and (4) permit discretion by municipalities, meaning that the concepts of user-orientation and user self-determination attached to long-term care insurance will also recede to that extent.

If the long-term care insurance system reinforces these characteristics of a safeguard-based system in future, the very need to maintain long-term care insurance as social insurance (the *raison d'être* of long-term care insurance) would also come into question. In any case, the long-term care insurance system (particularly for those with a minor care need) is expected to further reinforce its nature as a partial guarantee in future. When it does, the void thus created will probably be filled by payable or free corporate services other than long-term care insurance, together with long-term care by family members and others.

IV. Development of Systems Related to Family Carers

1. Creation of Care Leave Systems

With the rapid advance of aging since the end of the 1980s, a dramatic increase in elderly persons requiring long-term care (particularly those suffering from dementia or bed-ridden) and a prolongation of care periods were anticipated. Meanwhile, the family environment surrounding elderly persons was changing considerably with the advance of the nuclear family (i.e. an increase in elderly people living alone or in husband-and-wife households) and the rise of dual earner households, among others. There were also concerns over an increasingly serious shortage of long-term care workers due to the progressive birth rate decline.

A 1994 report by the "Elderly Social Welfare Vision Round Table Conference," set up as a private advisory group of the Minister of Health and Welfare in 1993, pointed out the importance of developing infrastructure for care services by drawing up a New Gold Plan ("Five-Year Plan to Promote Health Care and Welfare for the Elderly") as a reinforcement of the previous one ("Ten-Year Strategy to Promote Health Care and Welfare for the Elderly"), and of systems of care leave. Though actively promoting social infrastructure development for care services under the New Gold Plan, the aim was not to meet all long-term care needs, but the report also stressed the importance of diffusing the care leave system to that end, on the premise that long-term care by families would be even more necessary.

Systems of leave on grounds of long-term care of family members or others were already being operated by some companies as in-house welfare systems. The Ministry of Labour also made efforts to spread and promote these, based on a report by a study group consisting of labor and management representatives and experts, such as by drawing up "Guidelines on care leave systems, etc." (July 1992).

The Women's Working Group of the Women's and Young Workers' Problems Council, acting on a request to review effective diffusion measures including legislation on care leave systems, deliberated the issue while referring to the results of study by an expert

group on care leave systems. The Working Group then compiled a report, with opinion divided on whether such systems should be made subject to law, and the Council's Generally Assembly submitted a proposal entitled "On Legal Arrangements for a Care Leave System, etc." to the Minister of Labour. Based on these discussions, the Child Care Leave Act was amended in 1995 with the addition of family care leave and other changes, and the name of the law was also changed to the Child Care and Family Care Leave Act.

Although the Child Care and Family Care Leave Act made it compulsory for businesses to implement a care leave system, this was not to be enforced until April 1, 1999, after a fixed preparatory period. Care leave systems were initially aimed at workers other than day laborers and fixed-term employees, were limited to three consecutive months, and could only be taken once per subject family member.

2. Development of the Family Care Leave System

After this, in the 2004 amendment, (1) the limit on the number of times care leave could be taken was eased, and leave could be taken once per care-requiring condition per subject family member (up to a total of 93 days), while (2) fixed-term employees could also take care leave if they had been employed for at least one year and were expected to still be employed beyond 93 days after the scheduled start date of care leave. Besides this, the system of time off for care was created in the 2009 amendment.

Compared to the childcare leave system, for which revisions were actively promoted from the angle of measures to address the declining birth rate, the development of the family care leave system was more gradual. However, this does not mean that there were no problems with the existing care leave system. For example, let us examine the implementation status of the system.¹³ If we compare figures for FY1999, when the system was made compulsory, and the most recent figures from FY2014, the state of provisions on the care leave system rose from 40.2% to 66.7% in businesses with five or more employees and from 96.8% to 99.2% in those with 500 or more employees. However, the development of provisions was not necessarily reflected in the actual state of take-up. The ratio of care leave takers to all full-time employees was unchanged from 0.06% in FY1999 to 0.06% in FY2015. By gender, the ratio was 0.03% for men and 0.11% for women in FY2015, and 74% of care leave takers were women, showing a conspicuous gender bias. By contrast, the ratio of job quitters on grounds of long-term care to all full-time employees had risen to 0.12% (men 0.04%, women 0.23%) in FY2013, double the ratio of care leave takers. Thus, although the development of the care leave system has progressed, it would appear that it is not necessarily easy to use.

In the 2016 amendment, therefore, amendments designed to prevent job-quitting for long-term care consisted of (1) the option to split care leave into segments, (2) the creation

¹³ The figures below are taken from the MHLW FY1999 Basic Survey of Employment Management of Women and the FY2013, 2014 and 2015 Basic Survey of Gender Equality in Employment.

of a system of exemption from overtime work, (3) the option to take time off for care in half-day units, and (4) an increased rate of care leave benefits. Of these, (4) was implemented from August 1st, 2016, and (1) to (3) will take effect from January 1, 2017.

The care leave system has the character of a preparatory period while a system of continuous long-term care is being created,¹⁴ and from the angle of workers achieving a continuous balance between family care and work, various systems related to workers' employment formats (such as measures to reduce contractual working hours) would be more appropriate. This is because, unlike childcare, it is often impossible to predict for how long family care will be required. In that sense, a praiseworthy aspect of the 2016 amendment is that the minimum period during which employers are obliged to reduce contractual working hours has been increased from 93 consecutive days to three years.

3. Guaranteeing Incomes during Care Leave

While the takeup rate of care leave is at an extremely low level, one factor that prevents workers from taking care leave is thought to be the problem of income guarantees during the care leave period. During this period, employers are under no obligation to pay wages,¹⁵ meaning that care leave takers have greater difficulty in maintaining a living during that time. As stated above, under the existing system, care leave benefits paid from the employment insurance system as a kind of employment continuation benefit effectively bear the function of income guarantees during the care leave period. Care leave benefits were created under the 1998 amendment of the Employment Insurance Act, together with the implementation of the care leave system in 1999, and initially involved payment of 25% of the pre-leave wage after the end of the care leave¹⁶ (the same level as child-care leave benefits at the time). Later, the benefit level was raised to 40% of the pre-leave wage in the 2000 amendment, in tandem with child-care leave benefits.

Subsequent trends were in contrast to those of child-care leave benefit, which underwent positive developments concerning the method and levels of payment, in connection with measures to address the declining birth rate.¹⁷ Nevertheless, as the problem of job

¹⁴ A commentary on the Employment Insurance Act also states that care leave is generally "taken as a 'wait-and-see' period until long-term care aims are decided, such as the use of external care services" (*The Employment Insurance Act, New Edition* (Institute of Labour Administration, 2004) p.165). However, because the care leave period is limited to 93 days per subject family member, care leave cannot be taken if the number of days has reached the limit, even when the care-requiring condition of said subject family member changes.

¹⁵ Although the employer may pay a wage, in that case, when the total of wages plus care leave benefits exceeds 80% of the wage before taking leave, the difference between the amount equivalent to 80% and the paid wage is paid as care leave benefits.

¹⁶ It has been pointed out that the large gender disparity in take-up rates is due to the fact that the pre-leave wage is used as the basis for calculating benefit amounts.

¹⁷ For child-care leave benefit, in the 2009 amendment, the previous child-care leave basic benefit (30% of the pre-leave wage paid during child-care leave) and child-care leave workplace return benefit (20% of the pre-leave wage paid six months after returning to work) were integrated into a single

quitting for long-term care came under closer scrutiny, care leave benefit was at last raised to 67% as a provisional measure in the 2016 amendment.

Although care leave benefits have been positioned in the employment insurance system as a measure to prevent unemployment caused by long-term care and to assist and encourage continued employment, job-quitting for long-term care is by no means rare. For this reason, doubts remain as to whether the current level of care leave benefits fulfils the intended function. As well as the appropriateness of the benefit level, the very nature of the system needs to be reconsidered, including a reappraisal of whether it is appropriate for the employment insurance system to carry the function of guaranteeing income during care leave in the first place.

4. Amendment of the System of Benefits for Commuting Injuries

In connection with family care by workers, it might be apt to mention the amendment of the benefit system for commuting injuries. When a worker is not living together with a family member who needs long-term care, the situation could occur whereby the worker calls in at the home of the family member to give care while on the way to work. In the conditions for a commuting injury to be handled under the Industrial Accident Compensation Insurance Act (IACIA), if a worker deviates from or interrupts a “reasonable route” while commuting, any movement after that is in principle not recognized as commuting. However, in cases where such deviation or interruption is the minimum required for carrying out an act necessary in daily life as specified by an MHLW ordinance due to unavoidable circumstances, the journey after returning to the commuting route is once again to be treated as commuting (IACIA Article 7 para. 3). Regarding these exceptional circumstances, a court judgment on a case whereby a worker who, after giving care at his father-in-law’s house on his way home from work, had an accident after returning to his commuting route¹⁸ provided the impetus for an amendment of the Enforcement Regulations in 2008. With this, “long-term care of a spouse, child, parent, spouse’s parent or cohabiting and dependent grandchild, grandparent or sibling in need of long-term care (limited to journeys made continuously or repeatedly)” was added to the acts specified by MHLW ordinance (Enf. Regs.

child-care leave benefit (50% of the pre-leave wage paid during child-care leave). In the 2014 amendment, the benefit rate was raised to 67% of the pre-leave wage for 180 days after the start of the leave. Of course, the current nature of child-care leave benefit may also be seen as having diverged from its original purpose as an employment continuation benefit.

¹⁸ This is the Osaka High Court judgment 04/18/2007 *Rōdō Hanrei* No. 937 p.14 (Labour Standards Inspection Office Director Habikino Case), which recognized the long-term care of the father-in-law as falling under “Purchase of daily necessities and acts equivalent to this” (Enf. Regs. Article 8 (i)). This judgment has been subject to various assessments, but despite being a remedial case that compensates for a deficiency in the legal system (Atsuko Kajikawa, “Tsukin saigai no nintei [Certification of commuting injuries].” In *Shakai hoshō hanrei hyakusen* [100 selected Social Security Precedents. 4th edition], ed. Kenichiro Nishimura and Masahiko Iwamura (Tokyo: Yuhikaku, 2008), p.121.), it led to the long-term care of close relatives being expressly stated in ordinances through the amendment.

Article 8 (v)).

V. Treatment of Care Workers

Given that long-term care insurance publicly “guarantees” care services (whether “completely” or “partly”), the care services provided or secured within that framework are expected to be at least of a certain standard in both quality and quantity. A problem in that sense is how to secure quality care workers in the numbers required, amid a decline in general manpower numbers due to the falling birth rate, as well as the rigors of care work.

Although emphasis was placed on securing numbers of care workers when the system was first launched, as the system spread, the focus shifted to one of securing quality. Among other measures, third-party evaluation was made compulsory and the qualification system was improved. Since then, however, there has been a progressive drift of workers away from care work. One major cause of this is poor treatment, i.e. the heavy physical and mental burden of care work, and the fact that wage levels are not commensurate with the burden of work.

Of course, there is no golden bullet to solve this problem. This is because, although it is theoretically possible to make arrangements on the treatment of care workers in entrustment contracts in the case of the safeguard system, in the case of long-term care insurance, the payroll costs of care workers are included in the care remunerations established for each long-term care insurance service; actual decisions on wage structures and wage amounts by individual employers are based on the business judgment of each employer. Amid a general downward pressure on care remunerations, parts of income from care remunerations that are earmarked for improving the treatment of care workers will surely also be subject to constraints. And although the Ministry of Health, Labour and Welfare is currently studying comprehensive measures revolving around the core tenets of encouraging participation, improving the working environment and treatment, and improving quality as measures aimed at securing the care workers needed in future, the means available to the administration are only indirect ones.

The drift away from the industry by care workers could lead to a decline in the quality of long-term care in general. As long as a system of long-term care insurance is regarded as a prerequisite, raising actual care remunerations is the true path to addressing this issue, and there will be no improvement in the treatment of care workers if this is shied away from. Although attempts have been made, such as inducement by adding amounts for improving the treatment of care workers, excessive use of monetary increases or decreases will only serve to make a complicated system even more complicated. Moreover, it should be borne in mind that the injection of public funds, like the grants for improved treatment of care workers undertaken in Phase 4, will have a future impact on funding for long-term care in-

urance.¹⁹

VI. Conclusion

In reality, the long-term care insurance system does not necessarily always provide “complete” guaranteed care; particularly when it comes to those requiring in-home long-term care, it has a strong character of “partial” guaranteed care. As such, a certain degree of family care (or similar) is actually also necessary. That is to say, Japan’s guaranteed elderly care system, while based on a public guaranteed care service supported by long-term care insurance, has a structure that complements family care, services outside long-term care insurance, and others. In this sense, public long-term care and private long-term care should work together.

Points considered important from the viewpoint of balancing employment with family care are (1) how do workers divide their 24 hours and 365 days (work-life balance in terms of time), and (2) financial guarantees for time allocated to family care. The former is a question concerning worker’s employment formats, while the latter brings into question the ideal nature of an income guarantee system.

Rather than a system designed to help workers give family care on a continuous basis, the care leave system represents a preparatory period for building a system of long-term care if there is any change in the care-requiring condition of a family member. In the sense of continuously balancing employment with family care, a scheme of measures including the reduction of working hours and restrictions on overtime work would be more important. Measures made compulsory by law are the minimum requirement, and further development of systems by individual businesses is to be desired.

The problem of income guarantees during care leave may also be understood more broadly as a problem of income guarantees when engaged in family care. In this case, the appropriateness of family care benefits in long-term care insurance also becomes a point of contention. Against this, however, there will also be the counter-argument that long-term care insurance services should be enhanced and further efforts made to socialize long-term care.²⁰

¹⁹ In the 2012 revision of care remunerations, additional funding for improved treatment of care workers was originally set up as an exceptional and transitional measure in Phase 5 only, in order to achieve a smooth transition of a significant part of the grants for improved treatment of care workers to care remuneration.

²⁰ Tsutsumi, *ibid.* Note 3) p.44.

Family Care Leave and Job Quitting Due to Caregiving: Focus on the Need for Long-Term Leave

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While Japanese law provides for a system of Family Care Leave (long-term leave designed to support workers responsible for the long-term care of family members), the take-up rate of the leave remains at a low level. This paper analyzes whether workers tend to quit their jobs because of the need to take consecutive leave, as envisioned by the Family Care Leave system, or whether there is another reason for this tendency. It also examines issues concerning support for continued employment designed to match the actual circumstances of workers engaged in long-term care for family members. Analysis of data on workers who are in employment at the start of long-term care reveals that (1) there is a positive correlation between a greater need to take Family Care Leave and a lower rate of continuous employment in the same company from the beginning to the end of the caregiving period, (2) long-term care services are used to alleviate the need for long-term leave while such need is greater when caring for a parent than when caring for a spouse's parent, (3) regardless of the need for long-term leave, workers who work six hours or less per day are more likely to remain continuously employed in the same company than those who work more than eight hours per day, and (4) there is a correlation between lower rates of continuous employment in the same company and the provision of long-term care with no assistance from other family members, as well as severe dementia afflicting the care recipient, regardless of the need for long term leave. These findings indicate that, to enable caregivers to remain in employment, it is essential not only to manage the Family Care Leave system effectively but also to offer a full range of other forms of support, such as reduced working hours and social support for workers who provide dementia care.

I. Issues

The purpose of this paper is to determine the extent to which Family Care Leave (long-term care leave as provided under Japanese law) is necessary for the continued employment of workers responsible for the long-term care of family members,¹ and from this perspective, to clarify factors that influence caregivers' decisions to quit their jobs.²

¹ Terms such as "workers responsible for long-term care" and "workers engaged in caregiving" sometimes refer to home helpers and other professional care workers. This paper, however, focuses on the care of family members, and the terms "care" and "long-term care" refer to family care unless otherwise indicated. Meanwhile, although the term "continued employment" can also be used in a broad sense to mean continuing to work while repeatedly changing employers, Family Care Leave is intended to support continued employment in the same company. "Continued employment" therefore has the latter meaning in this paper.

² This paper was originally published in the Japanese Journal of Labour Studies as "Quitting Work for Elderly Care, and the Need for Family Care Leave" in April 2010 (Ikeda 2010), and has been re-

The 1995 Act on Child Care and Family Care Leave made it obligatory for employers to offer Family Care Leave of three months, with effect from 1999. According to the objectives and framework of Family Care Leave as indicated in Women's Bureau of the Ministry of Labour, eds. (1994a), Family Care Leave is intended for the acute phase of long-term care immediately after a family member starts to require care. The aim in doing so is to help workers adjust to a subsequent lifestyle involving long-term care. Because it generally takes about three months from the onset of cerebrovascular disease (a typical illness afflicting older persons in need of care) until the care recipient's condition stabilizes, and moreover because this period cannot be covered by annual paid leave or unpaid absence, the maximum length of Family Care Leave was set at three months³ (Women's Bureau of the Ministry of Labour, eds., 1994a: 77). Based on case studies of workers who take Family Care Leave, however, Yamada (1992) notes that this type of leave functions effectively for short-term terminal care, so that taking Family Care Leave toward the end of the recipient's life rather than during the acute phase is another option.⁴

The reality is, however, that not enough workers make use of the Family Care Leave system, even when they need to take leave for long-term care. This must be recognized as the more fundamental problem.⁵ As illustrated by the data given in Sodei (1995) and Hamajima (2006a), who analyzed take-up levels of Family Care Leave, the majority of workers who take time off to provide care do so in the form of annual paid leave or unpaid leave. It is not yet clear whether Family Care Leave is truly an indispensable means of providing support for continued employment. In the first place, we need to examine the degree to which useful consecutive leave,⁶ as envisioned by the system, is actually useful for workers.

Accordingly, this paper first analyzes how workers engaged in caregiving perceive the need to take Family Care Leave.⁷ Based on the results, it then analyzes whether workers

vised to reflect the latest policy developments. Data used in the analysis for this paper are taken from the latest survey conducted in 2015.

³ When the Act on Child Care and Family Care Leave became law in 1995, it provided for leave taken "once, for up to three months per eligible family member." The Act was then amended in 2005 to provide for "a total of 93 days for each eligible family member, to be taken when the need arises." In the latest amendment due to take effect in 2017, the total length of leave is still 93 days.

⁴ The amended Act on Child Care and Family Care Leave, which will take effect in 2017, provides for the need to take leave in each phase (i.e. the beginning, middle and end) of the caregiving period, and makes it possible for leave totaling 93 days to be divided into a maximum of three segments. The aims of the 2017 amendment are outlined in Equal Employment, Child and Family Policy Bureau of the Ministry of Health, Labour and Welfare (2015).

⁵ According to the 2012 Employment Status Survey (Ministry of Internal Affairs and Communications), the percentage of caregivers who take Family Care Leave in a given year stands at 3.2%.

⁶ In the remainder of this paper, "leave" will be used to mean "Family Care Leave," while "consecutive leave" will be used to mean any extended absence from work, including the use of annual paid leave.

⁷ Since leave of up to one week can be categorized as "Time Off for Caregivers," of which five days can be taken per year, this paper focuses on the need for consecutive leave of more than one

are quitting their jobs because of the need to take time off to care for family members, or for a reason other than the need for consecutive leave. Through this analysis, the paper seeks to clarify the issue of support for continued employment in line with the actual circumstances of workers responsible for family care. For the reasons described above, this paper focuses on employment in companies rather than employment in a more general sense, including self-employment.⁸

The structure of this paper is as follows. Section II will survey the findings of previous studies on job quitting during periods of long-term care. Section III will go on to outline the methods used to analyze issues, and Section IV will analyze factors that determine the need for consecutive leave and job quitting. Finally, Section V will summarize the conclusions. To state some key points in advance, there is a positive correlation between the need to take consecutive leave for long-term care and job quitting, and while Family Care Leave can be seen as an important means of support for continued employment, it does not benefit a high percentage of workers. The findings also suggest that it is important to offer other forms of support besides Family Care Leave (specifically, options for reduced working hours and support for dementia care) to support the continued employment of caregivers.⁹ The period for which reduced working hours are permissible as an option will be lengthened to three years under the 2017 amendment, and the analysis results suggest that this is an effective form of support for continued employment. The Family Care Leave system was designed to support physical care for sufferers of typical ailments like cerebrovascular disease, but measures to support dementia care are also necessary. As outlined thus far, a diverse range of options in addition to Family Care Leave will need to be prepared in order to prevent job quitting due to long-term care.

II. Previous Research on Job Quitting during Periods of Long-Term Care

Although there has been little research on the use of Family Care Leave per se, many research studies have dealt with the issue of job quitting during periods of long-term care in the context of women's employment. This section will set out to enumerate their findings in order to clarify the issues addressed in this paper.

Even in the United States, a pioneer in accumulating research on the balance between work and long-term care, job quitting by working caregivers is often reported. Brody et al.

week in examining the need for "Family Care Leave."

⁸ In the remainder of this paper, the term "employment" will refer to employment in a company, unless otherwise indicated.

⁹ When analyzing the same survey data as used in this paper, Hamajima (2006b) found a positive correlation between workers' need to take consecutive leave for the sake of long-term care and their job quitting from the workplaces where they were employed when the need for care arose. However, Hamajima does not examine specific situations where the need for consecutive leave makes continued employment difficult, nor the possibility that job quitting could be due to factors other than the need for Family Care Leave. The significance of this paper lies in clarifying these points.

(1987) indicate that those who quit their jobs under these circumstances are primarily in low income brackets, and thus tend to fall further into poverty. According to Stone et al. (1987), on the other hand, the percentage of caregivers who quit their jobs is only 8.9%; in terms of the impact of long-term care, they are outnumbered by those who work for reduced hours (21.0%), work on modified schedules (29.4%), or take unpaid leave (18.6%). In this context, studies such as those by Ettner (1995) and Pavalko and Artis (1997) view not only job quitting but also the relationship between working hours and long-term care as problematic issues.¹⁰ In recent studies, moreover, Wakabayashi and Donato (2005) point to a significant reduction in income resulting from reduced working hours for the purpose of caregiving.

In Japan, the ability of women to continue working while engaged in long-term care has been viewed as a problematic issue due to the prevailing custom of providing care within the family.¹¹ As an underlying feature of Japanese families, Sodei (1989) mentions the high percentage of adults who live with their parents, and describes a life cycle in which daughters-in-law care for their parents-in-law, then eventually become mothers-in-law themselves and receive the care of their own daughters-in-law. Although the nuclear family has been increasing since the end of World War II, there remain many married women who live with their own parents or parents-in-law in Japan compared to those in western countries (Maeda 1998). In terms of the effect of living with parents on women's employment, an analysis by Maeda (1998) finds a positive impact when women are engaged in child-rearing, but conversely, a negative impact when they are living with a parent aged 75 or older. Women who had previously been able to work thanks to living with parents often experience a reversal in which they must quit their jobs in order to care for a cohabiting parent. Maeda (2000), Iwamoto (2000), Yamaguchi (2004), Nishimoto and Shichijo (2004) and Nishimoto (2006) have also pointed out the difficulty of working while engaged in long-term care.

While these studies do not analyze the relationship between these issues and Family Care Leave, research on Family Care Leave has accumulated in the context of the potential for continued employment. In the studies described below, many cases of job quitting are reported to occur at times that differ from those envisioned by the Family Care Leave system.

Based on case studies of women engaged in long-term care, Naoi and Miyamae (1995) indicate that while it may be possible to combine work and caregiving during the early stages, it often becomes more challenging to do so in the middle phase. Specifically,

¹⁰ In the UK, Henz (2006) has examined the association between job quitting by working caregivers and social class. According to Evandrou (1995), however, the percentage of caregivers who quit cannot be described as high, though job quitting is linked to a variety of other issues including reduced working hours and absenteeism.

¹¹ In recent years, studies by Yamaguchi (2004), Nishimoto (2006) and others have analyzed the relationship between long-term care and working hours. The analysis results shown in Table 3 of this paper also suggest that working hours during periods of long-term care are an important issue.

they report that there is an increased possibility of job quitting due to the need to care for a family member with dementia, lack of sleep due to night-time care, deterioration of the caregiver's health due to exhaustion from long-term care, or workplace pressure to quit. Moreover, the longer the care period, the greater the possibility of job quitting (Naoi and Miyamae 1995: 270–71). Meanwhile, Maeda (2000) notes that the percentage of regular employees becomes lower as the caregiving period becomes longer. The increased percentage of part-time workers leads to an inference that many workers switch from full-time to part-time work in an attempt to balance work with long-term care (Maeda 2000: 60–61).

These findings imply that, rather than the acute phase of caregiving envisioned by the Family Care Leave system, it is the stabilization (plateauing) of the care recipient's condition and prolongation of long-term care that present challenges to continued employment.¹² However, no study so far has examined whether it is possible to prevent job quitting by providing Family Care Leave in such situations. Under the hypothesis that job quitting occurs due to circumstances other than those envisioned by the Family Care Leave system, there is a possibility that different factors contribute to the difficulty in continuing employment. Given these possibilities, the next section will seek to clarify the relationship between job quitting and the need for consecutive leave as envisioned by the Family Care Leave system, taking account of the entire period from the start to the end of long-term care.

III. Hypothesis and Methods of Analysis

1. Hypothesis

The main issue analyzed in this paper is that of the factors that determine job quitting during periods of long-term care, in relation to the need for continuous long-term care leave as envisioned by the Family Care Leave system. Before this, however, the various levels of need to take Family Care Leave must be discussed. This is because the issue of whether or not long-term care leave needs to be taken is greatly influenced by the care recipient's condition and the division of caregiving within the family, as has been pointed out in previous studies.

¹² To cope with these challenges, the Act on Child Care and Family Care Leave was amended in 2009, including a new provision of five days per year of "Time Off for Caregivers" to handle long-term care. This generally entails tasks such as taking the care recipient to the hospital, and the time off is intended to be taken in one-day units rather than for a continuous period of time. In addition, the latest amendment to the Act on Child Care and Family Care Leave, enforced in January 2017, extends the duration of measures such as reduced working hours to three years, independent of Family Care Leave. It also establishes an overtime exemption that can be claimed until the end of the care period. The number of times Family Care Leave can be taken has also been amended from "once, for up to three months per eligible family member" to "a total of 93 days per eligible family member, to be taken when the need arises on up to three occasions," while taking a half-day off has also become an option. By thus granting flexibility in taking days off or leave of absence, the amendment is expected to reduce the risk of running out of options when the care period is prolonged, and to help prevent job quitting by workers.

We will analyze the following points in this paper.

- (1) Care roles in the family, the care recipient's condition, and the utilization of in-home care services determine the need for long-term leave for caring.
- (2) Working caregivers who need long-term leave for caring tend to quit their jobs.

According to Yamaguchi (2004) and Nishimoto (2006), the greater the need to provide day-to-day physical assistance with activity such as taking meals, changing clothes, bathing and using the toilet, the higher the probability that the caregiver will take leave of absence or quit. These studies do not distinguish between the determining factors of "job quitting" and "leave of absence." However, their findings suggest a positive correlation between a greater need for physical assistance and the need to take longer periods of leave, to the point that continued employment becomes difficult.

In connection with the level of long-term care need, another important point is dementia. Naoi and Miyamae (1995) reported that when care recipients are suffering from dementia but are not bedridden, the need to care for them makes it difficult to combine work and long-term care. Shimizutani and Noguchi (2005) also pointed out that dementia is equal in status to bedriddenness as a cause of prolonged caregiving, although they do not mention the issue of combining work and caregiving. As described in Women's Bureau of the Ministry of Labour, eds. (1994b), however, caring for dementia patients is different from physical assistance, in that the burden primarily takes the form of mutual difficulty in communicating and mental stress due to the care recipient's cognitive impairment. As such, this paper will also consider dementia care when analyzing the difficulty in continuing employment due to the need for consecutive leave.

In terms of the division of caregiving among family members, Sodei (1995) reported that many male caregivers cite "There were other caregivers who could help out" as a reason for not taking Family Care Leave. It has been pointed out in many studies, including Iwamoto (2000) and Yamaguchi (2004), that the main caregiver is often a woman, although the identity of this main caregiver is becoming more diverse in Japanese families today. According to Sodei (1989) and Naoi and Miyamae (1995), the wife of the eldest son was traditionally the primary caregiver for elderly parents and used to live with them, but today a variety of women play roles in long-term care. Tsudome and Saito (2007) describe a trend toward "care by the spouse" and "care by a biological child," noting an increase in male main caregivers, such as the husband or son of the recipient.¹³ Evidently, other factors besides gender, such as the relationship to the care recipient, also influence the need for consecutive leave.

In terms of family relationships, the issue of solitary caregiving must not be overlooked. This is a situation in which there are no other family members to assist with care. Behind the trend toward "care by the spouse" and "care by a biological child" noted by

¹³ Okamura (2004) also pointed out that, in the Comprehensive Survey of Living Conditions, the percentage of male caregivers rose from 15.8 percent in 1998 to 25.9 percent in 2001, representing an increase in husbands who provide care for their wives.

Tsudome and Saito (2007) is the decline of the traditional extended family and the shrinking size of family units. Especially in recent years, the declining birthrate, aging population and increase in unmarried persons have led to an increase in couples with no children, where care is provided by a spouse, or an only child or unmarried child cares for an elderly parent.¹⁴ In other words, the need to take Family Care Leave intensifies because there are no other family members who can assume responsibility for caregiving, thus increasing the likelihood of job quitting.

Public long-term care services are a form of social support that can reduce the burden of care outside the place of employment. With regard to the lengthening duration of long-term care described by Naoi and Miyamae (1995) and Maeda (2000), the Women's Bureau of the Ministry of Labour, eds. (1994b) advocated the enhancement of residential care and in-home care services, in addition to Family Care Leave, as a means of support after caregivers return to work. Since then, the use of public long-term care services has increased significantly as a result of the new long-term care insurance system introduced in 2000.¹⁵ In this respect, the situation has changed since the studies carried out by Naoi and Miyamae (1995) and Maeda (2000). Nonetheless, Fujisaki (2002) and Shimizutani and Noguchi (2005) point out, with respect to in-home care services, that long-term care by family members has not been greatly reduced since the introduction of the new long-term care insurance system. These studies do not specifically mention the reconciliation between work and long-term care, but there is an evident possibility that the burden of caregiving, which has not yet been alleviated by in-home care services, is making continued employment difficult for caregivers who live with the recipients. Whether such workers need Family Care Leave is also an important issue to examine.

2. Data and Analytical Methods

In view of the situation described above, the following analysis will take into account the extent of the care recipient's need for physical assistance and dementia care; the caregiver's gender and relationship to the care recipient, which define the division of caregiving among family members; and the use of in-home care services as means of social support. On this basis, an attempt will be made to clarify, through data analysis, what kinds of workers require consecutive leave as envisioned by the Family Care Leave system, and what kinds of workers are quitting their jobs due to the need for consecutive leave, or alterna-

¹⁴ Nagase (2013) states that living with parents has the effect of reducing the wages of middle-aged unmarried women, and suggests that these workers could be forced to quit their jobs in order to care for their parents. Data analysis by Okaze (2014) also indicates that unmarried middle-aged women living with their mothers are more likely to be in non-regular rather than regular employment, and that this is possibly due to long-term caregiving. Given the possibility that workers are quitting regular employment and being re-employed in non-regular positions, care for elderly family members by unmarried relatives could be seen as increasing the probability of job quitting.

¹⁵ The history of elderly welfare policies leading to the creation of the long-term care insurance system has been documented in Ministry of Health and Welfare (2000).

tively, quitting for reasons other than the need for consecutive leave.

The data used are taken from the Survey on Family Caregivers' Employment Status and Job Leaving conducted by the Japan Institute for Labour Policy and Training in 2015.¹⁶ These data track caregiving from the time when the need for care arises until the completion of care, and give a picture of whether the caregiver was continually employed in the same company over this period. As indicated by previous studies, combining work and long-term care becomes more difficult with the passage of time. In this sense, the subjects (workers engaged in long-term care) must be observed until the end of the caregiving period, in order to gain a picture of whether this balance is possible. The data analyzed here achieve this objective, making them well suited to the purpose of this paper.

Firstly, the determinant factors of long-term leave such as Family Care Leave will be analyzed. Workers do not require a system of long-term leave if they need consecutive leave over the short term, because there is also a regulation that workers can take up to 5 days off for caregiving. Some workers take annual paid leave for caregiving, as Sodei (1995) and Hamajima (2006) mentioned. Consecutive leave exceeding one week can be considered to trigger a need for a system of long-term leave such as Family Care Leave, for which there is no viable alternative. From this perspective, the responses "None" and "One week or less" can be interpreted as equating to "No need of long-term leave," and the other responses ranging from "Between one and two weeks" to "More than two years" as equating to "Need of long-term leave."¹⁷ The method employed was a logistic regression analysis in which 1

¹⁶ The survey targets were men and women aged 20 to 64 who began providing long-term care no earlier than April 1999 and ceased providing it no earlier than July 2010. April 1999 is when employers became obliged to offer Family Care Leave under the Act on Child Care and Family Care Leave. The choice of July 2010 was based on the amendment to the Act on Child Care and Family Care Leave that took effect from June 30, 2010. The survey method consisted of an online survey of registered monitors conducted by a research firm. A questionnaire was distributed to the monitors via the Internet, and the screens showing their responses were obtained. It has been recognized that sample populations of monitors responding to online surveys are generally biased in terms of educational background and occupation. To compensate for this bias, the composition ratios at the end of the long-term care period (i.e. gender and age composition ratios, and the composition ratios of occupations and employment formats by gender and age) were made to approximate those of the 2012 Employment Status Survey (Ministry of Internal Affairs and Communications) as far as possible. The latter survey targets "persons engaged in long-term care" and does not touch on the employment rate or breakdown of occupations when the need for care arises, but it served as a reference in assessing the circumstances of caregivers after a certain time has elapsed. Intage Research Inc. was commissioned to conduct the survey. See JILPT (2016) for details of the survey. It should be noted that while the Family Care Leave system is not necessarily limited to care for the elderly, the balance between work and long-term care has become a social issue, in the context of changes in the population structure due to the declining birthrate and population aging. On this basis, the analysis below is targeted at workers who started providing care no earlier than April 2000, after Family Care Leave became mandatory and the long-term care insurance system came into effect.

¹⁷ As is evident from the percentages shown in Table 1, the sample size is too small to analyze each period from "Between one and two weeks" to "More than two years" as independent categories. Analysis of the required length of Family Care Leave remains as a task for the future.

= “Need for long-term leave” and 0 = “No need for long-term leave.” As explanatory variables, attribute variables consisted of the age at the point when the need for care arose and the educational background, as well as gender and the relationship to the care recipient¹⁸ (which influence the division of caregiving among family members). Other explanatory variables were the situation of long-term care need, such as the need to provide physical assistance at the start of the caregiving period (high = 1, low = 0) and the presence or absence of severe dementia (present = 1, absent = 0),¹⁹ the caregiving environment when the need for care arose, i.e. whether or not the caregiver was the sole carer with no other family members available to help (sole caregiver = 1, not a sole caregiver = 0); as a care support variable, whether or not the caregiver has used long-term care services;²⁰ the employment format, indicating the type of employment when the need for care arose (regular employee = 1, non-regular employee = 0); and finally, occupation,²¹ working hours per day,²² and the length of the home care period, as shown in Fig. 1.²³

Based on this analysis, factors that impact continued employment throughout the caregiving period will then be analyzed. Because the purpose of the Family Care Leave system is to facilitate continued employment in the same workplace (in keeping with the Japanese long-term employment practice, in which it is difficult for middle-aged workers to change their jobs without decreasing their wages based on the seniority wage system), factors that impact whether employment is continued will be analyzed. In this analysis, the dependent variable will be 1 when the worker remains employed in the same company from the beginning to the end of the caregiving period, and 0 when the worker quits before the end of the caregiving period. The explanatory variables are the same as in the first analysis.

¹⁸ “Own parents” and “Spouse’s parents” were the only categories for which the sample size was large enough for analysis. Accordingly, only these were treated as independent categories, while the other relationships were treated collectively as “Other.”

¹⁹ When all categories of physical assistance (“Walking,” “Meals,” “Toilet,” “Bathing” and “Changing clothes”) required full assistance, the need for physical assistance was rated as “High” = 1, while other cases were rated as “Low” = 0. As for dementia, the responses “Always present” and “Requires surveillance” with respect to “Behavior that causes inconvenience to others, such as wandering, violence and lack of cleanliness,” were both classified as “Always present” and were taken to indicate severe dementia.

²⁰ The response was classified as “Yes” when the recipient had experienced either living in a long-term care facility or using in-home care services.

²¹ Because the questionnaire did not obtain sufficient sample sizes for “Transport and machinery operation,” “Construction and mining” or “Shipping, cleaning, packaging, etc.” to be analyzed independently, these three were combined with “Engaged in production processes” in the category “Blue collar work.”

²² The options on the questionnaire were consolidated into the categories of “More than 8 hours,” i.e. the point after which work is legally recognized as overtime; “6 hours or less,” the standard for reduced working hours as stipulated by an Ordinance of the Ministry of Health, Labor and Welfare; and “6 to 8 hours,” which is legally recognized as full-time work. “More than 8 hours” was used as the benchmark.

²³ The median of the options on the questionnaire was input as the continuous variable for the number of months.

The surveyed group is limited to respondents aged between 20 and 64 when the caregiving period ended, meaning that the sample may include those who stopped working at the statutory retirement age. The age at the end of the caregiving period is added as an explanatory variable, with a view to eliminating the effects of this factor.

Before analyzing the main issue, it should be pointed out that, while the discussion often focuses on the total length of the care period, a more crucial issue for caregivers with regard to balancing work with long-term care is the length of time spent caring for a family member at home (as opposed to placing the recipient in a care facility). As shown in Fig. 1, the total length of the care period is sometimes actually longer than ten years, and is longer than five years in 20% of cases. By comparison, the length of in-home care is shorter.²⁴ When limited to in-home care, the data employed for this paper contain no cases of care exceeding five years, and although such cases may exist, they are certainly rare. Meanwhile, Fig. 2 shows the percentage of caregivers continually employed by the same employer from the beginning to the end of the care period, broken down by the total length of care and the length of in-home care. On the total length of care, a longer term is not necessarily associated with a lower rate of continued employment. Compared to “One year or less,” this rate is lower for “Between three and four years” but rises again for “Between four and five years.” On the other hand, the results concerning the length of in-home care show little difference in the rate of continued employment from “One year or less” to “Between two and three years,” but show falls for “Between three and four years” and “Between four and five years.” However, the time-related change in combining work and long-term care is not uniform; even with the same length of care, the circumstances surrounding the difficulty in continuing employment are thought to be diverse. On this basis, the factors that determine job quitting and the need to take consecutive leave are analyzed as follows.

IV. Data Analysis

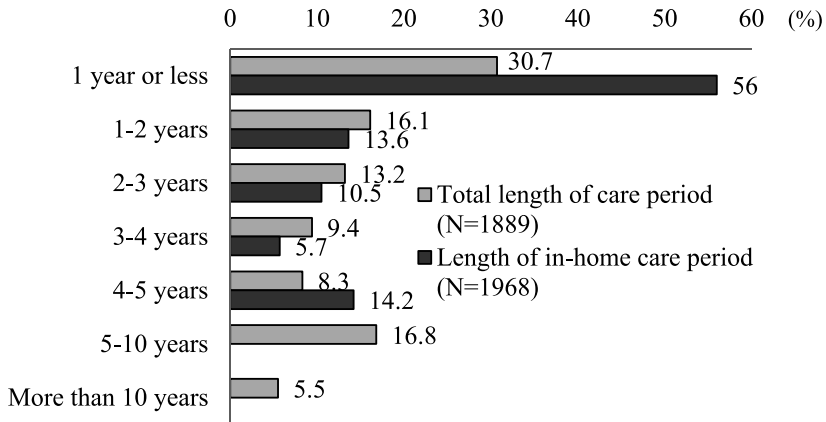
1. The Need to Take Consecutive Leave for Caregiving

First, the need to take consecutive leave in order to provide long-term care will be analyzed. Table 1 shows the different lengths of consecutive leave required during care period, by gender, and the respective percentages of respondents citing each one.²⁵

²⁴ Although these data are omitted from the figures reproduced here, the average length of all long-term care periods in the data used is 39.5 months, while that of the home care period is 18.0 months. See JILPT (2016) for more information.

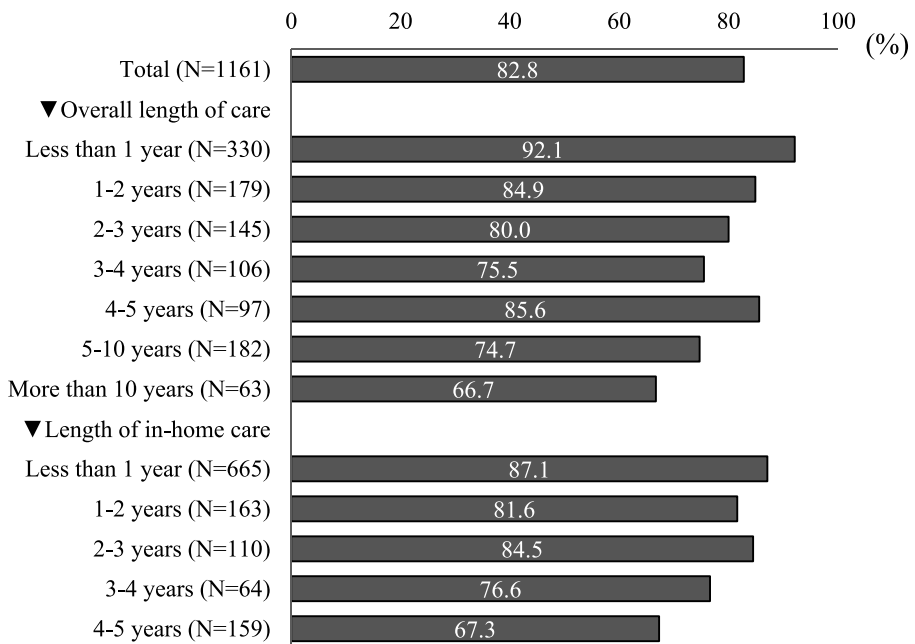
²⁵ The question posed in the survey is “How many days of consecutive leave from work did you need in order to provide long-term care? Please respond with the number of days you think you should have had, rather than the actual number of days you took.” As this phrasing indicates, the responses show subjectively perceived needs based on the experience of long-term care. Although the actual circumstances regarding the take-up of Family Care Leave were investigated in this survey, it is not clear in this case whether caregivers who did not take Family Care Leave actually needed it but were unable to take it, or did not need Family Care Leave in the first place. With this in mind, the survey

Family Care Leave and Job Quitting Due to Caregiving



Source: “Survey on Family Caregivers’ Employment Status and Job Leaving,” Japan Institute for Labour Policy and Training, 2015.

Figure 1. Rate of Length of Care and In-Home Care Period



Source: Same as Figure 1.

Figure 2. Rate of Retention by Length of Care Period (subjects employed at start of care period)

sought to address the leave needs of caregivers, albeit through subjective data.

Table 1. How Many Days of Consecutive Leave from Work Did You Think You Would Need in Order to Provide Long-Term Care?

	None	One week or less	One to two weeks	Two weeks to one month	One to three months	Three months to one year	More than one year	N	χ^2 value
Total	59.3%	18.8%	7.1%	6.0%	3.8%	2.6%	2.4%	1175	-
Male	58.7%	18.4%	9.7%	5.6%	4.5%	1.1%	1.9%	463	16.09 *
Female	59.7%	19.1%	5.3%	6.3%	3.4%	3.5%	2.7%	712	

Source: Same as Figure 1.

* $p < .05$

The first notable finding is that “None” accounts for 59.3% overall; this also represents the highest percentage of both male and female survey groups. The second highest percentage is “One week or less” with 18.8%. If the period is less than a week, “time off for caregivers” can be used rather than “Family Care Leave.”²⁶ In other words, if we distinguish between these two types of leave when examining the need to take Family Care Leave, 78.1% of respondents did not require consecutive leave exceeding one week. This finding did not differ depending on gender; even among women, who are more likely than men to be primary caregivers, the percentage of workers requiring Family Care Leave appears to be low.

Turning to the need for consecutive leave exceeding one week, the percentage of men indicating “One to two weeks” is higher at 9.7% than that of their female counterparts at 5.3%. Meanwhile, the percentage of women requiring leave that exceeds the legally mandated period of Family Care Leave (with requirements ranging from “Three months to a year,” and “More than one year”) is 6.2%. This is higher than the corresponding percentage for men (3.0%). In this sense, the need to take Family Care Leave differs depending on gender, as stated by Sodei (1995). At the same time, a significant percentage of men (approximately 20%) feel a need to take consecutive leave exceeding one week, and there is a possibility that other factors besides gender could impact the need to take Family Care Leave. Multivariate analysis will now be conducted on this basis.

Table 2 shows the results of the analysis. They show that, compared to cases where the care recipient is a spouse’s parent, those in which the recipient is one’s own parent increase the likelihood of requiring Family Care Leave. As is well known, there is a significant gender discrepancy in the commitment to long-term care of a spouse’s parents. However, the analysis results indicate that this is not the case when it comes to one’s own parents. It should be noted, moreover, that the analysis results suggest that caregiving by a biological

²⁶ Nishimoto (2012) focused on the different types of leave selected by workers in order to provide long-term care, and pointed out that “Family Care Leave” and “Time Off for Caregivers” have different determining factors. The Act on Child Care and Family Care Leave does not specify a minimum number of days of Family Care Leave that can be taken, but in light of the findings of such previous research, this paper focuses on the need for Family Care Leave of a length that cannot be covered using “Time Off for Caregivers.”

Table 2. Factors Determining the Need for Long-Term Leave for Caregiving
(Logistic regression analysis)

Explained variables (yes=1, no=0)	Need for caregiver leave		
	B	Standard deviation	Exp(B)
Gender (male=1, female=0)	.051	.192	1.053
Age of caregiver at start of care period	.007	.010	1.007
Highest level of education (BM: junior high / high school graduate)			
Junior college or vocational college graduate	-.135	.206	.873
University or graduate school graduate	.166	.190	1.181
Length of in-home care period (months)	-.001	.004	.999
Level of need for physical assistance (high=1, low=0)	.221	.249	1.248
Severe dementia (yes=1, no=0)	-.765	.549	.465
Relationship to care recipient (BM=parent of spouse)			
Own parent	.515	.225	1.674 *
Other	-.117	.306	.890
Sole caregiver (yes=1, no=0)	.344	.199	1.410
Type of employment at start of care period (regular=1, non-regular=0)	.109	.190	1.116
Working hours per day at start of care period (BM: more than 8 hours)			
6 hours or fewer	-.101	.205	.904
6-8 hours	.114	.194	1.121
Occupation at start of care period (BM: blue collar work)			
Professional or managerial work	.032	.255	1.032
Clerical work	.347	.242	1.414
Sales	.454	.285	1.575
Services	.293	.288	1.341
Have used long-term care services (yes/no)	-.388	.184	.679 *
Constant	-1.993	.591	.136 **
χ^2 value		37.744 **	
Degree of freedom		18	
N		1101	

Need for long-term leave for caregiving: Need to take consecutive leave longer than 1 week for caregiving

BM = benchmark

** $p < .01$, * $p < .05$

Target of analysis: Persons in employment at start of care period

Source: Same as Figure 1.

child—an increasing social trend noted by Tsudome and Saito (2007)—has the effect of intensifying the need to take Family Care Leave. In that sense, we can say that Family Care Leave will continue to be a necessary system for workers in the future. On the other hand, the use of long-term care services diminishes this need, and it is evident that increased use of long-term care services since the introduction of the amended long-term care insurance system have reduced the need to take long-term leave for caregiving. This social context may be inferred to lie behind the low percentage of respondents requiring Family Care Leave as indicated in Fig. 2.

As we have seen, social changes that increase the need for long-term leave and those that decrease it are occurring simultaneously. The net result is that, if anything, the need for long-term leave remains at a low level. Also, as described above, even among workers who have to provide care, the average caregiving period is relatively short. To determine whether Family Care Leave is an effective means of supporting workers who have difficulty in continuing employment due to long-term care, the factors that impact job quitting will be analyzed in the next section.

2. Factors That Impact Continued Employment throughout the Caregiving Period

Table 3 shows the analysis results. The need for long-term leave has a significantly negative effect; that is, the more a worker needs long-term leave, the less likely he or she is to remain continuously employed, and the more likely he or she is to quit. It implies Family Care Leave could be seen as a necessary system for such workers, to avoid job quitting. Independently of the need for long-term leave, however, the factors of “Length of the in-home care period,” “Severe dementia,” “Sole caregiver” and “Working hours per day at start of care period” are also statistically significant, and this fact should not be overlooked. The effects of the length of the in-home care period are consistent with the results shown in Fig. 2. The effects of sole caregiver status reaffirm the findings of previous studies, i.e. that an increase in the caregiving burden associated with smaller family sizes inhibits employment. Also, because the Family Care Leave system was mainly designed for cases of physical assistance due to cerebrovascular disease, it may be assumed that the effects of severe dementia are independent from the effects of Family Care Leave. Finally, the effect of working hours shows that the rate of continuous employment in the same company rises in correlation with shorter working hours. In general, full-time work is associated with a longer duration of continued employment, but these results suggest that working shorter hours could be more compatible with long-term care.

The findings of this analysis suggest that Family Care Leave may be seen as a necessary form of support for combining work and long-term caregiving, but also that it will be essential to implement other measures besides leave of absence to prevent workers from quitting their jobs.

Table 3. Factors Determining Continued Employment throughout Care Period
(Logistic regression analysis)

Explained variables (yes=1, no=0)	Continuous employment by same employer from start to end of care period		
	B	Standard deviation	Exp(B)
Gender (male=1, female=0)	.370	.235	1.448
Age of caregiver at start of care period	.116	.032	1.123 **
Age of caregiver at end of care period	-.109	.033	.897 **
Highest level of education (BM: junior high / high school graduate)			
Junior college or vocational college graduate	.059	.227	1.061
University or graduate school graduate	.084	.231	1.088
Length of in-home care period (months)	-.010	.005	.990 *
Degree of need for physical assistance (high=1, low=0)	.181	.304	1.199
Severe dementia (yes=1, no=0)	-.848	.423	.428 *
Relationship with care recipient (BM=parent of spouse)			
Own parent	.061	.239	1.063
Other	.163	.322	1.177
Sole caregiver (yes=1, no=0)	-.666	.221	.514 **
Type of employment at start of care period (regular=1, non-regular=0)	.695	.223	2.004 **
Working hours per day at start of care period (BM: more than 8 hours)			
6 hours or fewer	.520	.246	1.682 *
6-8 hours	.232	.232	1.261
Occupation at start of care period (BM: blue collar work)			
Professional or managerial work	-.076	.311	.926
Clerical work	-.194	.289	.824
Sales	-.415	.324	.660
Services	.129	.329	1.138
Have utilized long-term care services (yes/no)	-.175	.246	.840
Need for caregiver leave (yes/no)	-.614	.201	.541 **
Constant	1.579	.685	4.848 *
χ^2 value		90.014 **	
Degree of freedom		20	
N		1033	

Need for caregiver leave: Need to take consecutive leave longer than 1 week for caregiving

BM = benchmark

** p < .01, * p < .05

Target of analysis: Persons in employment at start of care period

Source: Same as Figure 1.

V. Summary and Conclusions

This paper has analyzed factors present at the start of a caregiving period that affect workers' decisions to quit their place of employment. The aim in doing so has been to clarify whether workers are quitting due to the need for prolonged, consecutive leave in order to engage in caregiving, as envisioned by the Family Care Leave system, or for some other reason. The key results of the analysis were as follows:

- (1) The greater the need for long-term leave for caregiving, the less likely working caregivers are to remain continuously employed in the same company from the beginning to the end of the caregiving period.
- (2) The need for long-term leave for caregiving can be alleviated by using long-term care services while caring for one's own parent rather than that of a spouse increases the need for long-term leave.
- (3) Regardless of the need for long-term leave, workers who work six or fewer hours per day have a higher rate of continuous employment in the same company than those who work more than eight hours.
- (4) Regardless of the need for long-term leave, having sole responsibility for care without assistance from family members is associated with a low rate of continuous employment in the same company, and the same is true in cases of severe dementia in the care recipient.

It should first be pointed out that, as envisioned by the system of Family Care Leave, caregiving makes continuous employment more difficult due to the need for lengthy consecutive leave. The design of the Family Care Leave system is based on the typical course of care recipients' symptoms, and the results of analysis by this paper suggest that Family Care Leave is indeed an important means of support for continued employment. In the context of a declining birth rate, an aging population and downsizing of family, there is a growing number of workers who are solely responsible for the care of family members, suggesting a need for further expansion of measures to prevent job quitting due to long-term caregiving. The increasing prevalence of caring for one's own (biological) parents, such as when married couples each care separately for their own parents or when unmarried adult children care for their parents, has the effect of increasing the need to take Family Care Leave. As such, making it easier for these caregivers to take the necessary leave is an important challenge.

However, approximately 80% of working caregivers do not feel the need for long-term leave. Here, it should be noted that these workers either do not need to take consecutive leave for caregiving, or only require short-term leave of one week or less. Underlying this is the increased use of long-term care services via the long-term care insurance system. It may be inferred that the procedures required for long-term care services, which

are assumed to require considerable time by the system of Family Care Leave, are proceeding more smoothly under the long-term care insurance system than they were previously. In other words, the procedures for using long-term care services can be completed without having to take so much time off work. Thanks to the increased availability of services, the need to provide care directly to family members for months while waiting for services to become available has been reduced, and the analysis results seem to reflect this.

On the other hand, closer investigation should be made regarding workers who quit due to factors other than the need to take Family Care Leave. One implication of the analysis results is that there is a need for reduced working hours to accommodate daily caregiving. The amended Act on Child Care and Family Care Leave, with effect from 2017, expands the period when the option of reduced working hours may be offered to workers to three years from the current 93 days, and also provides for exemption from overtime. The results of this analysis suggest that both of these measures are potentially effective.

It is also important to enable workers who care for dementia sufferers to achieve a balance between work and long-term care. In such cases, the impact of the care recipient's severe dementia on the continued employment of the caregiver is significant even when the need to take Family Care Leave is controlled. The Family Care Leave system was designed to provide physical assistance for sufferers of cerebrovascular disease, but a different perspective should be adopted when considering how to balance work with care of persons with dementia.

In short, Family Care Leave is an important means of support for continued employment, but for many workers, continued employment becomes difficult due to factors other than the need to take long-term leave. To enable these workers to remain employed, the insights set out in this paper should be examined in further detail from multiple perspectives, and effective support measures should be put in place. In doing so, various challenges will need to be addressed, including the creation of work environments that allow Family Care Leave to be taken smoothly, effective time management facilitating a balance between work and caregiving, and support for workers who care for family members with dementia.

References

- Brody, Elaine M., Morton H. Kleban, Pauline T. Johnsen, Christine Hoffman, and Claire B. Schoonover. 1987. Work status and parent care: A comparison of four groups of women. *The Gerontologist* 27, no. 2:201–08.
- Ettner, Susan L. 1995. The impact of “parent care” on female labor supply decisions. *Demography* 32, no. 1:63–80.
- Evandrou, Maria. 1995. Employment and care, paid and unpaid work: The socio-economic position of informal carers in Britain. In *Working carers: International perspectives on working and caring for older people*, ed. Judith Phillips, chap. 2. Brookfield: Abebury.
- Fujisaki, Hiroko. 2002. Kaigo hoken seido no donyu to kazoku kaigo [Introduction of the

- long-term care insurance system and care of family members]. In *Koreika to shoshi shakai* [Aging society and low birth rate], ed. Isamu Kaneko, chap. 6. Tokyo: Minerva Shobo.
- Hamajima, Koji. 2006a. Kaigo seikatsu no jittai to shigoto seikatsu eno eikyo: Dono yona shien ga hitsuyo nanoka [Caregivers' lifestyles and the impact on work: What forms of support are needed]. In Japan Institute for Labour Policy and Training 2006a, chap.9.
- . 2006b. Kaigo ni yoru ritenshoku to kaigo kyugyo shutoku [Resignation and change of employers due to long-term care duties, and utilization of family care leave]. In Japan Institute for Labour Policy and Training 2006b, chap. 2.
- Henz, Ursula. 2006. Informal caregiving at working age: Effects of job characteristics and family configuration. *Journal of Marriage and Family* 68, no. 68:411–29.
- Ikeda, Shingou. 2010. Kaigo-ki no taishoku to kaigo kyugyo: Renzoku kyuka no hitsuyousei to taishoku no kitei yoin [Quitting work for elderly care and the need for family care leave]. *Japanese Journal of Labour Studies* 52, no. 4: 88–103.
- Iwamoto, Yasushi. 2000. Yokaigoshia no hassei ni tomonau kazoku no shugyo keitai no henka [How does the provision of home care affect the labor force participation of family member?]. *The Quarterly of Social Security Research* 36, no. 3:321–37.
- Japan Institute for Labour Policy and Training. 2007. *Shigoto to seikatsu: Taikeiteki ryoritsu shien no kochiku ni mukete* [Toward development of systemic support for work/life balance]. Project Research Series no. 7. Tokyo: The Japan Institute for Labour Policy and Training.
- . 2015. *Shigoto to kaigo no ryoritu* [Combining work and care]. JILPT Research Report no. 170. Tokyo: The Japan Institute for Labour Policy and Training.
- . 2016. *Kaigoshia no shugyo to rishoku ni kansuru chosa* [Survey on Family Caregivers' Employment Status and Job Leaving]. JILPT Research Series no. 153. Tokyo: The Japan Institute for Labour Policy and Training.
- Maeda, Nobuhiko. 1998. Kazoku no raifu saikuru to josei no shugyo [The effects of the extended household on women in the workforce]. *Japanese Journal of Labour Studies* 40, no. 9:25–38.
- . 2000. Nihon ni okeru kaigo yakuwari to josei no shugyo [Caregiving Roles and Women's Employment in Japan]. In *Shigoto to katei seikatsu no chowa: Nihon, Oranda, Amerika no kokusai hikaku* [Balance of work and home life: International comparison of Japan, the Netherlands, and the US], chap.4. Tokyo: The Japan Institute for Labour Policy and Training.
- Ministry of Health and Welfare. 2000. *Heisei 12 nenban, Kosei hakusho* [2000 White paper on health and welfare]. Tokyo: Gyosei.
- Ministry of Health, Labour and Welfare, Equal Employment, Children and Family Policy Bureau. 2015. Kongo no shigoto to katei no ryoritsu shien ni kansuru kenkyukai hokokusho [Report of the conference on future support for work and family life balance]. <http://www.mhlw.go.jp/file/05-Shingikai-12602000-Seisakutoukatsukan-Sanjikanshits>

- u_Roudouseisakutantou/0000095789.pdf.
- Ministry of Labour, Women's Bureau. 1994a. *Kaigo kyugyo seido ni kansuru gaidorain* [Guidelines for the family care leave program, etc.]. Tokyo: Investigative Committee on Labor Standards.
- . 1994b. *Kaigo kyugyo seido ni tsuite: Kaigo kyugyo senmonka kaigo hokokusho* [The family care leave program: Report of the expert panel on family care leave]. Tokyo: Ministry of Finance Printing Bureau.
- Nagase, Nobuko. 2013. Shogai shinguru josei no chunenki to shigoto [Income and living arrangements of never married females in Japan]. *The Journal of Economics* 53, no. 5–6: 187–99.
- Naoi, Michiko, and Shizuka Miyamae. 1995. Josei no shuro to roshin kaigo [Women's work and the care for the aged parent(s) or parent(s)-in-law]. *Bulletin of Tokyo Gakugei University*, no. 46:265–75.
- Nishimoto, Mayumi, and Tatsuhiro Shichijo. 2004. Oya tono dokyo to kaigo ga kikon josei no shugyo ni oyobosu eikyo [Impact on work for married women living with parents and providing long-term care]. *Japanese Journal of Research on Household Economics*, no. 61:62–72.
- Nishimoto, Mayumi. 2006. Kaigo ga shugyo keitai no sentaku ni ataeru eikyo [Impact of long-term care on selection of employment formats]. *Japanese Journal of Research on Household Economics*, no. 70:53–61.
- . 2012. Kaigo no tamen no kyugyo keitai no sentaku ni tsuite: Kaigo to shugyo no ryoritsu no tamen nozomareru seido towa? [Taking family leave from employment: Does a system compatible with family care and employment exist?]. *Japanese Journal of Labour Studies* 54, no. 6:71–84.
- Okamura, Kiyoko. 2004. Korei shakai no oyako kankei [Parent-child relationships in an aging society]. In *Oyako kankei no yukue* [Directions in parent-child relationships], ed. Miwako Ariga, Kiyomi Sasame and Institute for Women's Studies, chap. 4. Tokyo: Keiso Shobo.
- Okaze, Kaoru. 2014. Chukonen mikon josei no kateinai rodo to shugyo: Dojisei baiasu no kanosei mo fukumeta kensho [Middle-aged single women's domestic work and employment status: Including an examination of simultaneity bias]. *Journal of Personal Finance and economics* 40: 29–39.
- Pavalko, Eliza K., and Julie E. Artis. 1997. Women's caregiving and paid work: Causal relationships in late midlife. *Journal of Gerontology: Social Science* 52B, no. 4:170–79.
- Shimizutani, Satoshi and Haruko Noguchi. 2005. Chojikan kaigo wa naze kaisho shinainoka: Yokaigosha setai eno kaigo sabisu riyo chosa ni yoru kensho [What accounts for the onerous care burden at home in Japan?: Evidence from household data]. *Keizai Bunseki* no. 175: 1–32.
- Sodei, Takako. 1989. Josei to rojin kaigo [Women and long-term care of the elderly]. In *Josei no raifu saikuru: Shotoku hosho no nichibei hikaku* [Women's lifestyles: Ja-

- pan-US comparison of income security], ed. Martha N. Ozawa, Shozaburo Kimura and Hideo Ibe, chap. 5. Tokyo: University of Tokyo Press.
- . 1995. Kaigo kyugyo seido no genjo to kadai [Issues and meanings of the family care leave system]. *Japanese Journal of Labour Studies* 37, no. 10:12–20.
- Stone, Robyn, Gail G. Cafferata, and Judith Sangel. 1987. Caregivers of frail elderly: A national profile. *The Gerontologist* 27, no. 5:616–27.
- Tsudome, Masatoshi, and Mao Saito. 2007. *Dansei kaigoshu hakusho: Kazoku kaigoshu shien eno teigen* [White paper on male caregivers: Proposals for support for those caring for family members]. Kyoto: Kamogawa Shuppan.
- Wakabayashi, Chizuko, and Katharine M. Donato. 2005. The consequence of caregiving: Effects on women's employment and earnings. *Population Research and Policy Review*, no. 24:467–88.
- Yamada, Yuko. 1992. Shokugyo seikatsu to roshin kaigo: Kaigo kyugyo seido no genjo to mondaiten [Working while caring for elderly parents: Current status and issues of the family care leave program]. *Social Gerontology*, no. 36:58–71.
- Yamaguchi, Mai. 2004. Koreisha kea ga shugyo keizoku ni ataeru eikyo: Dai 1 kai kazoku chosa (NFR98) 2 ji bunseki [The effect of eldercare on work continuation: Secondary analysis of the National Family Research 98]. *Japanese Journal of Gerontology*, 26, no. 1: 58–67.

Choices of Leave When Caring for Family Members: What Is the Best System for Balancing Family Care with Employment?

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The purpose of this paper is to ascertain the attributes of workers who choose to take leave when a member of their family is in need of care, and to clarify the form this leave should take to increase the potential for balancing care with employment. To this end, the author carried out empirical analysis of the factors behind various choices of leave.

The following facts emerged from the analysis. Firstly, the likelihood of taking leave increases when the main caregiver ratio is higher, and this also tends to encourage absenteeism, in particular. Secondly, leave is more prone to be taken when the spouse works longer hours, especially when the spouse's employment format makes it impossible to control those working hours. Absenteeism is also more prone to occur if the spouse is a regular employee, and the likelihood of taking annual leave rises more or less significantly when the spouse is a regular or non-regular employee, or when there is no spouse. Thirdly, there is a greater likelihood that leave will be taken when the person receiving care is admitted to a general hospital or geriatric hospital; caregiver leave and annual leave are particularly likely to be taken in such cases. Fourthly, absenteeism is more prone to occur when the caregiver has a lower annual income. And fifthly, absenteeism is also more prone to occur if the caregiver is not a regular employee.

Based on the above results, it became clear that the caregiving environment of family members is varied, and that there is a need not only for caregiver leave that can be taken long-term but also for time off work in single-day units.

I. Introduction

Population aging is progressing rapidly in Japan, and the number of families facing care problems is expected to increase in future. When family members are in need of care, is it actually possible for caregivers to maintain their lifestyle up to that point while giving satisfactory care? Ikeda (2008) points out that, of workers who were cohabiting with family members in need of care, only 75.2% remained employed by the same employer as when they started giving care, 16.9% had changed jobs to another employer, and 7.9% had quit their original job and were out of work, revealing that many caregivers are unable to remain in employment.

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Japan now has a system of caregiver leave (leave taken by workers with a view to caring for eligible family members in need of care), which can be taken once, in principle, for a total of up to 93 working days per eligible family member. But is this system actually functioning effectively?

According to the Survey on Work and Care¹ conducted in 2006, of 610 workers who were employed when they started giving care, only nine or 1.5% actually took caregiver leave, a very small number. But how easy is it, in reality, to give care without taking time off work when a family member needs it? According to this survey, forms of leave taken by workers (other than caregiver leave) consisted of annual leave² by 38.6% of workers, systems for time off other than annual leave by 11.9%, and absenteeism by 26.8%. In other words, many workers take time off in units of single days in order to give family care.

So why is the caregiver leave system so underutilized, and why do so many workers take time off in single-day units? The reason for this could be that the existing system of caregiver leave does not match the system required by workers and diverges from their needs in too many respects.

In view of this situation, the Child Care and Family Care Leave Act was amended on June 24, 2009, and from June 30, 2010 a new system of “time off for caregivers” was created.³ Specifically, workers can request and receive five days off per year as “time off for caregivers” if they have one eligible family member in need of care, or ten days if they have two or more. There is no income guarantee, but many companies permit workers to submit the necessary supporting documents after they start to give care.⁴ As such, this could be seen as a form of leave that can respond to urgent requests when emergencies like a sudden change in the care recipient’s symptoms occur. Moreover, many workers are eligible to take “time off for caregivers” even if they are not regular employees, and the range of eligibility could be described as broader than that of annual leave.⁵ More than anything, though, this system may be highly evaluated in that it recognizes workers’ right to take time off in single-day units for caregiving. For workers whose only option has been absenteeism when faced with an urgent care situation requiring them to take time off work, this system of “time off for caregivers” is very likely to function effectively.

This paper will examine how effectively “time off for caregivers” functions as a sys-

¹ For details of the survey, see Japan Institute for Labour Policy and Training (2006).

² “Annual leave” refers to paid holidays, i.e. holidays for which the employer pays the worker’s wages.

³ The date of effectuation was delayed until July 1, 2012 for companies with 100 or fewer employees.

⁴ The guidelines in 2009 MHLW (Ministry of Health, Labour and Welfare) Notice No. 509 specify that due consideration shall be given to prevent an excessive burden being placed on workers (for example, enabling workers to defer the submission of documents supporting their need to take time off for care). As a result, many companies are thought to be operating the system in this way.

⁵ Workers eligible for “time off for caregivers” are those who care for or otherwise look after eligible family members in need of care, excluding workers with less than six months’ service as well as those with two or fewer contractual working days per week who are deemed ineligible.

tem, by clarifying the attributes of workers who have opted to take time off in single-day units, in the form of annual leave or absenteeism when giving care. Examining factors affecting the choice between annual leave and absenteeism will also make it possible to explore the ideal nature of “time off for caregivers” in greater detail. Although both annual leave and absenteeism consist of taking time off in single-day units, they differ in the following points. Firstly, annual leave is paid, whereas absenteeism is not. Secondly, annual leave is a natural right of workers who have been granted it, whereas absenteeism is time taken off for unavoidable reasons. And thirdly, annual leave often needs to be requested in advance,⁶ whereas absenteeism is used in cases when faced with a sudden need to take time off. By asking whether workers choose annual leave or absenteeism, and by clarifying the determinant factors behind their choices, it should be possible to examine the form of “time off for caregivers” best suited to workers’ needs.

Family care can be a long-term process. Depending on the individual, moreover, the content of care can be highly varied, and the quality of care to suit individual cases can be problematic. In this paper, “balancing care with work” will be taken to mean giving satisfactory care in a way that does not obstruct work, rather than merely being able to continue working; in other words, maintaining the previous style of employment while giving better quality care. For example, whenever workers are absent for family caregiving, it can cause no small obstruction to their work. In terms of ascertaining whether or not the previous employment style can be maintained, therefore, it is important to clarify whether caregiver leave is a system sought by workers, and whether “time off for caregivers” will function successfully.

To clarify these points, this paper will set out to define the realities of leave taking for family care. It is possible that workers may use forms of leave other than caregiver leave, i.e. annual leave and absenteeism. Therefore, different forms of leave will be subjected to empirical analysis to clarify, among others, the attributes of workers who take caregiver leave, or, if they take forms of leave other than caregiver leave, the determinant factors behind their choices. Finally, based on the results of this analysis, the paper will also discuss what sort of systems and policies are required to make it possible to balance care with work, and whether “time off for caregivers” will function effectively.

II. Existing Research on Balancing Care with Work

Several research studies dealing with family care and work have been conducted in recent years. However, research on caregiver leave systems and forms of leave for family

⁶ There is no legislation directly governing the timing of requests for annual leave. However, Article 39 of the Labor Standards Act permits companies to change the period of annual leave. Specifically, when granting leave in the requested period would interfere with the normal operation of the enterprise, the employer may grant leave during another period. As such, for a company to judge whether or not to exercise this right to change the period, the worker first needs to submit a leave request.

care have not been so well researched, either in Japan or abroad. As papers on the caregiver leave system, firstly, those by Sodei (1995) and Hamajima (2007) may be cited. Sodei (1995) mentions the background behind the caregiver leave system being enshrined in law, and identifies problems with the implementation of the caregiver leave system before it became systemized. Meanwhile, Hamajima (2007) states that workers with experience of caregiving do not take long-term leave such as caregiver leave, but opt instead for annual leave and others in single-day units. These findings are based on the aggregated results of the Survey on Work and Care.

One study has also included empirical analysis on the choices of leave for family care. Ikeda (2010) conducted logistic regression analysis on the necessity of consecutive time off for family care. As a result of the analysis, Ikeda asserts that the likelihood that consecutive time off will be needed for family care tends to be greater among women in non-regular employment compared to men, greater when the person in need of care is the worker's own parent compared to when that person is the spouse's parent, greater when constant physical assistance is required, and greater when in-home nursing care services are not used. However, 84.9% of the analysis subjects responded that they did not need consecutive time off for family care, and even when they did need it, the period was often short at less than two weeks. Ikeda therefore raises doubts as to whether the caregiver leave system can be called an effective support policy.

Meanwhile, Hamajima (2006a) conducted logistic regression analysis on whether workers had ever taken absence (absenteeism), arrived at work late or left early for family care. The result is that workers with such experience of absenteeism, lateness or leaving early tend to be those who require consecutive leave for family care, or those who had been involved in preparing the ground for family care at the beginning of the care.

Going further, Ikeda and Hamajima (2007) conducted logistic regression analysis on whether workers had ever experienced taking annual leave for family care, in addition to whether they had ever experienced absenteeism, lateness or leaving work early for this purpose. As a result of the analysis, Ikeda and Hamajima show that workers who were involved in preparing the ground for family care at the beginning of the care, have a tendency to take annual leave or be absent from work, arrive at work late or leave early. They also show that there is a tendency toward absenteeism, lateness or leaving early among workers who followed procedures when they started using long-term care insurance services. Also, because the analysis revealed that workers whose employer had a caregiver leave system at the start of giving care were more likely to experience taking annual leave, they conclude that even such a system exists, workers will not take caregiver leave but will attempt to balance work with family care by using their annual leave.

These existing research studies examine the attributes of workers who opt for the caregiver leave system or take leave for family care from various angles. Each of these studies could be described as significant in its own right. Nevertheless, Sodei (1995) and Hamajima (2007) both base their discussion only on simple aggregation concerning the

caregiver leave system; neither goes as far as empirical analysis. Ikeda (2010) analyzed the necessity of consecutive time off for family care, but this did not involve direct analysis of leave taking for family care. On the other hand, Hamajima (2006a) conducted empirical analysis of absenteeism, lateness or leaving early for family care, while Ikeda and Hamajima (2007) also added empirical analysis on taking of annual leave to those on absenteeism, lateness or leaving early. However, neither of these studies involved empirical analysis on the use of the caregiver leave system.

In this paper, as well as verifying determinant factors behind the decision to take leave for family care, choice factors behind caregiver leave, annual leave and absenteeism shall each be clarified. To this author's knowledge, no previous study in Japan has included empirical analysis on caregiver leave, due to constraints on the available data, etc. Therefore, conducting analysis that includes caregiver leave in this way could be seen as important in examining the form of leave required by workers.

III. Data and Models Used in the Analysis

Of microdata in the Survey on the Balance between Child Care or Family Care and Work⁷ conducted by the Japan Institute of Labour in 2003, the results from the "Individual Survey on Family Care" were used for the analysis. This survey targeted "male and female employees in their 40s and 50s," with valid responses received from 2,444 subjects (1,253 male, 1,191 female) of a total sample of 3,000.

The analysis here will focus on those who, when asked "Have you ever given care for a family member lasting two weeks or more within the last ten years?," replied "Yes" or "Am doing now, and expect it to last two weeks or more." However, because caring for a spouse and caring for an elderly parent are thought to involve very different situations, care recipients will be limited to the parents of the caregiver for this analysis. Also, since the focus of this paper is on balancing care with work, cases in which no care at all has been given and others where the caregiver was not working at the time will be removed from the analysis.

Another point is that, when a worker has experienced quitting a job for family care, information on that individual's employment could differ between the time when engaged in family care and the time of the survey. Therefore, respondents who started to work for their current employer (at the time of the survey) after their caregiving had finished were identified and removed from the analysis. This was done by first calculating the time when the respondent started working for the current employer from the "length of service with the present employer," then using information on when the care took place ("time of care") and how long it lasted ("duration of care").

⁷ This survey was conducted via random sampling by monitor members of Intage Inc. The gender ratio was 50:50, and the ratios of respondents in their 40s and 50s were sampled to match the component ratios of the monitors as a whole. Questionnaires were distributed and collected by mail.

The purpose of this paper is to ascertain workers' attributes and factors that influence whether they take time off from work for family care, and if so, which form of leave they choose, and then to examine systems and policies that will make it possible to balance care with work. To this end, analysis was first conducted using a probit model with a "Leave taking dummy" as the explained variable, giving a value of 1 if the respondent had ever taken time off work for family care and 0 if not. Separate analysis was also carried out using, as explained variables, a "Caregiver leave dummy" with a value of 1 if the respondent took caregiver leave and 0 if not, an "Annual leave dummy" with a value of 1 if the respondent took annual leave and 0 if not, and finally an "Absenteeism dummy" with a value of 1 if the respondent took absences and 0 if not.

As explanatory variables, a variable related to the respondent's attributes and employment, a variable related to the situation of the care recipient, the content of care (main caregiver ratio, i.e. the degree to which the respondent gave care as the main caregiver), a "Spouse's employment status dummy," a "Location of care dummy," the respondent's annual income, and the respondent's employment status dummy were used.

As variables related to the respondent's attributes and employment, a gender dummy, an age dummy, an occupation dummy, a corporate scale dummy, and a care support measure utilization dummy were used. The gender dummy was a dummy variable giving a value of 1 for males and 0 for females. Sodei (1995) states that, while 21.7% of males replied that they did not use the caregiver leave system because it sufficed to take annual leave, 50.0% of females gave this response, suggesting that there could be a gender difference in the decision-making process behind the choice of caregiver leave, annual leave, or other forms of leave. Therefore, the gender dummy was used to control this effect.

Next, the age dummy was a dummy variable giving a value of 1 for respondents in their 40s and 0 for those in their 50s. Shimizutani and Noguchi (2005) state that the probability of protracted care rises significantly as the age of the caregiver increases, and it is conceivable that a difference in decision making for the choice of leave may arise from differences in the time spent on care due to the caregiver's age. This effect was controlled by using the age dummy.

For the occupation dummy, meanwhile, 6 variables were used ("Professional and technical occupations," "Management occupations," "Marketing and sales occupations," "Security and service occupations," "Manufacturing and skilled occupations" and "Transport, communication and other occupations"), with figures compared to "Clerical occupations" as the reference value. The corporate scale dummy was used to show the impact on the choice of leave when the number of regular employees in the employing company is "30–99 employees," "100–999 employees" and "1,000 employees or more," in comparison to "fewer than 30 employees." Occupation and corporate scale are expected to impact whether workers are in an environment in which it is easy to take time off, affected by factors such as the weight of responsibility in a job, the difficulty in securing replacement personnel, and so on. By using these dummy variables, then, the impact due to differ-

ences in occupation and corporate scale was controlled.

For the care support measure utilization dummy, two variables were used—"Measures related to hours of employment" and "Measures related to overtime." The former was a dummy variable giving a score of 1 when using "Reduced daily working hours," "Flexitime" or "Advanced or delayed time of starting or finishing work," 0 when not. The latter was a dummy variable giving a score of 1 when using "Reduced statutory working days per week or month," "Exemption from overtime" or "Exemption from holiday work," 0 when not. Nishimoto (2006) and Yamaguchi (2004) state that some workers attempt to balance care with work by reducing their hours of employment, while Hamajima (2006b) also states that about one in four workers adjusts working hours for family care. If the care support measures provided by the company are adequate, it becomes possible to control hours of employment and give family care without taking time off work. Therefore, the care support measure utilization dummy was used to remove the impact of differences in care support measures provided by companies on decision making for the choice of leave.

Next, the care recipient status dummy and the duration of care were used as variables related to the care recipient's symptoms. Dummy variables for the care recipient status dummy were "Completely bedridden," "Mostly bedridden" and "Other," with values obtained in comparison to cases of "Partially bedridden." Shimizutani and Noguchi (2005) show that the probability of giving long-term care rises as the care recipient's level of care need increases. Just as with the age dummy, the care recipient status dummy was used to control the impact on the choice of leave exerted by time spent on care.

A period expressed in months is used for the duration of care. Nishimoto (2006) and Yamaguchi (2004) state that the duration of care has an impact on reduced working hours, leave of absence, retirement and others. Therefore, considering that the duration of care could have a significant impact on leave taking, this variable was used. Also, while opportunities for leave taking tend to increase as the duration of care lengthens, this kind of impact can be removed by using the duration of care.

Next, the content of care (main caregiver ratio), the spouse's employment status dummy, the location of care dummy, the respondent's annual income, and the respondent's employment status dummy, of particular interest as variables that impact the choice of leave for family care, will be explained. Firstly, the number of care actions performed by the caregiver will be used as the content of care (main caregiver ratio). The caregiver's content of care can be gleaned from responses regarding "Walking," "Toilet assistance," "Meals," "Bathing," "Dressing and undressing," "Housework" and "Other" in the survey. Hamajima (2006c) states that main caregivers have a higher ratio of responsibility than non-main caregivers in every action in the content of care, suggesting that the number of actions in the content of care increase as a caregiver becomes the main caregiver. Therefore, the number of actions undertaken in the content of care was used as a proxy variable for the main caregiver ratio.

On the spouse's employment status, a regular employee dummy giving a value of 1

for a response of “Regular employee” and 0 for others, a non-regular employee dummy giving 1 for “Part time, *arubaito* (side job), dispatch or contract employee” and 0 for others, a self-employed dummy giving 1 for “Self-employed, family business or home industry, others” and 0 for others, and a no-spouse dummy giving 1 for “No spouse” and 0 for others were used, shown as values in comparison to cases of “Not in employment.” The possibility of becoming the main caregiver would seem to depend heavily on the spouse’s employment status. In the Survey on Work and Care, similarly, the biggest reason given for not having taken caregiver leave until now was “Have been able to cope with care using family help and external services” with a response rate of 70.6%. This suggests that the degree of assistance by the spouse in family care significantly impacts the choice of leave taking.

For example, the possibility of becoming the main caregiver will differ depending on whether the spouse is a regular employee with long working hours, or a part time or *arubaito* worker with relatively short contractual working hours. If the spouse’s working hours are longer, the time in which the spouse can be involved in family care will of course be shorter, and the caregiver will be more likely to choose some form of leave. The choice of leave for family care is also expected to differ depending on whether the spouse is a regular employee who cannot change working hours flexibly, or a self-employed person who can be more flexible in controlling working hours.

On the location of care, the variables consisted of a home care (living together) dummy giving a value of 1 if care is given at home living together and 0 if not, a home care (living apart) dummy giving 1 if care is given at home but living apart and 0 if not, a general hospital or geriatric hospital dummy giving 1 if admitted to a general hospital or geriatric hospital and 0 if not, and a care facility dummy giving 1 if admitted to a health center for the elderly, special elderly nursing home, private nursing home for the elderly or other care facility, and 0 if not.⁸

The nature of care given by family members is expected to differ radically depending on the location of care. This is because the services available differ according to the location. If care is given at home, home visit care and other home care services can be used. In other words, the care can be shared with home helpers in addition to the family members. In the case of facility care, meanwhile, facility services can be received and the care can be wholly entrusted the facility, thus relieving the family members of a large burden of care. With hospitalization, on the other hand, medical services can be received, but personal attendance services when admitted to hospital are not available.

In other words, depending on the location of care, different services in the form of home care services, facility services or medical services can be received. This leads to the possibility that differences will arise in matters such as the degree of care borne by the family, or whether the care can be shared. Moreover, “palliative care” is often given in hospi-

⁸ The location of care was a multiple choice question in which all applicable responses could be chosen.

tals,⁹ and the symptoms of the care recipient are thought to differ depending on the location of care. The analysis will clarify how this difference impacts decision making on the choice of leave.

On the other hand, the respondent's annual income can be perceived as an opportunity cost of family care. Those with high incomes have a higher opportunity cost of family care, and are therefore not likely to choose absenteeism, which is unpaid. The respondent's annual income may also be seen as a proxy variable for the margin of freedom in the household economy. If the annual income is low, hiring home helpers or otherwise outsourcing care is out of the question, and there is probably no alternative to absenteeism.

As the respondent's employment status dummy, a dummy variable giving a value of 1 for regular employees and 0 for others was used. Non-regular employees are not usually permitted to take caregiver leave or annual leave,¹⁰ and they probably have no alternative to absenteeism. Meanwhile, regular employees have a heavy weight of responsibility concerning their work; their working environment makes absenteeism difficult, and is therefore expected to reduce absenteeism.

However, the respondent's annual income is generally presumed to be in a mutual correlation with the employment status. Firstly, regular employees often work longer hours than non-regular employees, and their annual income also tends to be higher. As well as this, regular and non-regular employees have different wage structures. Non-regular employees often receive lower wages and bonuses than regular employees,¹¹ so that regular employees' annual income is presumed to be higher in relative terms. Even in the data used for this analysis, in fact, the correlation coefficient between the respondent's annual income and the employment status dummy showed a high correlation of 0.7271, as a result of which they could not be used simultaneously as explanatory variables. Therefore, two analyses were performed—one including the respondent's annual income among the explanatory variables,

⁹ According to the "Study on Medical Services for the Frail Elderly at the End of Life," an overwhelming 81.0% of elderly persons in need of care end their lives in hospital, while 13.9% die at home, 2.4% in facilities or sheltered housing, and 2.8% in other locations. In other words, whether in home care or in facility care, the majority end their lives in hospital, where they receive "palliative care" (Institute for Health Economics and Policy 2001).

¹⁰ On annual leave, the 2006 General Survey on Part-time Workers reveals that, of businesses that employ both regular employees and part-time and other non-regular workers, only about half or 53.8% give annual leave to part-time and other non-regular workers. Of these, in turn, only 27.4% give them the same number of days as regular employees, meaning that part-time and other non-regular workers can take fewer days of annual leave than regular employees (Ministry of Health, Labour and Welfare 2007).

¹¹ In the 2006 General Survey on Part-time Workers, the most common reason given for employing part-timers (multiple response) was "Because personnel costs are lower (more efficient labor cost)" with 71.0%. Among businesses that gave "Because personnel costs are lower" as their reason, the highest ratio of content considered particularly economical (multiple response up to a maximum of three) was 70.5% for "Wages," followed by "Bonuses" with 63.5% and "Retirement allowances" with 47.9%, revealing that wages and bonuses are set lower for part-timers (Ministry of Health, Labour and Welfare 2007).

the other including the respondent's employment status dummy.

While the variables used in the analysis are explained as shown above, the explained variables and explanatory variables will now be organized chronologically. Firstly, the explained variables were all created from information that pertained during the care. Similarly, the care support measure utilization, care recipient status dummy, content of care (main caregiver ratio), and location of care used when creating explanatory variables were also information that pertained during care. As such, they could be considered more or less synchronous with the information used for explained variables. The duration of care is information pertaining at the end of care when the care has ended at the time of the survey, but is information pertaining at the time of the survey when the care is still ongoing during the survey. In either case, however, there is no great chronological deviation from the information used to create the explained variables. Moreover, since people who started to work for their current employer (at the time of the survey) after finishing care have been removed from the analysis, information on their occupation, corporate scale, and the respondent's employment status at the time of the survey will likely not have changed much from when they were giving care. In other words, of the information used to create explanatory variables, the respondent's age, the spouse's employment status and the respondent's annual income could be information postdating the explained variables. However, judging from responses on the "time of care" and "duration of care" in the survey, the sample with a significant deviation between the time of care and the time of the survey was not so large,¹² and is thus not expected to have any great impact on the interpretation of results using these variables for analysis.

IV. Results of Analysis on Leave Taking for Family Care

Table 1 shows the descriptive statistics. In terms of the distribution of each explained variable, 140 of the 266 subjects had taken time off work, 25 had taken caregiver leave, 62 had taken annual leave, and 59 had taken absence from work.¹³

¹² About one-fifth of the analysis subjects are estimated to have finished care before 1998, five years before the survey was conducted. Half of the subjects finished care before the year preceding the survey, meaning that half were still giving care as of the year before the survey. Therefore, there are not thought to be so many cases in which the time of care and the survey period significantly deviate from each other.

¹³ In the survey, the various forms of leave were defined as "Use of a caregiver leave system," "Use of annual leave" and "Absenteeism," as well as "Use of a system of time off or leave other than annual leave and caregiver leave," "Leave of absence" and "Other." Since the subjects of analysis in this paper are workers in continuous employment, respondents who stated "Leave of absence" will be disregarded, but those who responded "Use of a system of time off or leave other than annual leave and caregiver leave" and "Other" forms of leave are included in the analysis subjects. Incidentally, some caregivers take more than one form of leave in combination, so that the number of those who have ever taken time off work and the total of those responding "Use of a caregiver leave system," "Use of annual leave" and "Absenteeism" will not tally. Of the analysis subjects, six used the caregiv-

Table 1. Descriptive Statistics

Variable	Sample size	Average	Standard deviation	Minimum	Maximum
Leave taking dummy (1 if time taken off, 0 if not)	266	0.526	0.500	0	1
Caregiver leave system dummy (1 if used, 0 if not)	266	0.094	0.292	0	1
Annual leave dummy (1 if used, 0 if not)	266	0.233	0.424	0	1
Absenteeism dummy (1 if absence taken, 0 if not)	266	0.222	0.416	0	1
Gender dummy (1 if male, 0 if female)	266	0.372	0.484	0	1
Age dummy (1 if in the 40s, 0 if in the 50s)	266	0.297	0.458	0	1
Occupation dummy					
Clerical occupations [reference]	266	0.203	0.403	0	1
Professional and technical occupations	266	0.147	0.354	0	1
Management occupations	266	0.090	0.287	0	1
Marketing and sales occupations	266	0.195	0.397	0	1
Security and service occupations	266	0.135	0.343	0	1
Manufacturing and skilled occupations	266	0.102	0.303	0	1
Transport, communications and other occupations	266	0.128	0.335	0	1
Corporate scale dummy					
Fewer than 30 employees [reference]	266	0.350	0.478	0	1
30–99 employees	266	0.165	0.372	0	1
100–999 employees	266	0.286	0.453	0	1
1,000 employees or more	266	0.199	0.400	0	1
Care support measure utilization dummy					
Measures on hours of employment	266	0.195	0.397	0	1
Overtime-related measures	266	0.124	0.330	0	1
Care recipient status dummy					
Completely bedridden	266	0.143	0.351	0	1
Mostly bedridden	266	0.252	0.435	0	1
Partially bedridden [reference]	266	0.425	0.495	0	1
Other	266	0.180	0.385	0	1
Duration of care (months)	266	28.821	36.712	0.25	240
Content of care (main caregiver ratio)	266	2.985	1.621	0	6
Spouse employment status dummy					
Not in employment [reference]	266	0.218	0.414	0	1
Regular employee	266	0.470	0.500	0	1
Non-regular employee	266	0.158	0.365	0	1
Self-employed	266	0.083	0.276	0	1
No spouse	266	0.071	0.258	0	1
Location of care dummy					
Home care (living together)	266	0.383	0.487	0	1
Home care (living apart)	266	0.267	0.443	0	1
General hospital, geriatric hospital	266	0.489	0.501	0	1
Care facility	266	0.135	0.343	0	1
Respondent's annual income (x 10,000 yen)	256	306.520	285.916	20	1500
Respondent's employment status dummy (1 if regular employee, 0 if not)	266	0.451	0.499	0	1

er leave system and annual leave in combination, seven used the caregiver leave system and absenteeism, and seven used annual leave and absenteeism, but none used all three (caregiver leave system, annual leave and absenteeism).

Tables 2 and 3 show the result of analysis on determinant factors behind the decision whether to take time off work for family care or not, and choice factors behind each of caregiver leave, annual leave and absenteeism. Table 2 shows the results of analysis using the respondent's annual income as an explanatory variable, and Table 3 those of analysis using the respondent's employment status dummy.

Looking firstly at results on the content of care, in both Table 2 and Table 3 a tendency is seen for leave taking to be proportionate to the number of actions in the content of care. The person who deals with the largest number of actions in the content of care is highly likely to be responsible for care as the main caregiver, and the probability of leave taking increases as expected. However, viewing the results by form of leave, neither of Tables 2 and 3 has a significant result in the analysis of caregiver leave and annual leave, and the probability of absenteeism rises significantly. This shows that the main caregiver is in a situation of having to respond to sudden changes in the care recipient's symptoms, and in such cases there is a tendency to opt for absenteeism. Caregiver leave requires a statement of the intention to take leave to be made in advance, and the same is often true of annual leave. However, many companies permit paperwork requesting "time off for caregivers" to be submitted after the event, and so this could be seen as a form of leave that can cope with sudden requests. For main caregivers whose only option is absenteeism when responding to sudden change in the care recipient's symptoms, "time off for caregivers" could be a form of leave that increases the potential for balancing care with work, as it lets the caregiver respond to unexpected situations.

Turning next to the results for the spouse's employment status dummy in Tables 2 and 3, a positive result is obtained in all cases, i.e. the spouse as regular employee, non-regular employee, self-employed, and no spouse. The results show that the main caregiver is more likely to take time off work in these cases, compared to those where the spouse is not in employment. Of these, significant results are found in Table 2 for the spouse as regular employee and non-regular employee, where the marginal effects are 37% and 25%, and in Table 3 for regular employee, non-regular employee, and no spouse, with marginal effects of 39%, 26% and 24%, respectively. Taking the no-spouse scenario first, it goes without saying that the individual in question is highly likely to be the main caregiver, and results that encourage leave taking are as expected. If the spouse is employed, moreover, the burden of care on the caregiver tends to be heavier if the spouse's working hours are longer, and if the spouse's employment format makes it impossible to control those working hours flexibly. In these cases, there is a higher probability that taking leave will be the only option available. The marginal effects of these variables are also higher than those of other variables, suggesting that the spouse's employment status could have a major impact on leave taking.

If we now focus on the spouse's employment status in terms of the different forms of leave, both Table 2 and Table 3 show that, if the spouse is a regular employee, the probability of significant absenteeism is 14% higher than if not in employment. Table 2 also shows that the probability of taking annual leave rises significantly to 43% if there is no spouse,

while Table 3 shows this probability to be significantly higher at 15% if the spouse is a regular employee, 20% if a non-regular employee, and 46% if there is no spouse. If the spouse is a regular employee or non-regular employee, or if there is no spouse, it is harder to obtain the spouse's cooperation in care, and the individual's main caregiver ratio rises. In such cases, the survey results make it clear that the response is to take time off in single-day units. Based on the above results, "time off for caregivers," in which taking time off in single-day units for family care is recognized as a right, could be said to be of great value to workers with a high main caregiver ratio.

Next, let's look at the results for location of care. As stated above, services differ depending on the location of care, while the level of care burdens and the feasibility of sharing care also differ. In hospitals, there is a greater likelihood of receiving "palliative care," and the care recipient's symptoms differ from those in other care locations. From the results shown in Tables 2 and 3, the probability of leave taking appears to rise when the care recipient has been admitted to a general hospital or geriatric hospital. Breaking the results down into the different forms of leave, Table 2 shows that the probability of taking caregiver leave is significantly high at 7% and that of taking annual leave at 16% when admitted to a general hospital or geriatric hospital, while in Table 3 the probability of taking annual leave is shown to be significantly high at 15%. Caregiver leave comes with an entitlement to caregiver leave benefit from employment insurance,¹⁴ while annual leave is paid holiday. As such, both are forms of leave that provide some kind of income guarantee. In other words, both leave that can be taken over the long term and time off in single-day units tend to be encouraged if the care recipient is admitted to a general hospital or geriatric hospital, but in either case, these are chosen as leave that offers some kind of income guarantee.

In terms of the respondent's annual income, Table 2 reveals the significant result that absenteeism tends to be less likely as annual income rises. Income may be understood as the opportunity cost of family care. As a result of the analysis, it was confirmed that the higher the income, the higher the opportunity cost of family care and the greater the downward pressure on absenteeism. A higher income also allows a greater latitude in the household economy, and family care can be outsourced. For example, if the income is higher than the expenditure needed for outsourcing care, the option of outsourcing care, avoiding absenteeism and receiving wages as normal would surely be encouraged. Conversely, if the income is low, it may be lower than the cost of outsourcing care, encouraging the option of using absenteeism to give care. Ikeda (2006) states that the lower the household income, the higher the ratio of negative pressure on household economy due to care. In other words, we may paint a scenario whereby, in low-income households, the option of going absent and giving care is taken rather than outsourcing, and by going absent, the income falls even lower, causing difficulty in making ends meet. Therefore, it could be said that time off in

¹⁴ For those starting leave up to July 2016, caregiver leave benefit used to be 40% of the wage paid before starting leave, but this has been raised to 67% for leave commencing in or after August 2016.

Table 2. Result of Estimates Using Probit Model 1 (Analysis Using

Explanatory variable	Estimate (1)	
	Marginal effects	z value
Gender dummy (1 if male, 0 if female)	0.089	0.73
Age dummy (1 if in the 40s, 0 if in the 50s)	-0.093	-1.17
Occupation dummy [Clerical occupations]		
Professional and technical occupations	-0.200 *	-1.72
Management occupations	-0.145	-0.89
Marketing and sales occupations	-0.088	-0.77
Security and service occupations	-0.320 ***	-2.64
Manufacturing and skilled occupations	-0.157	-1.21
Transport, communications and other occupations	-0.253 **	-2.08
Corporate scale dummy [Fewer than 30 employees]		
30–99 employees	-0.034	-0.33
100–999 employees	0.120	1.29
1,000 employees or more	-0.014	-0.13
Care support measure utilization dummy		
Measures on hours of employment	0.133	1.44
Overtime-related measures	0.052	0.46
Care recipient status dummy [Partially bedridden]		
Completely bedridden	-0.002	-0.02
Mostly bedridden	0.064	0.73
Other	0.129	1.32
Duration of care (months)	-0.00115	-1.14
Content of care (main caregiver ratio)	0.082 ***	3.17
Spouse employment status dummy [Not in employment]		
Regular employee	0.368 ***	3.64
Non-regular employee	0.245 **	2.18
Self-employed	0.225	1.62
No spouse	0.228	1.58
Location of care dummy		
Home care (living together)	-0.102	-0.95
Home care (living apart)	0.006	0.06
General hospital, geriatric hospital	0.173 **	1.96
Care facility	0.090	0.77
Respondent's annual income (x 10,000 yen)	-0.00003	-0.14
Sample size	256	
Prob > chi ²	0.0021	
log likelihood	-150.394	
Pseudo R ²	0.1494	

Note: [] = reference group. The care support measure utilization dummy uses a value of 1 if care is given in the respective location, 0 if not.

***, ** and * indicate significant values at the 1%, 5%, 10% level, respectively.

“Respondent’s Annual Income” as the Explanatory Variable)

Estimate (2) Caregiver leave		Estimate (3) Annual leave		Estimate (4) Absenteeism	
Marginal effects	z value	Marginal effects	z value	Marginal effects	z value
-0.050	-1.05	0.127	1.29	-0.003	-0.04
-0.044	-1.40	0.018	0.29	-0.063	-1.23
-0.052	-1.49	-0.106	-1.34	0.012	0.14
-0.068 *	-1.90	0.052	0.42	0.067	0.40
-0.033	-0.89	-0.169 **	-2.34	0.037	0.49
-0.017	-0.44	-0.151 **	-1.98	-0.051	-0.67
-0.060 *	-1.65	-0.152 *	-1.87	0.183 *	1.76
-0.046	-1.30	-0.191 **	-2.40	0.016	0.19
0.018	0.36	0.113	1.18	-0.061	-0.97
0.041	0.93	0.179 **	2.16	0.002	0.04
0.011	0.24	0.142	1.52	-0.079	-1.15
0.008	0.20	0.060	0.81	0.053	0.82
0.070	1.22	0.089	0.98	-0.068	-1.07
-0.034	-0.88	-0.026	-0.30	0.003	0.04
-0.044	-1.30	0.104	1.43	0.016	0.26
0.027	0.66	0.010	0.12	0.020	0.30
0.00016	0.36	0.00009	0.11	0.00014	0.19
-0.013	-1.17	0.026	1.32	0.039 **	2.29
0.043	0.92	0.130	1.52	0.135 *	1.72
0.111	1.53	0.171	1.62	0.119	1.13
0.030	0.41	0.141	1.01	0.153	1.23
0.096	1.08	0.427 ***	2.82	-0.053	-0.50
0.055	1.18	-0.068	-0.83	-0.106	-1.51
0.012	0.27	0.003	0.04	-0.060	-0.96
0.065 *	1.81	0.158 **	2.32	-0.040	-0.63
0.081	1.37	-0.026	-0.29	-0.014	-0.19
0.00012	1.34	0.00001	0.08	-0.00052 **	-2.39
256		256		256	
0.5326		0.0141		0.0005	
-64.483		-118.929		-106.781	
0.1664		0.1608		0.2134	

1 if the respective measure is used, 0 if not. The care location dummy uses a value of 1

Table 3. Result of Estimates Using Probit Model 2 (Analysis Using

Explanatory variable	Estimate (1)	
	Marginal effects	z value
Gender dummy (1 if male, 0 if female)	0.049	0.43
Age dummy (1 if in the 40s, 0 if in the 50s)	-0.093	-1.18
Occupation dummy [Clerical occupations]		
Professional and technical occupations	-0.186	-1.62
Management occupations	-0.179	-1.22
Marketing and sales occupations	-0.059	-0.51
Security and service occupations	-0.327 ***	-2.79
Manufacturing and skilled occupations	-0.136	-1.05
Transport, communications and other occupations	-0.215 *	-1.79
Corporate scale dummy [Fewer than 30 employees]		
30–99 employees	-0.030	-0.29
100–999 employees	0.112	1.23
1,000 employees or more	0.009	0.10
Care support measure utilization dummy		
Measures on hours of employment	0.148	1.61
Overtime-related measures	0.046	0.41
Care recipient status dummy [Partially bedridden]		
Completely bedridden	0.004	0.04
Mostly bedridden	0.078	0.90
Other	0.155	1.61
Duration of care (months)	-0.00139	-1.40
Content of care (main caregiver ratio)	0.088 ***	3.46
Spouse employment status dummy [Not in employment]		
Regular employee	0.389 ***	3.92
Non-regular employee	0.259 **	2.34
Self-employed	0.211	1.53
No spouse	0.240 *	1.66
Location of care dummy		
Home care (living together)	-0.118	-1.13
Home care (living apart)	-0.017	-0.17
General hospital, geriatric hospital	0.159 *	1.83
Care facility	0.077	0.68
Respondent's employment status dummy (1 if regular employee, 0 if not)	0.040	0.42
Sample size	266	
Prob > chi ²	0.0003	
log likelihood	-153.961	
Pseudo R ²	0.1633	

Note: [] = reference group. The care support measure utilization dummy uses a value of 1 if care is given in the respective location, 0 if not.

***, ** and * indicate significant values at the 1%, 5%, 10% level, respectively.

“Respondent’s Employment Status Dummy” as the Explanatory Variable

Estimate (2) Caregiver leave		Estimate (3) Annual leave		Estimate (4) Absenteeism	
Marginal effects	z value	Marginal effects	z value	Marginal effects	z value
-0.030	-0.64	0.078	0.91	-0.078	-0.99
-0.043	-1.28	0.015	0.25	-0.059	-1.11
-0.055	-1.34	-0.093	-1.21	0.001	0.01
-0.070	-1.58	0.017	0.16	-0.064	-0.52
-0.027	-0.66	-0.149 **	-2.12	0.029	0.37
-0.030	-0.73	-0.142 **	-1.96	-0.060	-0.77
-0.066	-1.57	-0.133 *	-1.65	0.184 *	1.74
-0.035	-0.83	-0.173 **	-2.23	0.044	0.49
0.029	0.51	0.114	1.22	-0.079	-1.23
0.061	1.26	0.167 **	2.12	-0.012	-0.20
0.095	1.64	0.140	1.64	-0.098	-1.49
0.007	0.18	0.066	0.93	0.066	0.97
0.059	1.00	0.091	1.02	-0.085	-1.32
-0.036	-0.85	-0.024	-0.28	0.012	0.15
-0.037	-1.02	0.090	1.31	0.056	0.87
0.065	1.32	0.017	0.21	0.017	0.24
-0.00003	-0.05	-0.00006	-0.07	-0.00009	-0.12
-0.007	-0.65	0.029	1.54	0.048 ***	2.71
0.051	1.00	0.150 *	1.82	0.141 *	1.73
0.114	1.49	0.197 *	1.91	0.100	0.94
0.027	0.35	0.150	1.11	0.128	1.03
0.101	1.07	0.459 ***	3.03	-0.089	-0.88
0.041	0.87	-0.081	-1.04	-0.099	-1.35
-0.017	-0.39	0.005	0.06	-0.055	-0.85
0.051	1.37	0.150 **	2.28	-0.046	-0.72
0.064	1.11	-0.040	-0.49	-0.006	-0.09
0.014	0.36	0.095	1.38	-0.126 *	-1.91
266		266		266	
0.6672		0.0068		0.0002	
-71.237		-120.184		-110.442	
0.1407		0.1679		0.2154	

1 if the respective measure is used, 0 if not. The care location dummy uses a value of 1

single-day units with income guarantee is required for low-income households like this.

In that case, is there no possibility of a reverse cause-and-effect relationship whereby, as a result of repeated absences for family care, the respondent's annual income decreases owing to a reduction in salary and bonuses? The possibility certainly cannot be denied. However, the respondent's annual income as used in the analysis for this paper is the income per year. Over the course of a year, absences for family care are not expected to be so numerous,¹⁵ and it may be safe to assume that there is a low likelihood that taking absences for family care will cause a reduction in salary and bonuses and lead to a reduction in annual income.

Next, the results of the respondent's employment status in Table 3 show significantly that regular employees take fewer absences than non-regular employees. The results bear out the expectation that regular employees have a heavy responsibility in regard to their work and are in an environment that inhibits them from taking absences. This does not contradict the findings by Hamajima (2006a) or Ikeda and Hamajima (2007) that absenteeism, lateness and leaving early do not occur when the employment format is regular.

Meanwhile, the fact that regular employees do not take absences means that there is a tendency for non-regular employees to do so. The expected result is that many non-regular employees are not permitted to take caregiver leave or annual leave, and thus have no alternative but to choose absenteeism. Many workers are eligible to take "time off for caregivers," even if not regular employees, and the scope of eligibility is thus broad. Therefore, it could be said that there is a strong likelihood that "time off for caregivers" will function effectively for those workers.

However, both caregiver leave and annual leave show positive figures for regular employees, who are supposed to be permitted to take caregiver leave and annual leave, but this is not a significant result. On the other hand, Ikeda and Hamajima (2007) show the result that if the employment format at the start of care is regular employment, taking of annual leave is significantly encouraged—a finding not consistent with the levels of significance shown in connection with annual leave in this paper's results. This is thought to be because this paper and Ikeda and Hamajima (2007) are based on different analysis subjects. While this paper uses survey results including not only home care but also admission to hospital and care facilities, care for family members admitted to old people's homes and other facilities are not included in the analysis by Ikeda and Hamajima (2007). In other words, the analysis results by Ikeda and Hamajima (2007) show that there is a tendency for regular employees who are giving home care to take annual leave for this purpose. In the

¹⁵ According to Otake (1999), average days lost to absenteeism per worker per year in Japan are very low at 3.4 days, though these figures are not limited only to family care. Again, according to Hamajima (2006b), the number of days taken as annual leave for family care was 4.7 days by main caregivers in regular employment, and 2.3 days if not the main caregiver. Although the number of days of absenteeism for family care itself is unknown, we may infer from this information that absenteeism for family care is not so very common.

analysis by this paper, on the other hand, regular employees who are given responsible work duties and cannot easily take time off work are expected to include cases in which steps are taken to transfer from home care to facility care, rather than responding by taking time off. Therefore, compared to Ikeda and Hamajima (2007), who conducted analysis only on cases of home care, it is thought that the regular employee's need to take annual leave decreases, as a result of which significant results were not obtained.

Meanwhile, of the variables related to the respondent's attributes and employment and those related to the status of the care recipient used as control variables, significant results were obtained from occupation and corporate scale. The results on occupations in Table 2 suggest that, compared to "Clerical occupations," leave taking is significantly reduced in cases of "Professional and technical occupations," "Security and service occupations," "Transport, communications and other occupations." Table 3 also shows significantly reduced leave taking in the case of "Security and service occupations" and "Transport, communications and other occupations." However, trends in the various forms of leave differ quite considerably from one occupation to the other. Taking "Manufacturing and skilled occupations" in Table 2, for example, significantly negative values are seen in caregiver leave and annual leave, but the value for absenteeism is significantly positive. Nevertheless, the analysis of total leave taking involving all of these forms show no significant result due to offsetting of the positive values. In view of these points concerning occupations, therefore, the results for each form of leave will now be interpreted separately.

In Table 2, firstly, taking of caregiver leave was significantly reduced in "Management occupations" and "Manufacturing and skilled occupations" compared to "Clerical occupations." "Management occupations" impose heavy burdens of work responsibility and are therefore thought to provide little scope for taking long-term caregiver leave. And in "Manufacturing and skilled occupations," taking of caregiver leave is conceivably reduced due to a difficulty in securing long-term replacements, among other reasons.

On the other hand, taking of annual leave is significantly reduced, in both Table 2 and Table 3, in the case of "Marketing and sales occupations," "Security and service occupations," "Manufacturing and skilled occupations" and "Transport, communications and other occupations." While the environment surrounding these occupations make it difficult to take annual leave, it is possible that annual leave is not given in the first place. According to the days of annual leave taken in the 2003 Questionnaire Survey on Taking of Annual Leave conducted by Japan Institute of Labour, 8.5 days were taken by workers in "General clerical, etc.," 6.0 days in "sales and marketing, etc.," 7.2 days in "Service industries," 8.3 days in "Manufacturing," and 9.5 days in "Transport and communication." In other words, fewer days of leave were taken than in "General clerical, etc." in all categories except "Transport and communication." In occupations where annual leave is difficult to take, the same clearly seems to apply when it comes to annual leave for family care (Japan Institute of Labour 2003).

Meanwhile, workers in "Transport and communication" take more days of annual

leave, but this may be because the survey was aimed at regular employees and therefore included no information on non-regular employees. “Transport and communication” occupations are expected to include many non-regular workers who are not eligible for annual leave, and this is probably what caused the negative result with regard to taking annual leave.

Tables 2 and 3 show that absenteeism is significantly encouraged in “Manufacturing and skilled occupations.” In these occupations, we know that taking of caregiver leave and annual leave is reduced, and absenteeism is used when needing to take time off work for family care. It would surely be desirable, then, to develop an environment that makes it easier to take caregiver leave and annual leave in these occupations, in particular.

In terms of corporate scale, both Table 2 and Table 3 show that taking of annual leave is significantly encouraged in companies with “100–999 employees” compared to those with “fewer than 30 employees.” Positive values are also obtained for “1,000 employees or more,” albeit not at a significant level. Thus, when the corporate scale is larger, replacement personnel must be easier to secure and annual leave tends to be taken when needing to take time off work for family care.

V. Conclusion

In this paper, empirical analysis has been carried out to clarify the attributes of workers who take time off work for family care, what form of leave is preferable in order to balance care with work, and what choice factors lie behind this. The analysis results were then used in an attempt to examine whether “time off for caregivers” is functioning effectively. As a result, the following points have become clear.

- (i) In terms of the content of care, the more the individual concerned is the main caregiver, the higher the probability of leave taking and the higher the probability of absenteeism, as the specific form of leave.
- (ii) The longer the spouse’s working hours, and the more the spouse’s employment format makes it impossible to control working hours flexibly, the higher the probability of leave taking. Also, when the spouse is a regular employee, the individual’s main caregiver ratio rises and absenteeism is encouraged. Meanwhile, when the spouse is a regular or non-regular employee, or when there is no spouse, the probability of taking annual leave rises more or less significantly.
- (iii) When the care recipient has been admitted to a general hospital or geriatric hospital, the probability of leave taking rises, and both caregiver leave and taking of annual leave are encouraged.
- (iv) The lower the individual’s annual income, the more absenteeism is encouraged.
- (v) If the individual is not a regular employee, absenteeism is encouraged.

Systems and policies required for balancing care with work differ according to the

situation of each individual household economy. So what is the ideal form of leave for family care that is preferred by workers? Firstly, judging from (i) and (ii) above, we know that the higher the individual's main caregiver ratio, the higher the probability of absenteeism. When the main caregiver ratio is high, the present reality seems to be that unexpected situations (such as sudden changes in the care recipient's symptoms) are handled via absenteeism, which requires no advance application. In this regard, "time off for caregivers" may be highly evaluated in that it can respond to sudden requests.

Judging from point (ii) above, the results show that it is difficult to obtain help with family care when the spouse is a regular employee or a non-regular employee, or when there is no spouse. As well as absenteeism, taking of annual leave is also encouraged in such cases. However, considering that annual leave as a system was not originally created with only family care in mind, "time off for caregivers" may be highly evaluated in that it recognizes time off in single-day units for family care as a right, and therefore has strong potential for functioning effectively as a system. At the present time, however, "time off for caregivers" provides no income guarantee. According to point (iv) above, we know that the lower the income, the greater the tendency for the household economy to be difficult and for the individual in question to be personally responsible for care, tending to do so by taking absences rather than outsourcing the care. Enhancing the system of "time off for caregivers" so that income guarantees can be obtained would surely enable these workers to give care with greater reassurance.

Finally, the reason why there is a tendency toward absenteeism when not a regular employee, as in (v) above, is that non-regular employees are not permitted to take annual leave, or even if permitted to do so, only for a limited number of days. "Time off for caregivers" can be highly evaluated in that it covers a wider range of eligibility than annual leave, and that workers who are not granted annual leave are sometimes able to use it.

From the above results, "time off for caregivers" could be said to have the effect of increasing the potential for balancing care with work. However, balancing care with work certainly cannot be achieved merely by taking time off in single-day units. As in (iii) above, both leave that can be taken over a protracted period and time off in single-day units are seen as necessary if the care recipient is admitted to a general hospital or geriatric hospital. Although there is a high likelihood of "palliative care" being given in hospitals, this would only involve the provision of medical services. The care is entrusted to the family members, who evidently attempt to balance care with work by taking caregiver leave when long-term care is required and annual leave when short-term care is needed.

In this paper, forms of leave necessary to balance care with work have been clarified through analysis. This has made it clear that different families will have different care environments, and that a response that can address different care environments is required; that is, as well as caregiver leave that can be taken over the long term, time off in single-day units is also required. It will be possible to take "time off for caregivers" in units of half a day (i.e. half of the contractual daily working hours) from January 1st, 2017 in Japan. Ac-

According to the Report on the FY2012 Survey Research Project to Ascertain the Actual Situation of Work Life Balance, the largest response by workers who have parents in need of assistance or care, concerning the content of that assistance or care, was “Minor shopping errands and putting out rubbish” with 88.0%, followed by “Preparing meals, cleaning, laundry and other housework” with 86.5% and “Taking to and from hospital and helping with going out” with 85.7%.¹⁶ As such, taking time off for half a day could be sufficient, depending on the content of care. By increasing the options of “time off for caregivers” to include half-days as well as whole days, the care environment could be said to have been further enhanced for workers.

From the same date, caregiver leave may also be split into segments. Until now it has only been possible to take leave once per eligible family member, for a total of 93 working days, but from that date it will also be possible to split caregiver leave into a maximum of three segments. Combining “time off for caregivers” with split segments of caregiver leave may be expected to provide a care environment suited to each individual case, leading to increased potential for balancing care with work.

References

- Hamajima, Koji. 2006a. Kaigo ni yoru ritenshoku to kaigo kyugyo shutoku [Quitting of job for the elderly care and the use of family care leave system]. In Japan Institute for Labour Policy and Training 2006, chap. 2.
- . 2006b. Genzai no koyo rodosha ga kakaeru ryoritsu kadai [The problems of balancing work and elderly care for current employees]. In Japan Institute for Labour Policy and Training 2006, chap. 3.
- . 2006c. Kaigo yakuwari to kaigo futan: Yokaigosha to dokyō suru kazoku no jittai [Undertaking of elderly care and its burden: The reality of the family members living with the care receiver]. In Japan Institute for Labour Policy and Training 2006, chap. 1.
- . 2007. Kaigo to shigoto no ryoritsu jokyō to kaigo kyugyo shutoku nizu [The state of the care-life balance and care leave taking needs]. In Japan Institute for Labour Policy and Training 2007, part 2, chap. 5.
- Ikeda, Shingou. 2006. Kaigo seikatsu to keizai fuan [Family care and financial concerns]. In Japan Institute for Labour Policy and Training 2006, chap. 6.
- . 2008. Kaigo kyugyo seido no riyo jokyō to sono kadai: “Shigoto to kaigo ni kansuru chosa” kara [State of use of the caregiver leave system and the issues involved: From the survey on work and care]. *Otoko mo Onnamo*, no. 111:50–55.

¹⁶ The result of a multiple response question in which workers were asked the content of assistance and care borne by either caregiver including the respondent.

- . 2010. Kaigoki no taishoku to kaigo kyugyo: Renzoku kyuka no hitsuyosei to taishoku no kitei yoin [Quitting work for elderly care, and the need for family-care leave]. *The Japanese Journal of Labour Studies* 52, no. 4:88–103.
- Ikeda, Shingou, and Koji Hamajima. 2007. Kaigo kyugyo seido to kaigo hoken seido: Shigoto to kaigo no ryoritsu shien no kadai [The caregiver leave system and the long-term care insurance system: The challenge of supporting balance between work and care]. In Japan Institute for Labour Policy and Training 2007, part 5, chap. 2.
- Institute for Health Economics and Policy. 2001. *Yokaigo koreisha no shumatsuki ni okeru iryo ni kansuru kenkyu* [Study on medical services for the frail elderly at the end of life]. Tokyo: Institute for Health Economics and Policy.
- Japan Institute for Labour Policy and Training. 2006. *Kaigo kyugyo seido no riyo kakudai ni mukete: “Kaigo kyugyo seido no riyo jokyoto ni kansuru kenkyu” hokokusho* [For expanded use of family care leave system: Report on “the study of the utilization of family care leave system”]. JILPT Research Report no. 73. Tokyo: Japan Institute for Labour Policy and Training.
- Japan Institute of Labour. 2003. Nenji yukyu kyuka no shutoku ni kansuru anketo chosa [Questionnaire survey on the use of annual leave]. *Junkan Rodo Jitsumu*, no. 1395:2–12.
- Ministry of Health, Labour and Welfare. 2007. *Heisei 18 nen pato taimu rodosha sogo jittai chosa* [General survey on part-time workers]. <http://www.mhlw.go.jp/toukei/list/132-18.html> (accessed October 13, 2016).
- Nishimoto, Mayumi. 2006. Kaigo ga shugyo keitai no sentaku ni ataeru eikyo [The impact of family care on choices of employment format]. *Japanese Journal of Research on Household Economics*, no. 70:53–61.
- Otake, Fumio. 1999. Nenko chingin, taishokukin, keiki junkan ga kekkin kodo ni ataeru eikyo to rodo kumiai [Labor unions and the impact of seniority-based pay, retirement allowances and economic cycles on absenteeism]. In *Nihon keizai no kozo chousei to rodo shijo* [Structural adjustment of the Japanese economy and the labor market], ed. Jiro Nakamura and Megumi Nakamura, chap. 8. Tokyo: Nihon Hyoronsha.
- Shimizutani, Satoshi, and Haruko Noguchi. 2005. Chojikan kaigo wa naze kaisho shinai no ka?: Yokaigosha setai e no kaigo sabisu riyo chosa ni yoru kensho [What accounts for the onerous care burden at home in Japan?: Evidence from household data]. *Economic Analysis*, no. 175:1–32.
- Sodei, Takako. 1995. Kaigo kyugyo seido no genjo to kadai [Issues and meanings of the family care leave system]. *The Japanese Journal of Labour Studies* 37, no. 10:12–20.
- Yamaguchi, Mai. 2004. Koreisha kea ga shugyo keizoku ni ataeru eikyo: Dai 1 kai zenkoku kazoku chosa (NFR98) 2 ji bunseki [The effect of eldercare on work continuation: Secondary analysis of the National Family Research 98]. *Japanese Journal of Gerontology* 26, no.1:58–67.

Frameworks for Balancing Work and Long-Term Care Duties, and Support Needed from Enterprises

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This paper carries out a quantitative analysis based on the hypothesis that in terms of balancing work and long-term care duties, the quality of this balance (subjective sense that balance is achieved, and preservation of a feeling that work is rewarding) differs depending on the frameworks and circumstances surrounding the balance of work and care. These “frameworks and circumstances” are examined herein from five perspectives: (i) Attributes of the caregiver, (ii) Attributes of the care recipient, (iii) The relationship between these two persons and the role the caregiver plays, (iv) The long-term care framework in place (including cooperation from other family members and service providers), and (v) The caregiver’s work style or format (flexible work schedules and utilization of leave, etc.)” In the quantitative analysis, the objective variable is “quality of balance,” the control variables are (i) through (iii) above, which are given conditions for the caregiver and the enterprise employing him or her, and are not easily changed, and the explanatory variables are (iv) and (v), for which there is room for adjustment by both caregiver and enterprise for the purpose of achieving balance. The analysis results showed that while care of an elderly family member appears on the surface to place caregivers in more complex and diverse circumstances than childcare, when we control for factors such as the attributes of the care recipient, the relationship between caregiver and recipient, and the long-term care framework (cooperation from family members and service providers, etc.), it is evident that the support employees need from enterprises, with regard to their work styles and formats, involves “curtailing excessively long working hours,” “creating an environment in which leave can be taken flexibly and support programs can be utilized,” and “supervisors’ consideration for employees’ circumstances,” and there is hardly any difference between this and the type of work environment required for employees engaged in childcare to achieve work-life balance. However, if the above-described “framework” for balancing work and long-term care duties is not in place, support from enterprises will not function effectively, and thus it is important for enterprises not simply to offer support in terms of work styles and formats, but also to encourage caregivers, who often try to handle too many duties directly by themselves, to avail themselves of long-term care service providers and divide duties among family members, i.e. to focus on “management of care services and division of duties.”

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I. What Is Required to Achieve Balance?

In order for enterprises to offer support for balancing work and long-term care duties, the first problematic issue to address is that the realities of long-term care are unclear. In Japan, there are established frameworks for childcare: employees can take childcare leave until the child is around one year old, then after they return to work, place their preschool child in a day-care center or nursery school while they are working during the day, and once the child enters elementary school, utilize an after-school program. Enterprises take these established frameworks into account when they develop and implement programs of support for balancing work and childcare. However, with regard to long-term care, enterprises' human resources divisions are not aware of what roles are played by their employees facing the need to provide long-term care, or what services they are utilizing, for reasons such as the relative scarcity of workers that are attempting to balance work and long-term care, or that utilize programs such as caregiver leave (up to 93 days). This makes it a challenge for enterprises to formulate programs of support for employees balancing work and long-term care. In the case of childcare, the care and degree of engagement required at each stage of development are relatively consistent for all children, but vis-à-vis long-term care, there is significant diversity in the condition of persons requiring long-term care and the duration that care is required. Also, in cases where other family members are involved in providing long-term care or support, the circumstances surrounding long-term care are more varied than those surrounding childcare, and enterprises' approach to offering support for balancing work and long-term care can be assumed to differ depending on the nature and extent of the employee's role in providing long-term care, in the context of care as a group effort among the entire family.

According to Asai and Takeishi (2014), important factors in the workplace are (i) employees recognizing that there are support programs in place so they can continue to work if they are faced with long-term care responsibilities in the future, (ii) an atmosphere in which employees feel comfortable consulting supervisors, etc. about long-term care and work concerns, and (iii) flexible workplace management that enables employees to be exempt from working overtime, take paid vacation days as they wish, and so forth.

Mitsubishi UFJ Research and Consulting (2013) analyzed the differences between workers who stay on at their jobs while balancing work with long-term care of a parent and workers who quit their jobs due to long-term care responsibilities, and found that there were differences in the nature and frequency of these responsibilities and, accordingly, differences in appropriate work styles and formats, depending on the availability of long-term care service providers and division of duties with other family members. However, even people who were continuing to work while engaged in long-term care at the time of the survey had not necessarily achieved a desirable "balance." There were clearly some respondents who were staying on at their jobs, but were not utilizing their employers' programs of support for balancing work with long-term care duties, or had not sought assis-

tance from long-term care professionals outside their circle of family or relatives or from the enterprise's human resources staff,¹ and it was unclear whether the employees "balancing work and long-term care" were really achieving a positive balance sustainable over the long term.

With this in mind, this paper seeks to clarify differences among people who are working while engaged in long-term care—differences in the frameworks of balancing work and care duties between people that are achieving "balance" and those that are not—and based on these differences, to examine the frameworks necessary to achieve a positive balance of work and long-term care, and the support from enterprises needed to realize these frameworks. Here, "frameworks" refers to a combination of the attributes of the caregiver, the attributes of the care recipient, the relationship between these two persons and the role the caregiver plays, the long-term care framework (including cooperation from other family members and service providers) in place, and the caregiver's work style or format.

This paper hypothesizes that discrepancies in the *quality* of balance between work and long-term care arise as a result of differences in frameworks for balancing work and long-term care. On this basis, the paper will take (i) the attributes of the caregiver, (ii) the attributes of the care recipient, and (iii) the relationship between these two persons and the role the caregiver plays, as preconditions, and examine the nature of (iv) long-term care frameworks and (v) work styles and formats, in light of these preconditions. As measures of "the quality of balance between work and long-term care," we posit "sense of balance" (whether or not the employee subjectively feels he or she has achieved balance), and "sense of work being rewarding" (whether or not the employee has a sustained sense of his or her work being worth doing). The data employed is from the "Survey of Regular Employees Acting as Caregivers for Family Members" independently conducted by Mitsubishi UFJ Research and Consulting in May 2014. This was an Internet survey targeting online monitors who were working as regular employees while providing long-term care to their own parent or the parent of a spouse. The number of respondents was 1,000. Here, "long-term care" refers not only to direct caregiving such as meals, bathing, and going to the toilet, and helping with housework, but also tasks such as taking the family member to and from the hospital, dealing with sudden hospital visits and other emergencies, managing financial matters, and arranging for services and completing related procedures.²

From the next section onward, we will primarily focus on the results of cross-tabulation between the key items discussed and "sense of balance," with "sense of balance" indicating responses to the question "Do you feel you are achieving balance

¹ For details, see Mitsubishi UFJ Research and Consulting (2013), and Sato and Yajima (2014), which outlines the state of enterprises' support for balancing work with long-term care based on this survey.

² The survey targeted caregivers who are caring for parents while continuing to work, and the word "you" in the survey items refers to these survey targets. In this paper, the terms "caregiver," "respondent" or "survey subject" are used to distinguish the survey respondent from other caregivers.

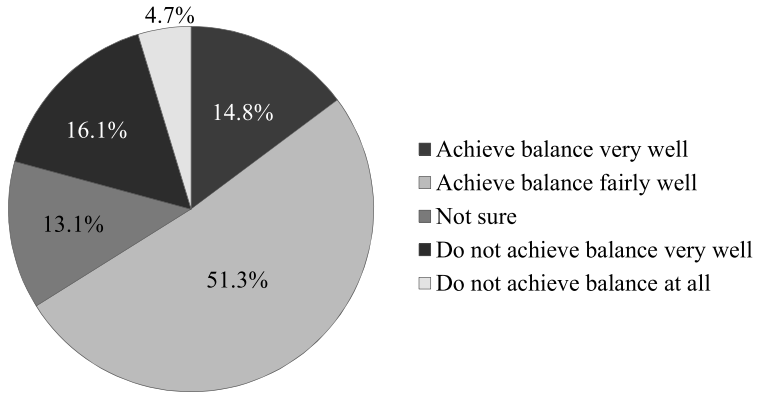


Figure 1. Whether or Not Employees Felt They Achieved Balance between Work and Long-Term Care Duties (n=1,000)

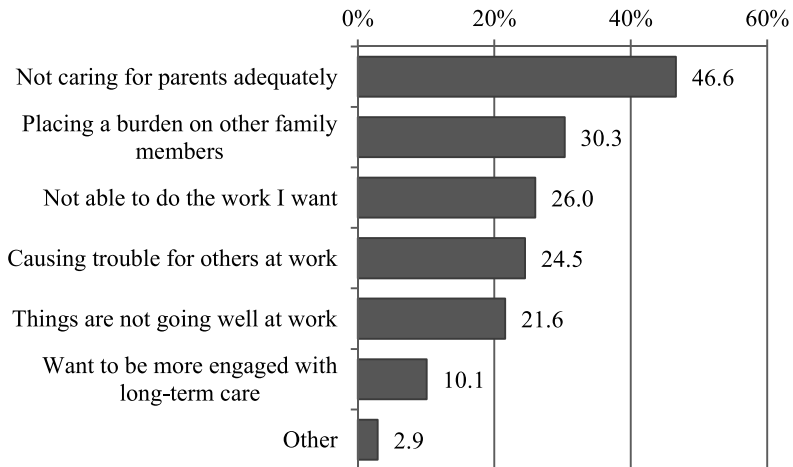


Figure 2. Reasons for Feeling They Had Not Achieved Balance (n=208)

between work and long-term care?” shown in Figure 1. When explaining the results of cross-tabulation, the percentage equated with “achieving balance” is the combined total of respondents saying they “had achieved balance very well” and those who “had achieved balance fairly well.” In some cases, references are made to the percentages of persons giving specific responses, such as that they had “achieved balance very well.” Meanwhile, those responding that they “had not achieved balance” could be divided, in terms of reasons (see Figure 2), into those who felt they were not adequately engaged in long-term care and those who felt they were not adequately engaged at work. These points must be taken into account when interpreting the results of the analysis.

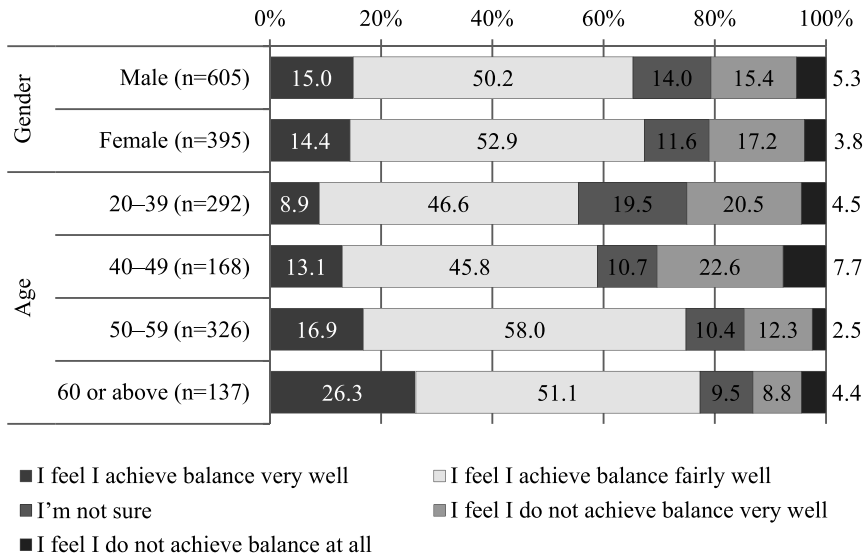


Figure 3. Gender, Age, and Sense of Balance

II. Attributes of Caregivers

Let us examine the base attributes of regular employees who are working while providing long-term care to a parent. Ages of such employees range widely, from 20 to 76, with an average age of 46.3. A sizable percentage of them were in their 40s, and men accounted for 60% of the group, reflecting the fact that regular employee status was a precondition. In terms of marital status, “married” was the largest group, accounting for more than 60%. As for the size of the enterprise where they were employed, slightly under 60% were working at enterprises with 300 or fewer employees. With regard to correlations between gender, age, and subjective “sense of balance,” there was scarcely any difference depending on gender, but higher age was positively correlated with a sense of balance (see Figure 3).

One might predict that the older an employee is, the greater the physical burden of working while caring for a family member becomes, but in fact older respondents were more likely to report a sense of balance, which probably relates to their positions and duties at work, which are more conducive to effective balancing with long-term care responsibilities. Also, “sense of balance” appears to differ depending not only on the amount of time actually spent on work and long-term care, but also on subjects’ different perceptions of “balance” within the same time frame. In answer to a question about reasons for feeling balance was not achieved, responses from people who felt they were “not doing an adequate job of caring for [their] parent” were prevalent. From this perspective, it seems possible that the older people are, the more support they may have from siblings or other family members,

or that a stay-at-home housewife spouse may be the primary caregiver, reducing respondents' own degrees of responsibility and making them more likely to say they were achieving balance. Meanwhile, the third most common response regarding reasons for not achieving balance was "I am unable to do the work I want to do," and this sense of conflict appears strongest among younger people with their careers ahead of them, while conversely conflicts regarding balancing work and long-term care diminish progressively as people grow older.

III. Attributes of Persons Requiring Long-Term Care

In the survey, subjects were asked about the identities of all persons to whom they were providing long-term care (own parents, spouse's parents, other family members, etc.), and then asked to specify the person (from among his/her own parents or the parents of a spouse) whom they were most involved in providing care to. The basic attributes of this "person they were most involved in providing care to" are discussed in this section.

In terms of gender, women (i.e. the respondent's mother or the mother of a spouse) accounted for over 60%, the mirror image of the gender breakdown for caregivers. As for age, 65.5% were "latter-stage elderly" persons aged 75 or over. With regard to Certification of Needed Long-Term Care under the long-term care insurance system, nearly three tenths of respondents (29.1%) stated that they either had not applied, had applied but were ineligible, or did not know about certification status. Even among persons requiring long-term care, there are many who under the long-term care insurance system are not officially considered to require support or long-term care. Examining the results for "sense of balance" broken down by degree of long-term care needed, the percentage of caregivers stating that they were achieving balance was highest among those for whom the care recipient was classified as "requiring long-term care—Class 1 or 2," whereas this percentage drastically declined when the recipient was classified as "requiring long-term care—Class 5," and the percentage responding that they were "not sure" increased, while there was no major discrepancy in the percentage stating that they were "not achieving balance" (see Figure 4). There was not a significant difference in the breakdown of responses from caregivers depending on whether the recipient required "long-term care—Class 1 or 2" or "long-term care—Class 3 or 4."

With regard to senile dementia, the highest percentage of respondents, at 45.9%, stated that the care recipient did "not have senile dementia," while 40.8% reported "mild dementia" accompanied by degradation of memory and perceptive, and 8.1% reported "severe dementia" involving erratic behavior such as wandering aimlessly outdoors. When "sense of balance" is viewed in light of the presence or absence of dementia, a higher percentage of caregivers for people with "mild dementia" said they had a "sense of balance" than their counterparts caring for people without dementia, and although the percentage of people caring for those with "severe dementia" who reported a lack of balance was higher

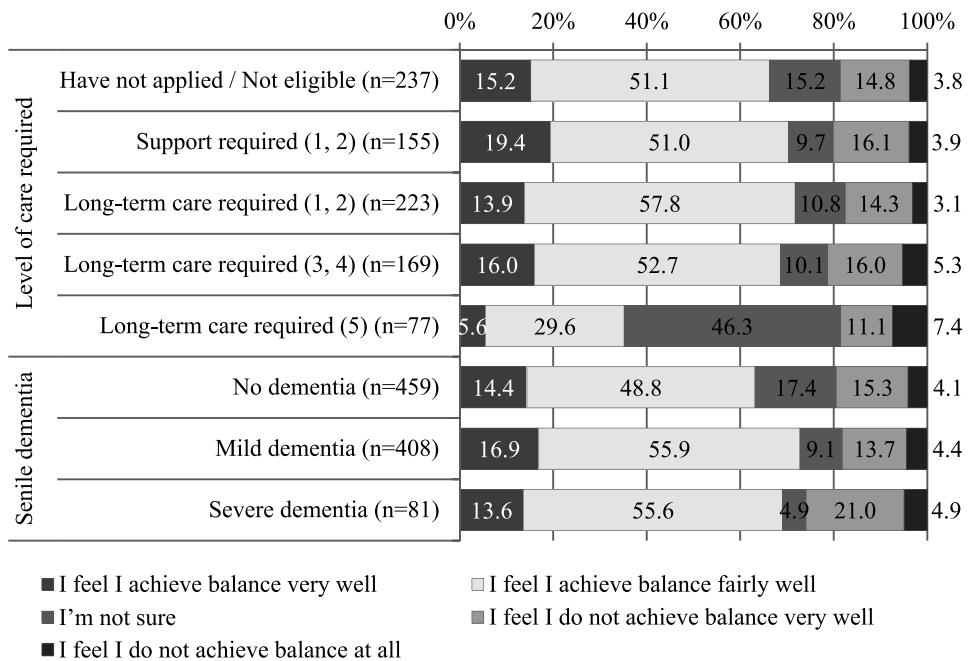


Figure 4. Degree of Long-Term Care Required, Presence or Absence of Senile Dementia, and “Sense of Balance”

than those caring for persons without dementia or with mild dementia, the discrepancy was not significant. One would expect that balancing work with long-term care would become more difficult the higher the degree of long-term care required, or the greater the severity of dementia, but in fact it does not appear that “sense of balance” is necessarily more difficult to attain when the person requiring long-term care has more severe symptoms.

IV. Caregivers’ Roles and Relationship between Caregivers and Recipients

The degree of diversity among relationships between caregiver (survey respondent) and care recipient, the role of the caregiver, and the “long-term care frameworks” discussed in the next section, is another major difference between childcare and long-term care. In the case of long-term care, the relationship of the caregiver to the recipient differs depending on whether the latter is the caregiver’s own parent or that of a spouse, and there are a wide variety of combinations of other family members involved, as well as much diversity in terms of the primary caregiver’s identity. Also, the caregiver and the recipient often do not live in the same place, with the distances separating their residences varying widely.

With regard to the relationship between caregiver and person requiring long-term care, first of all, there is the number of persons the caregiver is caring for, which was “one” for over 80% of survey subjects. The number was as high as four, but respondents caring for

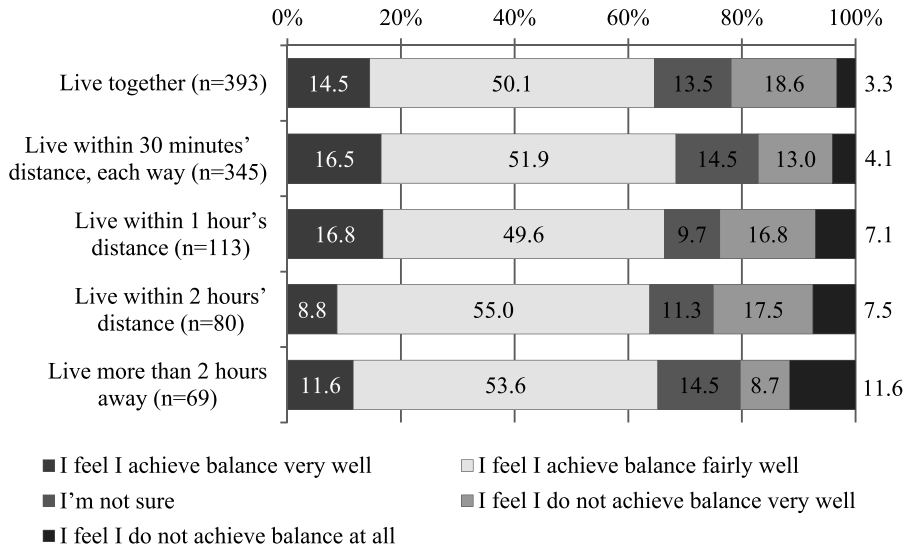


Figure 5. Distance between Caregiver and Recipient and “Sense of Balance”

three or more persons were rare. As for the identity of the primary long-term care recipient, the respondent’s own parent accounted for 77.5%. In terms of distance between caregiver and recipient, people living together or a short distance apart (30 minutes or less each way) made up a total of 73.8%. Long-distance care (more than two hours’ travel each way) accounted for 6.9%. Just under half (47.6%) said that they were the primary caregivers. One would expect that the more care recipients there were, the greater the caregiver’s burden and the more diminished his or her “sense of balance” would become, but the survey found that actually the percentage of respondents reporting they achieved balance was higher among those caring for two or more persons. As with the degree of care required and the presence or absence of dementia, this also indicates that the severity of the long-term care situation is not significantly correlated with greater difficulty in attaining a “sense of balance.” It is possible that persons caring for multiple recipients are making effective use of long-term care services and so forth, and cooperating with other family members, leading to a heightened “sense of balance.” It is also possible that when there are more care recipients, the caregiver’s focus of attention turns increasingly from work toward caregiving, and the subjective perception of “balance” is altered.

Regarding distance between caregiver and recipient, percentage of respondents reporting a “sense of balance” was higher among those living separately from the person requiring care, but a short distance away (30 minutes or less each way), than those living together. On the other hand, the percentage with a “sense of balance” declines when the distance from between caregiver and recipient exceeds one hour. However, when it exceeds two hours, a high percentage responded that they were not achieving balance at all, but the percentage saying they were achieving balance very well was also high (see Figure 5).

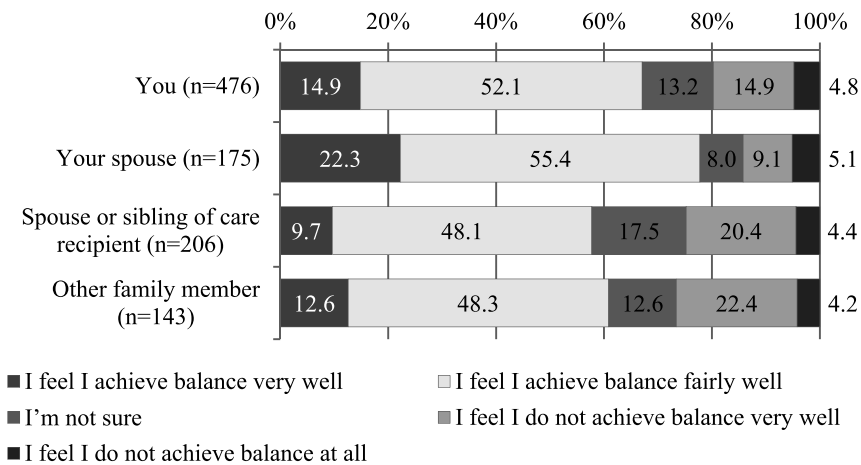


Figure 6. Identity of Primary Caregiver and “Sense of Balance”

When it takes more than two hours to get to or from the recipient, it seems impossible to care for him or her day-to-day while also working, and we may infer that those achieving balance do so by delegating the role of primary caregiver to someone else, or by establishing solid “long-term care frameworks,” i.e. utilizing facilities or other services.

Examining “sense of balance” broken down by identity of primary caregiver, we find that more respondents reported a sense of balance when their spouse was the primary caregiver than when the respondent himself or herself was. However, the percentage of survey subjects attaining balance was lower than that of “Self” when the primary caregiver was a “Spouse or sibling of the care recipient” or “Other family member” (see Figure 6).

Many of those surveyed were male, and in traditional Japanese society, it has been taken for granted that a full-time housewife would be primarily responsible for the long-term care of her husband’s parents, meaning that if a male respondent’s spouse (i.e. wife) plays the role of primary caregiver, his own duties may be significantly lessened even if the recipient is his own parent. It is also reasonable to assume that if a spouse is the primary caregiver, husband and wife can discuss and agree upon long-term care policies, procedures, and division of labor, creating a framework in which it is easier to balance work and long-term care. However, when the primary caregiver is another family member, the respondent may lack authority over long-term care policies or frameworks, and may feel a sense of inability to carry out caregiving duties. For example, the respondent may feel that more long-term care services should be utilized, but the primary caregiver may insist that family members should handle things themselves, or, the primary caregiver may reside with the recipient while the survey respondent has to travel a long distance, both of which can be expected to increase the subjective sense of burden. Also, leaving primary care responsibilities to other family members may lead to a feeling of insufficient engagement with caregiving.

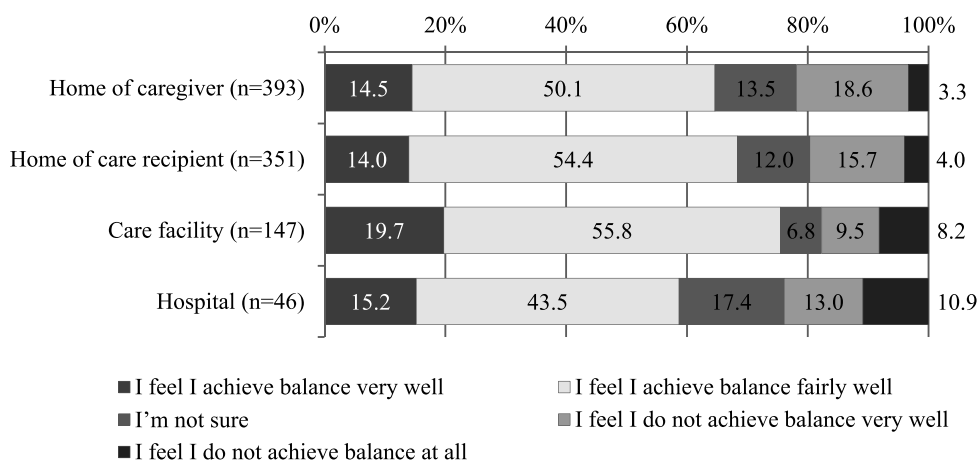


Figure 7. Long-Term Care Site and “Sense of Balance”

V. Long-Term Care Frameworks (Family/Service Providers)

The sites of long-term care for the elderly can be broadly divided into “in-home care” and “facility care,” with the latter generally perceived as reducing the burden on family members providing care. Some workers find it necessary to take caregiver leave until they are able to place the care recipient in a facility, believing that they will be unable to balance work and long-term care responsibilities otherwise. However, under the current long-term care insurance system, in-house care is the basic rule until the care recipient is certified as “requiring long-term care—Class 2,” and in the survey utilized in this paper, nearly 80% reported in-home care (at the caregiver’s home, the recipient’s home, or the home of a family member).

Figure 7 shows differences in “sense of balance” depending on whether the site of long-term care is the home of the caregiver or the recipient, or a long-term care facility. For reference, figures for hospitals, which act as temporary short-term care facilities, are also included. When we compare in-home care and facility care, the latter had a higher percentage of respondents stating they were achieving balance very well, but also had a somewhat higher percentage who felt they were “not achieving balance at all.” While placing a recipient in a care facility reduces the burden of family members’ long-term care duties, we can infer that when the facility is far away, the burden may increase due to emergencies, paperwork and so forth, but also that there are other mediating factors so it is not a clear-cut decision between “in-home or facility.” Also, when care recipients are in facilities, survey subjects may feel they are not achieving balance because they are unable to do their part in providing long-term care.

Next, let us turn our attention to the long-term care framework composed of persons

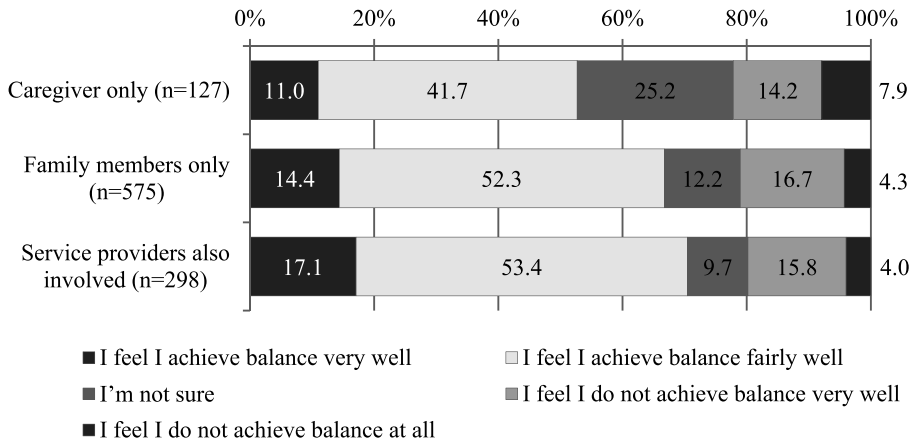


Figure 8. Nature of Long-Term Care Framework and “Sense of Balance”

other than the respondents, such as other family members and care service providers. Here these frameworks are classified in three categories depending on the status of others’ participation: “Self only” (no others involved), “Family members only,” and “Service providers involved” (including both cases where family members are also involved and cases where only service providers are involved.) The correlations with “sense of balance” are shown in Figure 8. Compared to “Self only,” the other two groups had a stronger sense of achieving balance. It appears that “sense of balance” is heightened when caregivers build a long-term care framework in cooperation with family members or service providers, rather than taking on all duties by themselves.

So, in terms of the various aspects of long-term care, what sorts of roles do different caregivers play? When we examine correlations between types of long-term care and whether or not respondents achieved a “sense of balance,” with regard to physical care there is little difference depending on whether it is handled by the respondent him or herself or the spouse of the care recipient, but having it handled by “a service provider, etc.” was correlated with a higher rate of achieving “sense of balance.” As for other categories of long-term care, survey subjects who achieved a “sense of balance” were more likely to be handling these aspects of care themselves, indicating that persons who are not deeply involved in caregiving do not necessarily have a stronger sense of balance. With regard to direct long-term care and household tasks such as “Giving reminders and watching over the recipient,” “Housework,” and “Shopping and taking out the garbage,” as well, a significant percentage of those achieving a sense of balance delegated these tasks to “service providers, etc.” In the group that did not report a “sense of balance,” a significant percentage responded vis-à-vis aspects other than physical care, such as “Arranging for services and completing paperwork, etc.,” “Managing money,” and “Reacting to sudden changes in condition, etc.” that they “do not deal with this aspect of long-term care,” suggesting that the lack of a

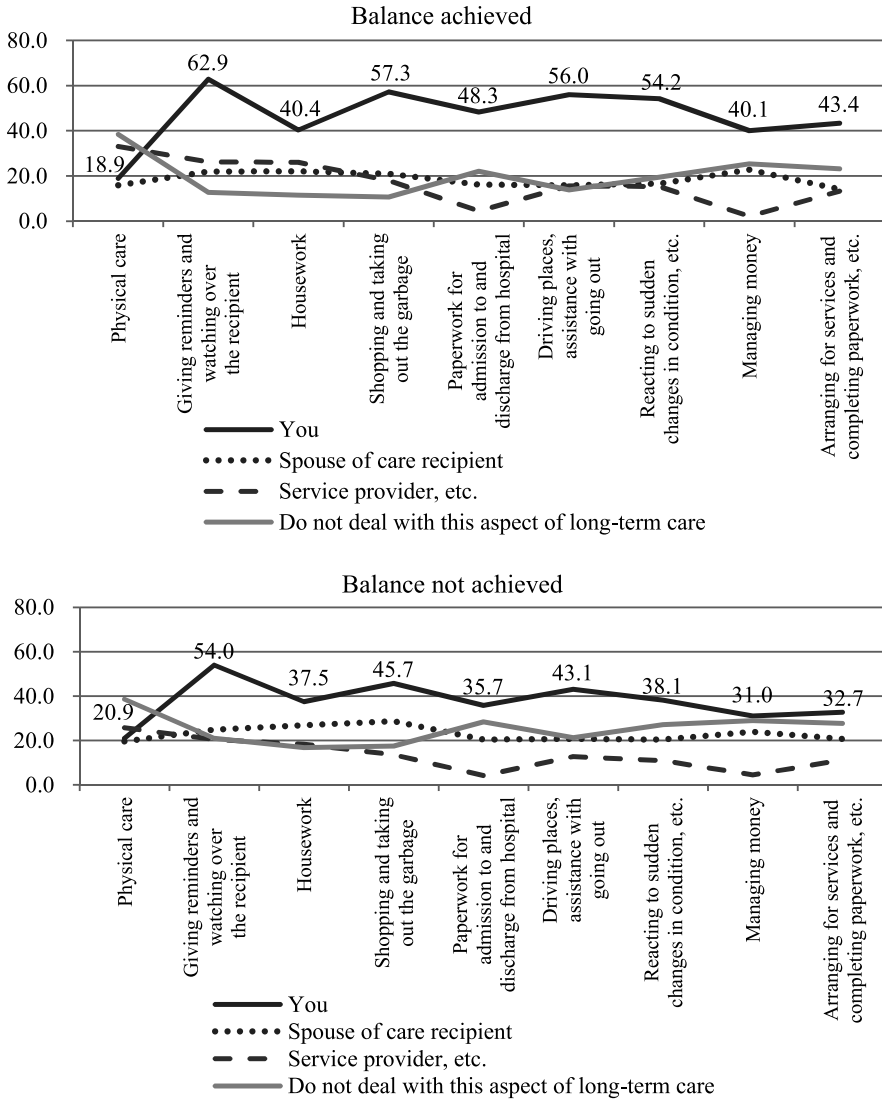


Figure 9. Identity of Persons Handling Specific Aspects of Long-Term Care and “Sense of Balance”

“sense of balance” signifies “insufficient engagement with long-term care,” resulting from the lack of a solid long-term care framework (see Figure 9).

When the amount of time actually spent on long-term care is viewed in terms of hours per week, nearly nine-tenths (88.3%) spent less than 30 hours per week. Among these, a considerable percentage (35.8%) reported spending very little time (less than five hours per week). However, there were cases of people engaged in extremely time-consuming long-term care, 100 hours per week or more, accounting for 1.0% of responses.

Table 1. Average Weekly Hours Spent on Long-Term Care and “Sense of Balance”

	Hours spent on care duties (average)
Total (n=715)	13.5 hours
I feel I achieve balance very well (n=100)	12.8 hours
I feel I achieve balance fairly well (n=401)	13.3 hours
I feel I do not achieve balance very well (n=116)	15.1 hours
I feel I do not achieve balance at all (n=27)	16.6 hours
I'm not sure (n=71)	11.9 hours

Examining correlations between average number of hours spent on long-term care and “sense of balance,” we can see a positive correlation between length of time spent on care and percentage of people who felt they had not achieved balance. However, even when people who are “achieving balance very well” are compared to those who are “not achieving balance at all,” the discrepancy in average hours per week is not large, at less than four hours (see Table 1).

Next, let us turn our attention to long-term care services and related services utilized. Here, as well, major differences with childcare exist. In childcare, the typical pattern is for parents returning to work after childcare leave to place their children in day care centers virtually every day during working hours, whereas in long-term care there is great diversity, in terms of whether at-home services are used or care recipients are placed in facilities, and among at-home services, which of many possible combinations of services are selected. Services utilized also vary depending on the long-term care framework involving family members that was discussed earlier. Also, there is a complementary relationship between long-term care frameworks, involving family members and service providers, and “work styles and formats,” and while in one sense, needs with regard to work styles and formats differ depending on the nature of the long-term care framework, there may also be cases where the long-term care framework conversely needs to be adjusted, in terms of care services utilized, to fit the work style and format.

Examining correlations between services utilized and “sense of balance,” we find that persons who report attaining balance have a high rate of service utilization overall, but there is also a slightly higher percentage of respondents using “No services at all” than among their non-balanced counterparts.³ Meanwhile, people who did not achieve balance have a

³ With regard to long-term care expenses, the percentage responding “between 10,000 and 30,000 yen” is higher among those achieving balance than among those not achieving balance. Among those not achieving balance, the percentage responding “5,000 yen or less” is slightly higher than among those achieving balance, but the percentages of persons responding “30,000 yen or more” do not significantly differ from those achieving balance.

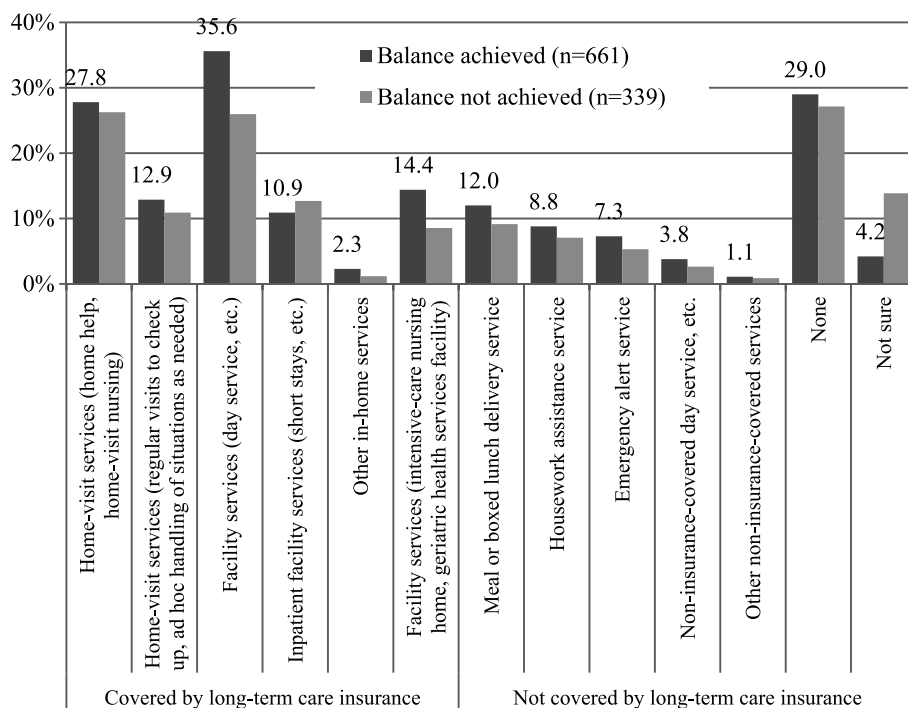


Figure 10. Services Utilized and “Sense of Balance”

higher rate of utilization of “Short-term inpatient facilities” (see Figure 10). These short-stay services are generally utilized when caregivers go on business trips or must attend weddings, funerals or other ceremonies, or to relieve caregivers’ exhaustion (“respite care”), but it has been pointed out that inappropriate usage of these facilities can lead to degradation of the care recipient’s physical and mental condition. Underlying the frequent utilization of short-term inpatient facilities among people with little or no sense of work-caregiving balance may be a state of affairs in which failure to establish an effective day-to-day long-term care framework by adjusting work styles and formats and securing cooperation from family members leads to increased use of short-stay facilities.

As for the correlation between duration of long-term care and “sense of balance,” up until one year, the longer the duration, the lower the percentage who are “achieving balance very well,” but after one year, the percentage of those achieving balance rises. We may infer that many persons who have been working and providing care for a year or more are more likely to have an environment conducive to long-term caregiving in place. Or, put the opposite way, if an appropriate long-term care environment leading to “sense of balance” is not in place, it becomes difficult for the caregiver to continue working while carrying out care duties over the long term.

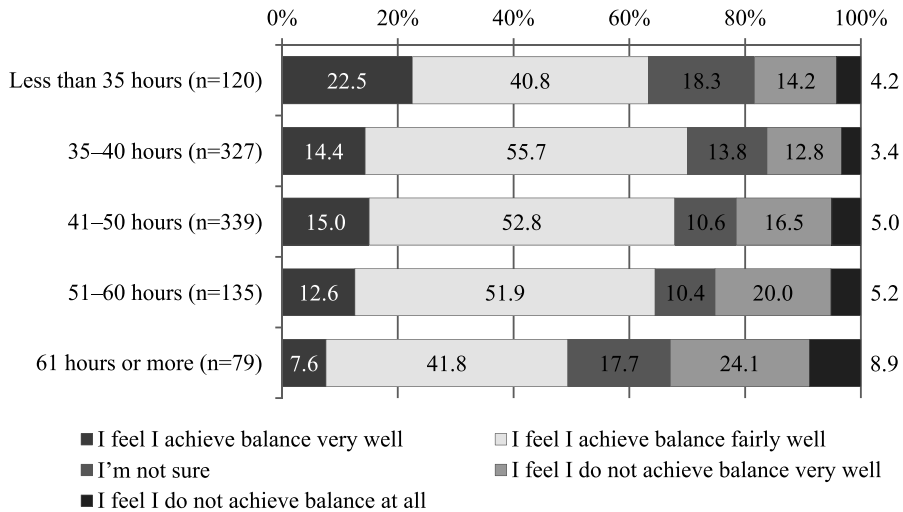


Figure 11. Average Number of Hours Worked per Week and “Sense of Balance”

VI. Work Style and Format

Thus far, it has been thought that work styles and formats that enable balancing of work and long-term care are realized through adjustment of work styles and formats to fit the caregiver roles and long-term care frameworks discussed thus far. However, among middle-aged and older men who face the strong possibility of having to care for their parents while continuing to work as regular employees, there tends to be strong resistance to the idea of taking paid leave or changing their work style or format due to family obligations, and they may instead be leaving their working style unchanged while adjusting the long-term care framework accordingly. Examination of these work formats reveals that around 90% of respondents to this survey fit the category of “full-time work with a standard schedule.” As for the average number of hours worked per week (including overtime work), the percentage of subjects working “41–50 hours” was highest at 33.9%, followed by “35–40 hours” at 32.7%. With regard to number of days of paid leave taken in the past year, a high percentage responded “1–4 days” (25.3%) or “5–9 days” (23.1%), while a sizable percentage (18.9%) took no paid leave at all.

Examining the correlation between average number of hours worked per week and “sense of balance,” we find that the greater the number of hours, the lower the percentage of respondents “achieving balance very well.” In particular, among those working 61 hours per week or more, the percentage of those not achieving balance is high. On the other hand, among those working 34 hours or less, the percentage of those not achieving balance is higher than among those working 35 hours or more (see Figure 11).

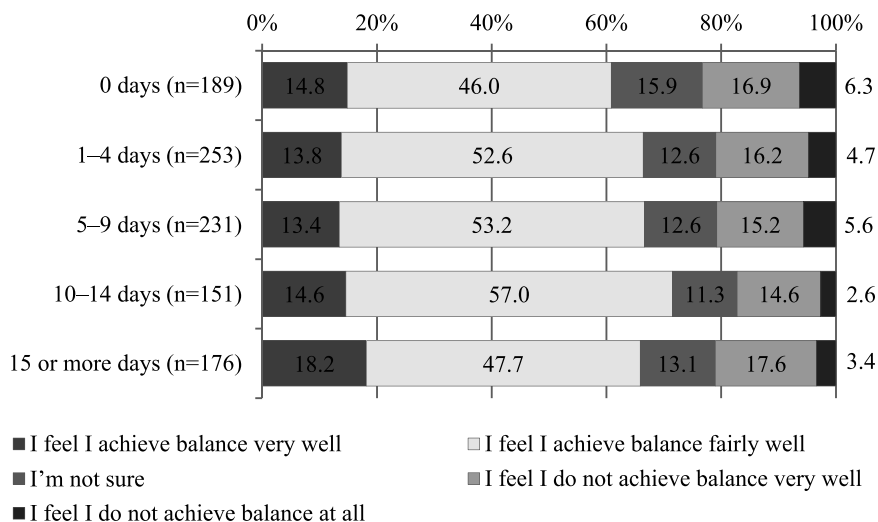


Figure 12. Number of Days of Paid Leave Taken and “Sense of Balance”

As for reasons why a large proportion of those with both long and short working hours feel they have not achieved balance, examination of the responses to “Reasons for not achieving balance” reveals that longer working hours are correlated with a higher percentage stating they “are unable to provide adequate care to a parent.” Meanwhile, among those with shorter working hours (40 or less per week), a higher percentage said they “are unable to do the work they want” or “are placing a burden on those around them at work.” It is evident that the sense of “not achieving balance” takes on different meanings depending on the number of hours worked per week.

Next, turning our attention to correlations between “sense of balance” and number of days of paid leave taken, we find that up to 15 days, the greater the number of days taken, the more likely respondents were to achieve balance, although the discrepancies are not as pronounced as with working hours. However, among those taking 15 or more days of paid leave, although the percentage “achieving balance very well” is high, the percentage “achieving balance fairly well” is lower, and the overall proportion “achieving balance” is lower than that of “10–14 days” (Figure12).

As for “reasons for not being able to achieve balance” by number of days of paid leave taken, in contrast to the results for working hours, there was a tendency for people who did not take vacation days to state the reason as “Things are not going smoothly at work” and “I am unable to do rewarding work,” whereas among those who did take vacation days, there were many respondents stating they were “insufficiently engaged with long-term care.” It is possible that people who take no paid leave at all, despite being engaged in long-term care while working, have a strong mentality of prioritizing work and are resistant to the idea of taking time off, and have a corresponding difficulty in feeling

Table 2. Utilization of Support Programs and “Sense of Balance” (%)

Utilization of support programs for balancing work and long-term care	Total (n=1000)	Balance achieved (n=661)	Balance not achieved (n=339)
Caregiver leave	4.7	4.2	5.6
Time off for caregivers	6.7	6.2	7.7
Paid leave (annual, accrued, etc.)	23.7	27.7	15.9
Unpaid leave	4.4	4.2	4.7
Leave taken in half-day units	10.2	11.8	7.1
Leave taken in hourly units	5.7	7.3	2.7
Staggered work start/finish times	4.7	6.1	2.1
Shortened working hours	1.3	1.5	0.9
Shortened work week	0.8	0.8	0.9
Exemption from work outside regular hours	3.0	3.5	2.1
Flex-time work	4.3	4.5	3.8
Discretionary work	0.9	1.1	0.6
Work from home	1.5	1.4	1.8
Tele-work/Satellite, etc.	0.4	0.2	0.9
Arrive late, leave early, or leave for a period during the day	10.9	13.0	6.8
Other	0.3	0.2	0.6
No programs utilized	56.6	52.3	64.9

satisfied with how work is going. Meanwhile, those who take many days of paid leave, despite a Japanese labor environment in which this continues to be frowned upon, have a strong tendency to place long-term care before work, and thus feel they are unable to play the role of caregiver adequately even when they take a fair number of vacation days. Underlying attitudes and perceptions surrounding placing work first and taking paid leave may be behind the fact that “sense of balance” does not rise the more vacation days are taken.

Next, let us examine the status of utilization of enterprises’ programs for balancing work and long-term care, including caregiver leave and “time off for caregivers.” There is scarcely any difference in “sense of balance” corresponding to the rate of utilization of the caregiver leave and “time off for caregivers” programs, with only a slightly higher rate of utilization among those “not achieving balance.” The programs for which rate of utilization was higher among those “achieving balance” were other programs such as paid leave; permission to arrive late, leave early, or leave work for a period of time during the day; leave taken in half-day units; leave taken in hourly units; and staggered working hours. Persons achieving balance tended to utilize programs that enable flexible working styles and formats, including paid leave taken in one-day or shorter units, and adjusted start and finish times (see Table 2).

Among “reasons for not utilizing the caregiver leave program,” the most common was “No need to take a prolonged leave of absence,” accounting for around 40%. This was

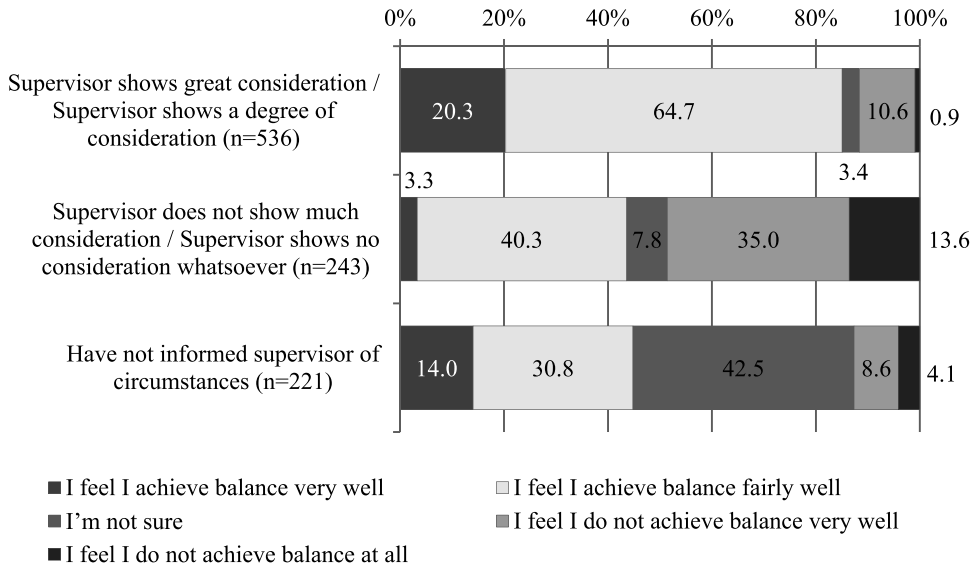


Figure13. Supervisor’s Degree of Consideration and “Sense of Balance”

followed by various reasons for not utilizing the program despite needing to—“Nobody is available to cover my duties,” “Workplace atmosphere makes it difficult to utilize the caregiver leave program,” and “I was unaware of the caregiver leave program,” each making up just under 20% of responses.

As Sato and Takeishi (2011) has pointed out, for enterprises to introduce programs promoting work-life balance by enabling balancing of work with care duties, and for employees to make effective use of these, supervisors’ workplace management is key. With this in mind, we sought to elucidate differences in in-house communication and workplace management by first of all examining correlations between “sense of balance” and supervisors’ degree of consideration for employees’ circumstances. It was found that between respondents whose supervisors “show consideration for their circumstances” (the total of “Supervisor shows great consideration” and “Supervisor shows a degree of consideration”), and those whose supervisors “do not show consideration for their circumstances” (the total of “Supervisor does not show much consideration” and “Supervisor shows no consideration whatsoever”), there is a difference in the percentage of respondents “achieving balance” of over 40 percentage points. There were also a significant number of survey subjects who had not informed their supervisors of their circumstances, and the percentage of these respondents who “were not sure” whether they were achieving balance was relatively high (see Figure13).

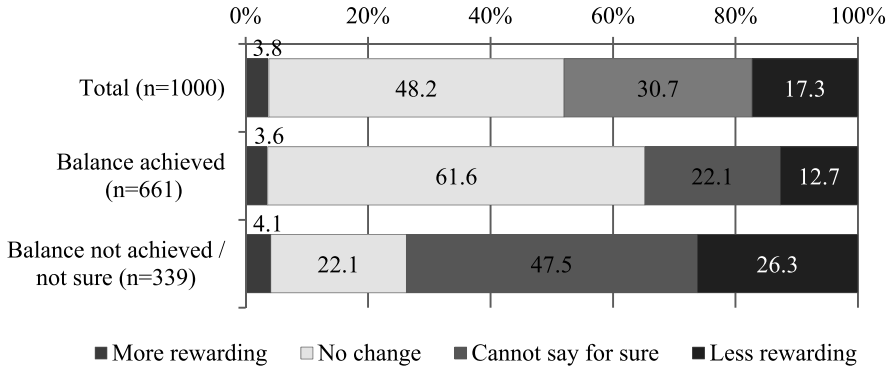


Figure14. Degree to Which Work Remains Rewarding and “Sense of Balance”

VII. Quality of Balance between Work and Long-Term Care

Based on the above analysis, we carried out a quantitative analysis in order to clarify factors affecting “sense of balance between work and long-term care.” In addition to “sense of balance,” “sense that work is rewarding (or ability to maintain this sense)” was set as an objective variable indicative of quality of balance between work and long-term care. This is because in balancing work and long-term care, there is a recognized need for support that enables employees not only to continue working while caring for family members, but also to maintain a feeling that work is rewarding and to work at their full potential. When we examine the correlation between “sense of balance” and “sense that work is rewarding,” we find that among those who were achieving balance, there was nearly a 40% higher percentage of respondents saying their “work was just as rewarding as before” they were faced with the need to provide long-term care, compared to those who were not achieving balance (see Figure14).

The method used was a binary logistic regression analysis, where for (1) sense of balance, “achieving balance” (“achieving balance very well” + “achieving balance fairly well”) = 1, and other responses = 0. For (2) “sense that work is rewarding,” “maintaining a sense that work is rewarding” (this sense has “increased” + is “unchanged”) = 1, and other responses = 0. The explanatory variables are “4. Long-term care framework” (i.e. whether or not other people are involved in caregiving, the site of long-term care, number of hours spent on care per week) and “5. Work style and format” (actual number of work hours per week, number of days of paid leave taken, utilization of support programs, supervisor’s degree of consideration for circumstances), and the control variables are “1. Attributes of caregiver” (age, gender, marital status, size of enterprise where caregiver works, position at work), “2. Attributes of care recipient” (presence or absence of senile dementia, class of long-term care requirements of primary care recipient), and “3. Relationships and roles

(number of care recipients, identity of primary caregiver, duration of long-term care).”

The analysis results are shown on Table 3. First of all, it is evident that in this model, “actual number of work hours per week” had negligible impact on either (1) “sense of balance” or (2) “feeling that work is rewarding.” This may in part reflect the fact that at present, few people are adjusting their working hours in order to provide long-term care. There was also no consistent tendency correlated with number of days of paid leave taken. One evident reason is that because respondents who took 10 or more days of paid leave generally handled more long-term care duties than their counterparts who took between 1 and 4 days, they were actually in circumstances less conducive to (1) “sense of balance.” As for “utilization of support programs,” in terms of impact on (1) “sense of balance,” when compared to those who utilized no programs, there is no significant difference for those utilizing caregiver leave, but there was a significant positive impact for those utilizing programs other than caregiver leave. We may infer that ability to take time off in short units of one day or less as needed, and flexibility of work schedules and locations, has a more positive impact than ability to take long-term leave from work. “Supervisor’s degree of consideration” also had a significant positive impact on (1) “sense of balance” or on (2) “feeling that work is rewarding.” It should be noted that “sense of balance” is subjective, and depends on each individual’s balance of perception that he or she is sufficiently engaged in long-term care and sufficiently engaged at work, but pertaining to degree of engagement at work, “supervisor’s degree of consideration” is an especially important factor. In particular, many of those who had not informed their supervisor of their circumstances were “not sure” whether they were achieving balance or not, suggesting that the subject’s perception of how he or she appears to a supervisor is an important barometer of whether balance is achieved.

As for “long-term care framework,” although the significance level is only 10%, “Self only” had a negative impact as compared to “Family members or service providers are involved.” From this result, we may infer that by establishing long-term care frameworks with the cooperation of family members and others, employees are able to curtail impact on work style and format, in the form of paid leave, working hours and so forth, leading to a sense of balance between work and care duties and a feeling that work is rewarding. Vis-à-vis “long-term care site,” there was no evident impact on either (1) “sense of balance” or (2) “feeling that work is rewarding” depending on whether the site was a facility or hospital, or the home. In other words, at-home care is not correlated with greater difficulty in achieving balance. Meanwhile, “number of hours spent providing long-term care per week” also had a negative impact on (1) “sense of balance” at a 10% significance level. This suggests that the longer someone spend providing care, the greater the feeling of insufficient engagement at work.

Table 3. Factors Impacting Sense of Balance and Feeling That Work Is Rewarding: Binomial Logistic Regression Analysis

	(1) Sense of balance		(2) Sense that work is rewarding	
	(Sense of balance achieved=1)		(Increased/no change=1)	
	Coefficient	Odds ratio	Coefficient	Odds ratio
Number of hours worked per week (base: 35-40 hrs.)				
34 hrs./week and under dummy	-0.280	0.756	-0.217	0.805
41-50 hrs./week dummy	-0.134	0.874	0.308	1.361
51-60 hrs./week dummy	-0.175	0.839	0.208	1.231
61 hrs./week and above dummy	-0.704 *	0.495	0.351	1.420
Number of days of paid leave taken per year (base: 1-4 days)				
0 days dummy	-0.274	0.761	-0.152	0.859
5-9 days dummy	-0.046	0.955	0.492 **	1.635
10-14 days dummy	-0.594 *	0.552	0.299	1.349
15 days or more dummy	-0.701 **	0.496	-0.112	0.894
Utilization of programs to support work/ caregiving balance (base: no utilization)				
Caregiver leave utilized dummy	0.005	1.005	-0.414	0.661
Programs other than caregiver leave utilized dummy	0.535 **	1.708	0.049	1.051
Supervisor's degree of consideration (base: no consideration / have not informed supervisor)				
Consideration given	1.825 ***	6.200	0.936 ***	2.550
Long-term care framework (base: family members / service providers involved)				
Respondent only dummy	-0.236	0.790	-0.443 *	0.642
Site of care (base: at home)				
Facility dummy	0.107	0.540	0.237	1.267
Hospital dummy	-0.615	0.790	-0.246	0.782
Number of hours spent on care per week (care given by respondent only)				
	-0.010 *	0.990	-0.006	0.994
Sample size	1,000		1,000	
Chi-square	181.4***		73.1***	
-2 log likelihood	677.094		906.561	

Note: Input as control variables are “individual attributes of the caregiver (age, gender, marital status, size of enterprise where caregiver works, position at work),” “individual attributes of the care recipient (presence or absence of senile dementia, class of long-term care requirements),” and “relationships and roles (number of care recipients, identity of primary caregiver, duration of long-term care).”

* $p < 0.1$ ** $p < 0.05$ *** $p < 0.01$

VIII. Summary

Compared to childcare, long-term care appears on the surface to place caregivers in more complex and diverse circumstances. However, when we control for factors such as the attributes of the care recipient, the caregiver's relationship to the recipient, and the long-term care framework (cooperation from family members and service providers, etc.), it is evident that the support employees need from enterprises, with regard to their work styles and formats, involves "curtailing excessively long working hours," "creating an environment in which leave can be taken flexibly and support programs can be utilized," and "supervisors' consideration for employees' circumstances," and there is hardly any difference between this and the type of work environment required for employees engaged in childcare to achieve work-life balance. What differs is that while long-term care of family members generally does not require a prolonged leave of absence similar to childcare leave, it is necessary for employees to be able to take short-term leave or adjust working hours as needed, and for some workers this flexibility in work style and format may be required over a very long period. For care of family members over a long period of time, the crucial role of "caregiver leave" is not to provide a lengthy leave of absence for long-term care itself, but to provide time for the establishment of a cooperative framework (among family members and/or service providers) when long-term care first begins, for revision of this framework when the care recipient's condition changes, or for increased time spent with the care recipient when his or her condition is terminal.⁴ Thus far, the "caregiver leave" program has scarcely been utilized, but with the amendment of the Act on Childcare Leave, Caregiver Leave, and Other Measures for the Welfare of Workers Caring for Children or Other Family Members, it will be possible starting in January 2017 for employees to divide up the days of leave over an extended period, and it is expected that the caregiver leave program will increasingly be utilized in a manner that fits diverse actual needs. The amendment also provides for exemption from work outside regular hours for a long period of time, until long-term care responsibilities end, and permits greater flexibility of work style or format, such as working from home, flex-time schedules, or shortened working hours, for up to three years. These support measures relating to work style and format are in line with the caregiver needs that came to light in the survey outlined in this paper. However, from the standpoint of enterprises, there is a pressing need for human resource systems and workplace management that prevents productivity from dropping, and evaluates and compensates employees fairly, even if the number of employees selecting these flexible work styles and formats increases. Also, if a growing number of employees take negative views of their roles at work and feel unrewarded due to their inability to balance work with care duties, there is a risk of employees seeking excessively lightened workloads. It will be vital to pro-

⁴ Among respondents to this survey, the majority of those utilizing the caregiver leave program did so when they first began providing long-term care.

vide career support for middle-aged and older employees so they can feel a sense of reward, professional growth, ambition regarding compensation, and so forth even when faced with the need to care for family members.

Enterprises' support for balancing work and long-term care relates not only to work styles and formats, but also to facilitation of the establishment of long-term care frameworks. It is important to encourage caregivers, who often try to handle too many duties directly by themselves, to avail themselves of long-term care service providers and divide duties among family members, i.e. to focus on "management of care services and division of duties." In Japan, there is still deep-rooted resistance to utilization of care services and a persistent moral climate in which "keeping long-term care in the family" is considered admirable, leading to problematic refusals of services from both caregivers and care recipients. Faced by surrounding people's attitudes that "one of the family members should refrain from working and focus on long-term care as the 'primary caregiver,'" or that "those with responsibility for long-term care ought to quit their jobs," employees are prone to trying to handle long-term care alone and being forced to resign from their jobs as a result. If society's prevailing attitudes toward long-term care are not changed, and caregivers are not persuaded to seek assistance and cooperation with their care duties, it is possible that many employees will not get adequate support, even if progress is made with enterprises' flexibility toward work styles and formats. It is also crucial to address the nature of long-term care, so that establishment of a "long-term care framework" involving service providers and family members is the norm, enabling employees to continue working more or less full-time, and enterprises must encourage their employees to have such frameworks in place.

However, even if individual companies call on their full-time employees to "balance work with care duties by utilizing long-term care services," or convince them that "managing a cooperative long-term care framework is more effective than handling everything directly oneself," if the prevailing social attitude continues to say that such caregivers are "not fulfilling their long-term care responsibilities," then the caregivers will continue feeling that they are not balancing work with long-term care duties. Also, if people do not discard a mentality in which abstaining from overtime work or taking leave when needed is seen as "not doing one's duty as a regular employee," or "causing a nuisance to co-workers, etc.," then employees will go on feeling they cannot balance work with long-term care, or are unable to feel rewarded at work. There is a need for society as a whole to overhaul attitudes toward both work and long-term care, with the assumption that work and long-term care are to be balanced.

In the survey and analysis we conducted, meaningful similarities with balancing work and childcare duties came to light. "Balancing" is not merely for the sake of enabling work to continue; it is only achieved when workers themselves feel they are fulfilling their responsibilities both on the job and in caregiving, whether this is for children or elderly family members. On the work side, a sense of balance is not achieved simply by exempting employees from overtime work, but also requires finding work styles and formats that enable

them to feel they are fulfilling their responsibilities, taking on rewarding challenges, and avoiding placing an undue burden on co-workers, all within a limited time frame. To achieve this will require not only support programs and workplace management enabling flexible work styles and formats, but also effective communication between caregiving employees and supervisors and others in the workplace, so as to elevate the quality of balance between work and long-term care.

References

- Asai, Yukiko, and Emiko Takeishi. 2014. *Kaigo fuan o keigen suru tame no shokuba manejimento* [Workplace management aimed at reducing long-term care-related anxieties]. In *Waku raifu baransu shien no kadai* [Challenges facing support for work-life balance], ed. Hiroki Sato and Emiko Takeishi, chap. 4. Tokyo: University of Tokyo Press.
- Mitsubishi UFJ Research and Consulting. 2013. *Shigoto to kaigo no ryoritsu ni kansuru jittai haaku no tame no chosa kenkyu* [Survey of workers aimed at gauging the actual status of balance between work and long-term care]. Survey commissioned by the Ministry of Health, Labour and Welfare. http://www.mhlw.go.jp/bunya/koyoukintou/h24_itakuchousa.html.
- Sato, Hiroki, and Emiko Takeishi. 2011. *Waku raifu baransu to hatarakikata kaikaku* [Work-life balance and reform of work styles and formats]. Tokyo: Keiso Shobo.
- Sato, Hiroki, and Yoko Yajima. 2014. *Kaigo rishoku kara shain o mamoru* [Safeguarding employees from the need to resign due to long-term care duties]. Tokyo: Rodo Chosakai.

Current Issues regarding Family Caregiving and Gender Equality in Japan: Male Caregivers and the Interplay between Caregiving and Masculinities

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This paper addresses issues related to family caregiving, as one of the areas of caregiving in which problems are currently arising in Japan. Family caregiving is presently inseparable from the gender relationship between men as the breadwinners and women as the caregivers. The perspective of gender equality is therefore extremely important when discussing issues related to family caregiving. This paper focuses on the increasing number of male caregivers in Japan, and looks at the actual circumstances of caregiving by male caregivers to investigate what significance the increase in male caregivers may have for achieving gender equality in family caregiving. As men engage in caregiving, they are forced to confront their own masculinities. The difficulties that they experience demonstrate that care and masculinities are not simply conflicting aspects of their identities. In order to achieve gender equality in family caregiving, it is necessary to carefully decipher the complex interplay between care and masculinities.

I. Introduction

This paper addresses issues related to family caregiving, as one of the areas of caregiving in which problems are currently arising in Japan. In Europe and the US, the broad interpretation of care is such that while discussions on the people who provide care, known as “caregivers” or “carers” (hereafter “caregivers”), make a distinction between “formal” caregivers, those who provide care as their profession and “informal” caregivers, who provide care on an unpaid basis. This distinction is generally not drawn based on the recipient of the care—that is, whether it is care for young children or older people, or support for children and adults with disabilities. While there are also those in Japan in recent years who have asserted the necessity of an interpretation of “care” that encompasses a comprehensive range of meanings across the different disciplines (Hiroi 2013; Ochiai et al. 2010), here we shall limit the main subject of analysis to the provision of care for older people, in order to clarify the issues being addressed.

The introduction of Japan’s long-term care insurance system in 2000 was welcomed by caregiving families on the basis that the “socialization” of caregiving would facilitate a break away from the “familization” of care (caregiving being regarded as the responsibility of the family). A certain amount of progress has indeed been made in developing and making caregiving services more widely available, but from the perspective of the theories of “care regimes,” Japan has not seen sufficient progress in the “de-commercialization” or “de-familization” of caregiving, and is sometimes classed as a “familialist” regime

(Shinkawa 2005; Tsuji 2012). In fact, over the course of the three stages of reform to the long-term care insurance system, access to the system has become increasingly restricted, through changes such as the increase in the share of costs to be covered by users, and places at special care facilities only being provided for people with severe conditions. It is anticipated that in the future there will continue to be an increase in the number of people who find they no longer qualify for the service, or who choose not to use the service due to financial reasons. The shift toward home care has also prompted concerns that there will be a further increase in the burdens on families, in other words, a “re-familization” of care. This paper analyzes the current issues regarding family caregiving—the main form of informal care provided in Japan—from the perspective of gender equality.

In the model of the “unencumbered self,” which idealizes being an autonomous individual with no caring responsibilities—the model that has been the premise of modern society—caregiving roles (caring for older relatives or raising children) are regarded as burdens that should be avoided. In contrast with this, “care feminism,” represented by Fineman (1995, 2005) and Kittay (1999), sought to revise the conventional individual model by focusing on the forms of dependence that humans cannot avoid in their lives, such as birth, old age, illness, and death (inevitable dependence), and the “secondary dependence” that arises from supporting such people. The fragility of human life itself is universal, but the fragility of caregivers is socially developed and changeable. In order to achieve the “unencumbered self,” it was necessary to confine the provision of care to the private domain of the household, and ensure that women were fixed in the caregiving role, taking exclusive responsibility for providing care. As a result, problems related to care have predominantly been discussed as issues affecting women, and it is therefore impossible to avoid the problems of gender inequality in care when discussing family caregiving and support for caregivers. In what way can the current problems related to family caregiving be understood from the point of view of gender equality? This paper reveals the challenges regarding gender equality that are being indicated by the increase in the number of male caregivers. What kinds of difficulties are men facing in participating in caregiving? In what way do care and masculinities interplay with each other? In this paper I would like to consider the challenges to be addressed regarding support for caregivers in Japan by investigating the multifaceted impact that male caregivers are having on gender equality.

II. The Growing Diversity of Family Caregivers

In Japan, the increase in longevity and aging of the population have been progressing rapidly at an internationally-unprecedented pace. According to the “2012 Comprehensive Survey of Living Conditions” (Ministry of Health, Labour and Welfare), the 31.9 million older people aged 65 or over account for 25.1% of the population—the highest percentage recorded to date. Households with an older person aged 65 or over account for 43.4% (20.93 million households) of all households (48.17 million households), and the majority

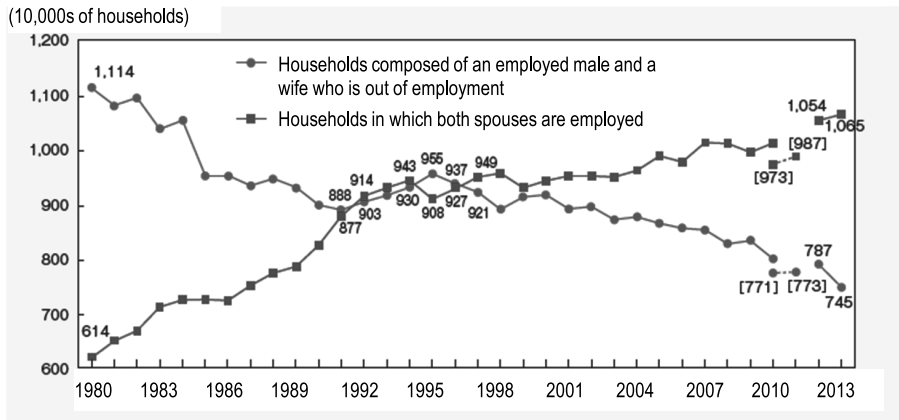
of the households with older people aged 65 or over are households made up of only a couple (30.3%) or one-person households (23.3%). Among older people, one in five females and one in ten males lives alone. The percentages regarding the compositions of households with people requiring care also show that the percentage of one-person households has been consistently increasing, while the percentage of three-generation families has dropped to half its former level.

Along with the aging of society, there is also a steady increase in the number of older people requiring some form of support. The number of people aged 65 or over who are officially recognized as requiring care or support has more than doubled since the introduction of the long-term care insurance system, reaching 6.223 million people as of May 2016 (“Monthly Report on the Long-Term Care Insurance Service” by the Ministry of Health, Labour and Welfare). Moreover, according to estimates by the research team at the Ministry of Health, Labour and Welfare, there are an estimated 4.62 million older people with dementia, and an estimated 4 million people with mild cognitive impairments (MCI), namely, people who have an increased risk of developing dementia in the future.

Japan’s high economic growth in the 1960s and its care regime based on the assumption that “the male breadwinner model” saw the entrenchment of the concept that care is to be provided by full-time housewives. However, today it is progressively becoming the case that only the minority of families is able to secure a “full-time housewife”—a person who does not work and instead focusses exclusively on housework, raising children, and providing care. The diversification of caregivers has become a significant characteristic of family caregiving in recent years. In addition to demographic factors, such as the declining birthrate and aging population, changes in family trends, including the growing tendency for people to marry later, the rise in the divorce rate, and the increase in the number of households in which both spouses work (Figure 1), are exerting a considerable influence on family caregiving.

These trends demonstrate that Japan is now in an age in which all people face the possibility of having to take on caregiving responsibilities. Currently the main forms of family caregiving are partners caring for their partners and son(s) or daughter(s) caring for their biological parents. The diversification of family caregivers also entails various problems, such as issues involving cases of older people caring for older people, cases in which the person requiring long-term care and the caregiver both have dementia, cases of “working caregivers,” (who are predominantly people in their forties and fifties, at the prime of their working lives) and such caregivers leaving their jobs in order to provide care, the issues faced by children who live apart from their parents but need to provide them with care and the related economic burdens, cases of those who find themselves “sandwiched” between caring for children and caring for older relatives, and issues related to the estimated more than 170,000 “young carers.”

Unfortunately, a comprehensive support system predominantly aimed at caregivers has not yet been established in Japan. The “Act on the Prevention of Elder Abuse, Support



Source: White Paper on Gender Equality (2014). http://www.gender.go.jp/about_danjo/whitepaper/h26/zentai/html/zuhyo/zuhyo01-02-08.html (Only available in Japanese).

Notes: 1. Figures for 1980–2001 are based on the *Special Survey of the Labour Force Survey* (conducted in February each year, except in 1980–1982, when it was conducted in March), by the Management and Coordination Agency, figures for 2002 onward are based on the *Labour Force Survey* (Detailed Tabulation) (yearly average) by the Ministry of Internal Affairs and Communications. As the methods and timings, etc. differ from the *Special Survey of the Labour Force Survey* to the *Labour Force Survey* (Detailed Tabulation), it is necessary to exercise caution when drawing comparisons across chronological periods.

2. “Households composed of an employed male and a wife who is out of employment” refers to households in which the male spouse is employed in a profession other than agriculture and forestry, and the female spouse is not employed (not in the labor force population and completely unemployed).
3. “Households in which both partners are employed” refers to households in which both the male and the female spouse are employed in a profession other than agriculture and forestry.
4. Actual figures in the square brackets for 2010 and 2011 are results for Japan as a whole excluding Iwate, Miyagi, and Fukushima prefecture.

Figure 1. Trends in the Numbers of Households in Which Both Spouses Work, etc.

for Caregivers of Elderly Persons and Other Related Matters” enforced in 2006 clearly stipulates that support shall be provided for caregivers, but there have not been sufficient efforts to investigate effective methods of support. The lack of progress in addressing support for caregivers—in spite of the fact that the burdens on families have not been alleviated even after the introduction of the long-term care insurance system—is in part due to the fact that it has been assumed that there is a trade-off relationship between the acts of affirming and approving families’ roles in caregiving and the responsibilities that society takes toward caregiving. The narrowly-defined understanding of support for caregivers is another key factor behind the lack of development of support. In discussions on the bill for the

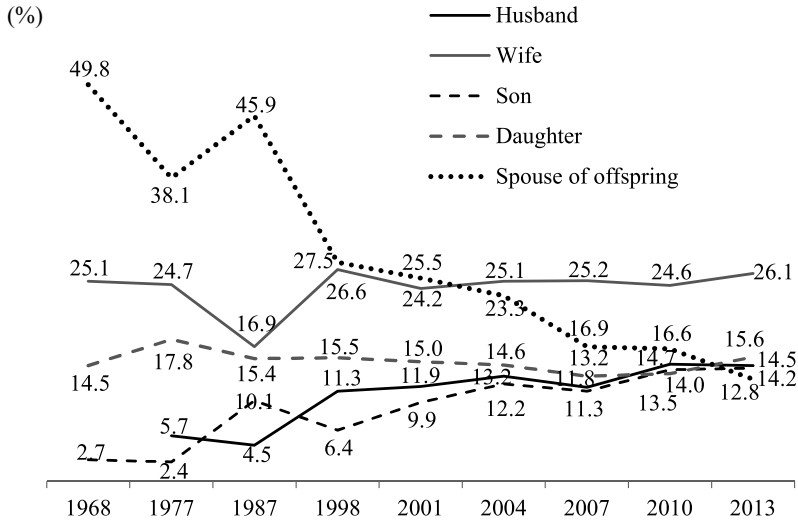
long-term care insurance system, a significant point at issue was the question of whether or not to incorporate cash benefits for family caregivers. Calls from the Liberal Democratic Party, the party in government at the time, for cash benefits for families, aimed at preventing the breakdown of the positive Japanese traditional custom of children looking after their parents, were met with strong objections from women's groups on the basis that cash benefits would delay the expansion of long-term care and result in women becoming stuck in the family (Tsuji 2012). It can be suggested that this trivialization of the topic of caregiving support into an issue related to cash benefits has since prevented room for investigating diverse caregivers' support in Japan.

III. Care and Gender Equality: The Issue of the “Feminization of Men”

Focusing on the social factors related to which of the family members becomes the caregiver, Ungerson (1987) analyzed the process of women taking on the role of caregiver from the perspective of multiple factors, such as position in the labor market and the influence of gender norms. However, the aforementioned trends of rapid population aging and shifts in family makeups are uprooting and breaking down the conventional gender norms related to the order of family members in terms of the level of their duty to take on caregiving. Male caregivers, such as husbands and sons, are increasingly replacing daughters-in-law as the new caregivers (Figure 2). Over one million principal family caregivers—30% of principal family caregivers—are male.

How can the increase in male caregivers be considered from the perspective of gender equality? In order to achieve gender equality in care, Fraser (1997) proposed the “universal caregiver model,” focused on care labor. It focuses on the sharing of care between males and females in the informal sphere, in particular the changes in males taking a role in providing care. According to Lewis and Guillari (2005), the “adult worker model family,” in which both males and females engage in full-time work due to the commercialization of care, places too much emphasis on the participation of women in the labor market, ultimately underrating the importance of the issues of males and females sharing care within the family. Moreover, due to the distinctive features that prevent care from being fully commercialized—that is, the emotional aspects and relationships involved in care—it is not possible for the commercialization of care to alleviate families' responsibilities to provide care. With regard to this, Lewis and Guillari see the “feminization of men”—namely, how men come to take on care—as the most important indicator for achieving gender equality.

Looking at the relationship between the reorganization of labor/care and gender equality, Tamura (2011) compares discourse on the “redistribution of care,” which emphasizes theories on the “feminization of men” raised by Lewis and Guillari among others, with the aforementioned discourse of Fineman and others on care and dependency, and analyzes the fact that the positioning of “male caregiving” differs between the two discourses. While the “redistribution of care” discourse only emphasizes sharing care between males and



Source: Figures for up to 1987 are based on research by the Japan National Council of Social Welfare and other sources, and figures for 1998 onward are based on the *Comprehensive Survey of Living Conditions*.

Figure 2. Trends in Principal Family Caregivers Who Live with Care Recipients

females in the family, the discourse on care and dependency proposes a new family model based on the principle that “everyone is some mother’s child” (Kittay 1999)—the model grounded on the ties of care between mothers and children, as opposed to sexual ties between males and females. This model based on ties of care draws on the symbolic presence of the “mother,” and seeks the “socialization and universalization of compensation” for care labor, in order to make entities that take on care responsibilities, rather than the “unencumbered self,” the universal norm. However, as Tamura points out, the positioning of males is still unclear in this approach. Moreover, when focusing exclusively on caregiving for elderly relatives, it is necessary to keep in mind the possibility that the increase in single people, due to the rise in people not marrying or divorcing, may lead to males taking on the care role through various relationships, conditions, and routes that differ from the kinds of role divisions that can be envisaged in the case of heterosexual couples considering how to share the work involved in caring for children. For instance, even in the case of males who care for parents who live in a different location, their roles in providing care may differ, depending on the care needs or lifestyle condition of the parent(s), the geographical distance, or the caregiver’s form of employment or marital status. In order to investigate gender equality in elderly care, it is necessary to investigate in detail how males can become a presence that takes on care also in the informal field, what kinds of social policy are effective for the feminization of men, and what kinds of new horizons will be brought to care by males who actually take a role in providing care.

IV. Care and Masculinities

Even in Japan, there is a steady expansion in the range of males engaging in elderly care and community activities—not only in family caregiving, but also as professional care specialists, or as post-retirement community volunteers, which mainly consist of members of the baby boom generation. However, there is little progress in empirical research regarding the actual state of caregiving among the rapidly increasing numbers of male caregivers. As one of the key factors behind such delay, it must be noted that a considerable role is played by the way that male caregivers are regarded in research.

Until now discussions analyzing caregiving issues in relation to gender have mainly focused on the question of “why women take on the role of providing care,” and over the years there has repeatedly been emphasis on aspects such as the process of “gender socialization” (Chodorow 1978) and the links between care and femininity (Gilligan 1982). The fact that women engage in care, such as childcare and caregiving for older relatives, is certainly deeply related to the gender practice. In contrast, men have been regarded as having “greater ease in separating themselves from the caregiving role” (Kasuga 2013) in comparison with women. In other words, discussions on the question of “why women take on the role of providing care” have frequently been supported by the hidden question of “why men do *not* take on the role of providing care.”

According to Kramer and Thompson (2002), there are two conventional patterns of referring to male caregivers. The first is to see male caregivers as extraordinary figures who “are capable,” and the second is to see male caregivers as males who “are not capable” of deviating from the norm, that is, who are not able to fulfil the care role as well as females. However, both interpretations essentially look at male caregivers on the basis of the assumption of a link between care and femininity, and therefore do not amount to a fundamental reconsideration of gender and care.

Male caregivers are indeed steadily increasing in number, and the gender gap among caregivers is decreasing. However, the quantitative increase in male caregivers does not automatically link to the reconfiguration of gender relationships related to care, the reform of individual modes of behavior, or the dissolution of the gender norms that form the foundations of such behavior. As ever, the behavior patterns and models for living that society expects men to pursue are incompatible with them sufficiently engaging in housework, childcare, and elderly care. According to the “salaryman” model¹—which since World War II has replaced the previously-conventional “soldier” model as the ideal living model for males—men are expected to deeply internalize values and norms such as rationality and efficiency, and to always develop and maintain their position in competition with others (Taga 2006). However, providing care, such as raising children or caring for older relatives,

¹ Japanese “salarymen” have often been referred to as “corporate warriors,” on the basis that men have transferred their main realm of competition from the battlefield to the workplace (Dasgupta 2013).

is an area of life that is incompatible with rationality and efficiency, and is based on interpersonal relationships in which one responds to the other's needs, as opposed to relationships based on competition and independence. As a result, men who provide care are forced to distance themselves to a greater or lesser extent from the "manliness" that such a society has demanded of them. This can be highlighted as a difficulty faced by male caregivers that is inherent to the conflict between masculinities and providing care. In investigating the challenges toward achieving gender equality from the perspective of males and caregiving, it is necessary to focus on the interplay between caregiving and masculinities.

V. Caring Masculinities: Care as a Choice or Care as a Family Responsibility

It has been pointed out that men have a greater tendency to take on care responsibilities voluntarily in comparison with women (Lewis and Cambell 2007; Hayashi 2010). In recent years, researchers in the field of men's studies have analyzed the link between care and masculinities using the concept of "caring masculinities" (Hanlon 2012; Elliot 2016). Whereas females are socially and morally demanded to take on caregiving roles, for males taking on caregiving responsibilities is based on a voluntary choice, and is connected with a distancing from gender norms. As well as being an important point for discussion in the achievement of gender equality, male participation in care also reflects the appearance of a new form of masculinities: "caring masculinities."

Connell (2005) proposed a framework for analyzing masculinities, which has at its peak "hegemonic masculinity"—masculinity that brings about the subordination of women and the marginalization of certain males. Masculinities can by no means be homogeneous, and always involve a number of different layers and diverse aspects. Developing a "male identity" is a process of negotiating with and interpreting the idealized ideology of masculinities, which includes inconsistency, tension, and resistance with that ideology, and this is provisionally and ceaselessly developed in the course of daily life (Connell and Messerschmidt 2005). It can be said that men's participation in providing care is being highlighted as an important aspect of the discussion on what specific historical contexts see changes in hegemonic masculinity, which is linked with authority and control. However, it is necessary to note that the majority of existing research on caring masculinities is exclusively focused on men's participation in raising children. In other words, treating participation in care as a selective behavior merely limits males to "extraordinary" males who "are capable," and may not have a significant impact on gender equality. While the way in which males transcend or unsettle the gender boundary by taking a role in providing care or raising children does indeed play a part in once again questioning the roles that society develops for men, excessive emphasis on the "diversity" of masculinities prevents us from visualizing power relationships between males and females, and also power relationships between fellow males. At any rate, it must be said that male participation in childcare in Japan is far from bringing about a state of gender equality in childcare, as is demonstrated by the generally

low percentages of men taking childcare leave and low numbers of hours spent on childcare by males. If anything, the current male participation in childcare demonstrates that masculinities and care are not completely opposing aspects of male identity. In other words, it is insufficient to simply position “caring masculinities” as the opposite of “hegemonic masculinity,” and is essential to see them as being connected with each other (Elliot 2016).

It is important to investigate in a historical context what specific kinds of intrinsic connections are demonstrated between the elements that exist within care, such as intimacy and other-centeredness, and the elements that exist within masculinities, such as authority, domination, and competition, as well as exploring the multifaceted nature of caring masculinities by also taking into consideration the connections with other external factors, such as social class, ethnicity, and culture.

VI. The Difficulties Encountered by Male Caregivers

This brings us to the question of how the increase in the numbers of male caregivers in Japan can be analyzed from the perspective of the interplay between care and masculinities.

Firstly, it is necessary to confirm that males are not taking on caregiving responsibilities as a “choice,” as is the premise of the analysis of caring masculinities. The demographic trends and social changes, such as rapid population aging and the depletion of family resources, are generating circumstances in which all people, regardless of their gender or age, will need to take on the responsibility of providing care at some stage in their lives. Naturally the circumstances are developing such that being male is no longer grounds for being able to avoid caregiving responsibilities. In other words, this means that, in comparison with childcare, the field of providing care to older relatives includes many caregivers who are doing so involuntarily. Unlike raising children, in the case of elderly care, there are many caregivers do not receive a period in which they can prepare, and forms of caregiving and lengths of time spent caregiving vary. Due to the fact that caregiving responsibilities arise suddenly, like an “unexpected career” (Pearlin and Aneshensel 1994), they significantly constrict work, family life, personal hobbies, and free time. Caregiving inevitably exerts a considerable impact on the lifestyles and life plans of caregivers, as if they are running a “marathon without being able to see the course ahead.”

What kinds of difficulties are being encountered by male caregivers in Japan? In what ways are these issues associated with masculinities?

In 2005, we conducted a nationwide fact-finding survey of male caregivers—the first of its kind in Japan (Tsudome and Saito 2007; Saito 2009). I would like to draw on the results of the survey to look in detail at difficulties that are specific to male caregivers, difficulties that are now becoming ever more apparent.

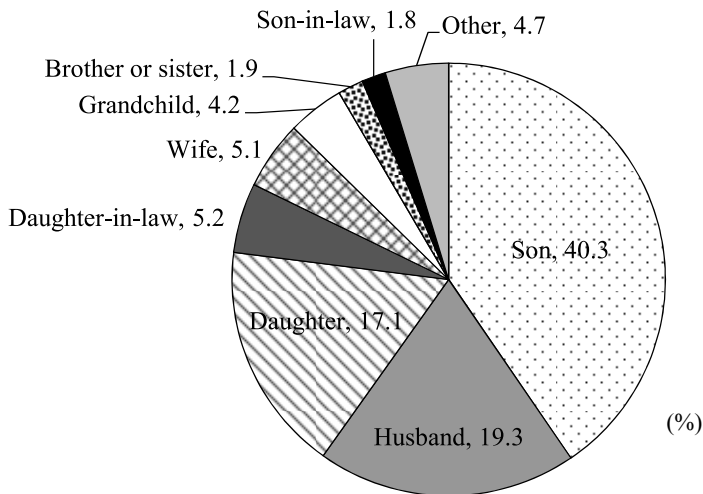
Firstly, male caregivers face difficulties that are related to their life skills. This originates from the fact that males are behind in their ability to carry out housework and other

such elements of “life skill independence,” as a result of the fact that their models for ways of living have been developed with a central focus on “economic independence.” Many male caregivers were completely devoted to their work and left household matters to their wives before becoming caregivers, and therefore find themselves at a loss in all aspects of daily life, including not only cooking meals, but also tasks such as cleaning and doing the laundry. As reflected by those who noted that they had “never even made a cup of coffee” before becoming a caregiver, a significant number of male caregivers struggle to do the shopping and prepare meals. Particularly older men, who have grown up being told that “a man should not set foot in the kitchen,” often have very limited experience of cooking. When providing care to people who are suffering from illness, such as diabetes, high blood pressure, or kidney disease, caregivers need to take care to develop a dietary plan, and also find that providing meals is more demanding than it would typically be, as it is necessary to take into account risks such as misallowing or difficulties chewing when considering how to cook meals or provide assistance with eating.

Secondly, male caregivers encounter difficulties related to balancing caregiving responsibilities with work. For men, who are often the main earner in their household, having to combine the caregiving role with work generates significant obstacles. They find they are no longer able to totally immerse themselves in work and leave the care responsibilities to others as they did in the past. As many males who are caring for parents are forty- to fifty-year-old employees at managerial level, employees who play a core role in their companies, they inevitably face conflict between their caregiving roles and professional careers. The environment is such that men, who take on a central role in the workplace, tend to find themselves isolated and unable to consult with others about the care-related issues they face in their own families, due to excessive concern regarding the negative influence this could have on pay raises or promotions (Saito et al. 2014).

Thirdly, male caregivers face the issue of isolation in the community. Prior to becoming caregivers, their lifestyle spheres were entirely focused on their workplaces, and they therefore have extremely little experience of activities and relationships with neighbors in the community. Particularly as they grow older, men tend to find that the only relationships from which they are able to receive emotional support are their relationships with their wives. In other words, men’s “relationship poverty” (Minashita 2015) is directly linked with the isolation they face in the local society when they take on caregiving. The results of our survey confirmed that male caregivers not only have very few relationships in their local communities before starting to provide care, but also tend to find that they have even less relationships in the community after starting to provide care (Tsudome and Saito 2007).

Finally, another indicator of the difficulties faced by male caregivers is the concerning trends of abuse of older people, and cases of caregivers murdering or committing suicide with the person they are caring for. Despite the enactment of the “Act on the Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and Other Related Matters” in Japan in 2006, there are an overwhelmingly high number of cases of abuse, not by the staff of



Source: Results of the 2014 Survey on State of Response, etc. Based on the Act on the Prevention of Elder Abuse, Support for Caregivers of Elderly Persons and Other Related Matters conducted by the Ministry of Health, Labour and Welfare.

Figure 3. Abuse of Older People by Type of Relative Committing the Abuse (Based on Relationship with the Abused)

care facilities, but by family members. Looking at the perpetrators' genders and relationships with the abused, men account for 60% of all perpetrators, and sons account for the highest percentage among the different family members (Figure 3).

Moreover, even since the introduction of the long-term care insurance system, there has been an endless stream of cases in which the strain of caregiving has pushed the caregiver to murder, or commit suicide with, the person they were caring for. According to Yuhara (2016)'s tabulation of data from newspapers in the period from 2000 (when the long-term care insurance system was introduced) to 2015, there have been as many as 663 cases involving a caregiver murdering or committing suicide with the person they were caring for.² In recent years, such cases have numbered around 40–50 cases per year, accounting for around 3–6% of all homicide cases. Looking at the specific types of cases, 38.5% were double suicide or double suicide attempts, 37.4% were cases involving two-person households, and 30.6% of cases involved the disability or health issues of the perpetrator themselves. In relation to the topic of this paper, it is most important to look at figures on the gender of perpetrators, which show that males account for 72.3% of perpetrators in these cases. In addition to the fact that the number of homicide cases in Japan is low in compari-

² Looking at the specific figures according to the relationships between the perpetrators and victims, the majority of cases are murders of a spouse by the other spouse (46.5%), followed by cases of murder of a parent by their offspring (46.2%). The most common type of case is husbands murdering wives, which accounts for 30% of all cases (Yuhara 2016).

son with other countries, another distinctive trend among homicide cases in Japan is the high number of cases of homicides within families among the total number of homicide cases (Hasegawa and Hasegawa 2000; Hamai 2009). In contrast with the fact that the most common type of homicides within families is filicide, involving either new-born babies or children, and the fact that the majority of these homicides are committed by the child's mother, there is an extremely high number of males among the perpetrators of murders of and double-suicides with care recipients, particularly given that males account for only around 30% of all caregivers. Looking at the difficulties faced by male caregivers in Japan reveals that men taking on care responsibilities does not always connect with the deconstruction of manliness.

Looking at the caregiving styles of male caregivers, it is also possible to see situations in which males exert their "male identity" through providing care (Gollins 2002). Through their education and work, men acquire male values such as sense of responsibility and rationality. This also has a significant influence on the way that male caregivers go about providing care. For example, when male caregivers who have played key roles at the forefront of companies find that the foothold they have established in their work has been placed in jeopardy due to their care responsibilities, they may immerse themselves in caregiving as a new foothold. This is the phenomenon of men engaging in caregiving as if it were "work" (Kramer and Thompson 2002). A caregiver approaching caregiving as "work" carries the risk that they will prioritize rationality and efficiency over consideration for the needs of the person they are caring for. This may manifest itself in strict rehabilitation programs and everyday life management. Such caregivers are also frequently regarded as "high-risk caregivers" or "claimers," as they stringently check what helpers, care managers, and other such professional care providers say and do. However, even if they immerse themselves in providing care as if it were their work, the effort that they invest may not necessarily be rewarded, and it is not uncommon for such caregivers to find that, far from gaining a sense of achievement, they are experiencing strong feelings of despair. There are male caregivers who not only continue to hide their caregiving roles from colleagues and neighbors (Tsudome and Saito 2007), but also do not even voice their troubles to professionals or other family members. Moreover, the strength of their sense of responsibility may play a role in preventing them from sharing the worrying uncertainties and excessive burdens of caregiving, and sending out the right distress signals.

Looking at the current circumstances facing male caregivers it is possible to see that the difficulties unique to male caregivers are twofold: male caregivers both find that their role providing care eliminates and marginalizes them from male society, and also face conflict between their masculinities and their role as a caregiver. This allows us to discover issues concerning the interplay between care and gender identity which form a new focus for discussion on care and gender equality, a focus that steps away from the topic of balancing men's and women's roles, a factor that has been measured primarily using indicators such as time spent caregiving.

Of course it is impossible for all male caregivers to be homogeneous (Kramer and Thompson 2002). Men who have lived alone for long periods or have lived apart from their families for work are competent at housework, and there are also men who are not reluctant to change diapers. However, it is not enough to simply identify that there are different kinds of masculinities among male caregivers. It is necessary to carefully decipher the kind of impact that caregiving and the male identity have on each other, investigating on one hand the influence that caregiving has on male identity, and on the other what kind of caregiving behavior tends to be generated by male identity (Calasanti and Bowen 2006; Hanlon 2009, 2012).

VII. The Development of Relationships between Fellow Men through Caregiving

When taking on the role of caregiver, men in Japan tend to lose the very foundations of their existence, which is focused around work, and also tend to become isolated from local society. At the same time, the efforts that male caregivers are starting to make to find a way into local society also reveal the early signs of new relationships between care and masculinities. Unlike the demonstration of masculinities through caregiving, this new type of relationship is related to the development or redevelopment of emotional intimacy, which has not traditionally been the forte of men.

An important basis for supporting male caregivers, and addressing their tendency to become isolated, is the development of a place for them in local society. From around the time of its establishment in 2009, the “Nationwide Network for Male Caregivers and Supporters” has attached importance to activities that deliver the direct voices of caregivers to greater numbers of people, through initiatives such as regularly gathering and publishing male caregivers’ written accounts of personal experiences. The network has also advocated the development of opportunities for male caregivers to interact with each other face-to-face, by pursuing initiatives such as hosting gatherings for male caregivers and establishing male caregivers’ groups in each community (Tsudome 2013).

O’Connor (2007) suggests that there are three merits to “positioning” oneself as a caregiver—namely, categorizing oneself and finding one’s place as a caregiver with regard to caregiving responsibilities that arise as extensions of personal relationships. The first is that it gives caregivers the sense that they are connected with others through the act of providing care. This helps to prevent isolation, as they are able to position their actions in a context shared with other caregivers, and share common feelings and experiences. Secondly, having the self-awareness that one is a caregiver makes it easier for caregivers to access social services involving themselves or the person they are caring for. This allows them to see their caregiving actions not merely as their role or responsibilities in their family, but also as labor that merits requesting support. Thirdly, caregivers gain opportunities to socially confirm the human development they are achieving through the act of providing care. They secure chances to reevaluate their role in providing care not simply as a burden but as

actions that play an important and valuable part in society. In other words, “positioning” oneself as a caregiver is a discursive vehicle that connects mutual relationships between caregiver and care recipient as extensions of existing personal relationships to issues that are more concerned with society.

There are presently more than 100 caregivers’ organizations and gatherings across Japan that are aimed specifically at men. Rather than focusing on chatting or sharing complaints, which tend to be the forte of women, male caregivers’ gatherings are more effective when they take a “task-oriented” approach, such as study meetings to learn about care services, or cookery classes (Kaye and Crittenden 2005), and also play a role in preventing the isolation of male caregivers. Such gatherings have also become opportunities for men to develop emotional intimacy, which has typically been their weak point. In other words, gatherings are not merely opportunities for male caregivers to acquire caregiving skills and obtain useful information about caregiving, but also forums for them to share their concerns and collaborate to create new ways of living and values. In the process of sharing thoughts and concerns with other men who are experiencing similar issues, male caregivers who were initially at a loss about caregiving have the chance to reconsider their previous working habits and relationships with their families and communities. Such “male-friendly” support programs that take into account the male gender (Saito 2010) are fulfilling an important role in achieving gender equality in caregiving. In the future, it will surely be necessary to reevaluate from a wider perspective the kinds of impact that such relationships between fellow male caregivers have on hegemonic masculinity or the relationships—or “homosociality”—between conventional dominant males.

VIII. Diversifying Family Caregiving and Caregivers’ Support

This analysis has focused on the perspective of problems faced by male caregivers and the topic of care and masculinities, but if we take into account the current state of family caregiving in Japan, it is not enough to develop gender-specific support programs alone, and in order to develop comprehensive support for males it is necessary to reposition problems related to caregiving and gender equality in the comprehensive caregivers’ support measures that form a basis of such support for male caregivers.

Caregiving has an extensive impact on caregivers’ lives over a long period of time. For this very reason, it is necessary to create a system to ensure that the caregiver’s own lifestyle and their financial and relationship resources are not drained by their caregiving responsibilities. Support for caregivers is the framework that makes this possible. The conventional “male breadwinner” model worked on the premise that women would be able to rely on their husbands financially in return for taking on housework and care without remuneration. In contrast, the concept of caregivers’ support implies a fundamental rethinking of the traditional dichotomy that inevitably divided the roles of working and providing care within the household. This is because supporting caregivers does not mean treating caregiv-

ers' responsibilities as a given, and only seeking to ensure that they consistently fulfil those responsibilities, but recognizing them as individual people with their own activities and human relationships outside of the caregiving role, and allowing them to strike a balance between providing care and pursuing a long-term life plan and full lifestyle, including a career and time for other family relationships, as well as private time for leisure and hobbies.

The appraisals of caregivers' support are broadly divided. The most radical criticism suggests that rather than alleviating caregivers' burdens, caregivers' support in fact reinforces the role as a caregiver, at the same time entrenching people requiring care in the role of people who are supported. This is the criticism that caregivers' support reinforces the moral demands to provide care upon family members, women in particular (Heaton 1999). In other words, it is the interpretation that caregivers' support preserves and regenerates the "familialist" ideology. Jegermalm (2005) suggests that there are two types of approach behind caregivers' support: an approach based on partnership focused on cooperating and sharing roles with professional caregivers, and a political and financial approach that sees family caregivers as a convenient resource to draw on in order to use limited resources efficiently. If we look at the gap between the concepts of caregivers' support and the support that is actually provided through the practical provision of care, however much emphasis is placed on "partnership," in reality, the political and financial approach takes precedence, and family caregivers tend to become entrenched in the role of providing care full-time. Moreover, from the perspective of the field of disability studies, caregivers' support is criticized on the basis of fears not only that caregivers will be financially exploited, but also that the label "caregiver" polarizes mutuality and reciprocity-based care relationships, generating a power imbalance between the person providing the care and the person requiring care. This includes the concerns that the "caregiver" label will be used to conceal paternalistic relationships, and above all that it will entrench the person requiring care in the position of care recipient (Molyneaux et al. 2011).

At the same time, it must be noted that, particularly in the care regimes of Japan and other East Asian nations in which family caregiving plays a significant role, simply brushing aside caregivers' support as the regeneration of the familialist ideology has the same political effect as not sincerely taking on board the realities and difficulties that family caregivers face in their roles providing care. The process of mutual interaction involved in providing and receiving care is filled with the tension and contradiction of the complex, intertwined mass of at times conflicting needs and emotions from both sides, and the power balance needs to be continuously regulated. Most importantly, caregiving is indivisible from love and other such strong emotions rooted in intimate relationships, while at the same time inducing negative emotions such as feelings of resignation, despair, fear, and anger. This "double-barrel blast of feelings" (Mac Rae 1998) also entails the collision of the caregiver's and care recipient's emotions, which are constantly swinging in large motions like a pendulum. When such highly fragile relationships become imbalanced, care becomes a breeding

ground for violence. This may manifest itself as objectification of, or one-sided violence toward, the person requiring care, or as the caregiver neglecting to care for themselves (O'Connor 2007). It is therefore essential for caregivers' support to incorporate the perspective of guaranteeing the overall individual lifestyle of both the care recipient and the caregiver respectively, while also encompassing the perspective of openly regulating the differing needs of both sides. In other words, precisely because it is not possible to commercialize care, it is necessary to provide support to ensure that the relationship between the two sides—the person providing, and the person receiving care—is kept positive, and adjusted and readjusted through means such as distancing or relativizing the relationship. Namely, it is necessary to support the care relationship itself (Saito 2011). In that respect, it could be suggested that caregivers' support encompasses the possibility of a new form of close relationship that could be described as “informal care that is opened to third parties.”

IX. Conclusion: The Male Caregivers' Movement and Gender Equality

If we consider the current state of family caregiving in Japan, it is necessary to introduce diverse support programs for caregivers that go beyond simply providing cash benefits, and also to enact a basic law to sustain such support measures. With this in mind, let us conclude by taking a final look at the topic of male caregivers.

While on one hand male caregivers face difficulties coping with the unfamiliar tasks involved in caregiving and the conflict between caregiving and their gender identity on the other, they also possess great strengths. Namely, they have the strength of the social experience that they gained while pursuing careers at the center of political and economic society, before becoming caregivers. Such knowledge and experience that men possess may become a considerable asset that can be immediately used for developing a new system of caregiving. The aforementioned community initiatives to connect fellow male caregivers not only play a role in preventing isolation, but also serve as a basis for activities to develop new caregiving and political systems that encompass support for caregivers. For instance, a male caregiver who questioned the fact that recipients of short stay care were charged for one day's worth of meals regardless of the actual number of times they ate meals, and persistently appealed to the local government and organizations involved, was consequently able to ensure that in 2013, ahead of the rest of Japan, Kyoto City established a local regulation stipulating that charges must be made per meal (Hayashi and Hayashi 2013). Such efforts by male caregivers to raise issues and place pressure on political organizations may act as an engine that propels the comprehensive development of the debate regarding the introduction of caregivers' support in Japan.

The problem is whether such initiatives by male caregivers, which are based on dominant masculinities, will link to the power to make drastic changes to the deeply-rooted gender inequality that pervades in every corner of the social system. In what way is engaging in care connected with fixation with the mainstays of society, such as economy and pol-

itics? Will, for instance, males themselves be able to create a new corporate culture in which they are able to continue to work while providing care, and no longer conceal the fact that they are providing care from their workplace? The potential for various links between caregiving and masculinities is indicated by the new connections that form between fellow males through their experiences of caring for elderly relatives, and in turn the highly exciting social practice that is the caregivers' movement based on male values. The question that is being asked is whether males themselves will be capable of taking the opportunities that their caregiving roles give them to rethink their own ways of living, and linking them to the development of gender equality through the reform of the actual working styles and politics that have been supported by masculine values.

References

- Calasanti, Toni, and Mary E. Bowen. 2006. Spousal caregiving and crossing gender boundaries: Maintaining gendered identities. *Journal of Aging Studies* 20, no. 3:253–63.
- Chodorow, Nancy. 1978. *The reproduction of mothering: Psychoanalysis and the sociology of gender*. Berkeley: University of California Press.
- Connell, Robert W. 2005. *Masculinities*. 2nd ed. Berkeley: University of California Press.
- Connell, Robert W., and James W. Messerschmidt. 2005. Hegemonic masculinity: Rethinking the concept. *Gender and Society* 19, no. 6:829–59.
- Dasgupta, Romit. 2013. *Re-reading the salaryman in Japan: Crafting masculinities*. New York: Routledge.
- Elliott, Karla. 2016. Caring masculinities: Theorizing an emerging concept. *Men and Masculinities* 19, no. 3:240–59.
- Fineman, Martha. 1995. *The neutered mother: The sexual family and other twentieth century tragedies*. New York: Routledge Press.
- . 2005. *The autonomy myth: A theory of dependency*. New York: New Press.
- Fraser, Nancy. 1997. *Justice Interruptus: Critical reflections on the “postsocialist” condition*. New York: Routledge.
- Gilligan, Carol. 1982. *In a different voice: Psychological theory and women's development*. Cambridge, MA: Harvard University Press.
- Gollins, Tim. 2002. Male carer: A study of the inter-relations between caring, male identity and age. Sheffield Online Papers in Social Research (ShOP). https://www.sheffield.ac.uk/polopoly_fs/1.71435!/file/gollins.pdf.
- Hamai, Koichi. 2009. *Kazokunai satsujin* [Homicides within families]. Tokyo: Yosensha.
- Hanlon, Niall. 2009. Caregiving masculinities: An exploratory analysis. In *Affective equality: Love, care and injustice*, ed. Kathleen Lynch, John Baker and Maureen Lyones, 180–98. Houndmills, Basingstoke; New York: Palgrave Macmillan.
- . 2012. *Masculinities, care and equality: Identity and nurture in men's lives*. Houndmills, Basingstoke; New York: Palgrave Macmillan

- Hasegawa, Toshikazu, and Mariko Hasegawa. 2000. Sengo Nippon no satsujin no doko: Tokuni eijigoroshi to dansei ni yoru satsujin ni tsuite [Homicide trends in postwar Japan: With a focus on filicide and homicide by males]. *Kagaku* 70, no. 7:560–68.
- Hayashi, Akie, and Masahiro Hayashi. 2013. *Tabeteihen no ni haraunka? Shoto sutei no shokuhi: 94 sai no uttae, Kyoto-shi to kuni o ugokasu* [“We have to pay for meals even if they didn’t eat them? Meal charges at short-stay care: A 94-year old’s appeals move Kyoto City and the nation]. Kyoto: Win Kamogawa.
- Hayashi, Yoko. 2010. *Fufukan kaigo ni okeru tekio katei* [The adaptive process in care between spouses]. Tokyo: Nippon Hyoronsha.
- Heaton, Janet. 1999. The gaze and visibility of the carer: A Foucauldian analysis of the discourse of informal care. *Sociology of Health and Illness* 21, no.6:759–77.
- Hiroi, Yoshinori, ed. 2013. *Kozo Kea 1: Kea to wa nan daroka—Roiki no kabe o koete* [Care course 1: What is care?—Surmounting the boundaries of the field]. Kyoto: Mineruva Shobo.
- Jegermalm, Magnus. 2005. Carers in the welfare state: On informal care and support for carers in Sweden. PhD diss., Stockholm University.
- Kaye, Lenard W., and Jennifer A. Crittenden. 2005. Principles of clinical practice with older men. *Journal of Sociology and Social Welfare* 32, part 1:99–123.
- Kasuga, Kisuyo. 2013. Dansei kaigoshu no zodai to kazoku shugi fukushi rejimu no paradokusu [The paradox of the increase in male caregivers and the familialist welfare regime]. In *Shinmitsusei no fukushi shakaigaku: Kea ga orinasu kankei* [The welfare sociology of intimacy: The relationship woven by care], Shirizu Fukushi Shakaigaku 4 [Welfare sociology series 4.], 165–84. Tokyo: University of Tokyo Press.
- Kittay, Eva Feder. 1999. *Love’s labor: Essays on women, equality, and dependency*. New York: Routledge.
- Kramer, Betty J., and Edward H. Thompson, eds. 2002. *Men as caregivers*. Amherst, New York: Prometheus Books.
- Lewis, Jane, and Mary Cambell. 2007. UK work/family balance policies and gender equality 1997–2005. *Journal of Social Policy* 36, no.3:365–81.
- Lewis, Jane, and Susanna Guillari. 2005. The adult worker model family, gender equality and care: The search for new policy principles and the possibilities and problems of a capabilities approach. *Economy and Society* 34, no.1:76–104.
- Mac Rae, Hazel. 1998. Managing feelings: Caregiving as emotion work. *Research on Aging* 20, no. 1:137–60.
- Minashita, Kiriu. 2015. ‘Ibasho’ no nai otoko, ‘jikan’ no nai onna [Males without “a place of their own” and women without “time”]. Tokyo: Nihon Keizai Shinbun Shuppansha.
- Molyneaux, Victoria, Sarah Butchard, Jane Simpson, and Craig Murray. 2011. Reconsidering the term ‘carer’: A critique of the universal adoption of the term ‘carer.’ *Ageing and Society* 31, no. 3:422–37.
- Ochiai, Emiko, Aya Abe, Takafumi Uzuhashi, Yuko Tamiya, and Masato Shikata. 2010.

- Nippon ni okeru kea daiamondo no saihensei: Kaigo hoken wa ‘kazoku shugi’ o kaeta ka [Reconfiguration of care diamond in Japan: The impact of the LTCI on ‘familialism’]. *The Review of Comparative Social Security Research*, no. 170:4–19.
- O’Connor, Deborah L. 2007. Self-identifying as a caregiver: Exploring the positioning process. *Journal of Aging Studies* 21, no. 2:165–74.
- Pearlin, Leonald I. and Carol S. Aneshensel. 1994. Caregiving: The unexpected career. *Social Justice Research* 7, no. 4:373–90.
- Saito, Mao. 2009. Otoko ga kaigo suru to iu koto: Kazoku, kea, jenda no intafeisu [Male carers in Japan: Interface of family, care, and gender]. *Ritsumeikan Social Sciences Review* 45, no. 1:171–88.
- . 2010. Kaigoshia shien no ronri to dainamizumu: Kea to jenda no aratana shatei [Logic and dynamics of carer support: The new perspective on care and gender]. *Ritsumeikan Social Sciences Review* 46, no. 1:155–71.
- . 2011. Gendaiteki kadai to shitenoz kazoku kaigoshia shien [Family caregivers’ support as a modern issue]. In *Kazoku kaigoshia shien no ronri: Dansei kaigoshia no kaigo jittai to shien no kadai* [The logic of family caregivers’ support: The issues of the caregiving situations and support of male caregivers], 30–122. Research for Collaboration Model of Human Services 4, Institute of Human Sciences, Ritsumeikan University, Kyoto.
- Saito, Mao, Masatoshi Tsudome, Yuka Ogiso, and Hayato Nishino. 2014. Kaigo to shigoto no ryoritsu o meguru kadai: Waku, raifu, kea baransu no jitugen ni muketa yobiteki kosatsu [Seeking a solution to reconciling work and care: Preliminary considerations about balance among work, life, and care]. *Ritsumeikan Social Sciences Review* 49, no. 4:119–37.
- Shinkawa, Toshimitsu. 2005. *Nihongata fukushi rejimu no hatten to henyo* [Development and transformation of the Japanese-style welfare regime]. Kyoto: Mineruva Shobo.
- Taga, Futoshi. 2006. *Otoko rashisa no shakaigaku: Yuragu otoko no raifu kosu* [The sociology of manliness: The shifting of men’s life courses]. Tokyo: Sekai Shisosha.
- Tamura, Tetsuki. 2011. Rodo/Kea no saihen to “seiji” no ichi [The transformation of the work/care relationship and the place of “politics”]. In *Rodo saishin (5): Kea, kyodo, anpeido waku—Yuragu rodo no rinkaku* [Labor review (5): Care, cooperation, and unpaid work—Obscuring the boundaries of work], ed. Norihiro Nihei and Junko Yamashita, 191–220. Tokyo: Otsuki Shoten.
- Tsudome, Masatoshi. 2013. *Keamen o ikiru: Dansei kaigoshia hyakuman nin e no eru* [Life as a “keamen”: A cheerleading shout for the one million male caregivers]. Kyoto: Kurieitsu Kamogawa.
- Tsudome, Masatoshi, and Mao Saito. 2007. *Dansei kaigoshia hakusho: Kazoku kaigoshia shien e no teigen* [White paper on male caregivers: Proposals for family caregivers’ support]. Kyoto: Kamogawa Shuppan.
- Tsuji, Yuki. 2012. *Kazoku shugi fukushi rejimu no saihen to jenda seiji* [Restructuring of the

familialist welfare regime and gender politics]. Kyoto: Mineruva Shobo.

Ungerson, Clare. 1987. *Policy is personal: Sex gender, and informal care*. New York: Tavistock Publications.

Yuhara, Etsuko. 2016. Kaigo satsujin jiken kara miidaseru kaigosha shien no hitsuyosei [The necessity of the caregiver support to be found from the criminal cases of homicides or murder-suicides by family caregivers]. *Journal of Social Welfare, Nihon Fukushi University* 134:9–30.

Job Creation after Catastrophic Events: Lessons from the Emergency Job Creation Program after the 2011 Great East Japan Earthquake

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This paper aims to present lessons learned from the Emergency Job Creation (EJC) program conducted by the Japanese government during the process of recovery from the 2011 Great East Japan Earthquake disaster, based on statistical analysis of the EJC program and an interview survey of several projects in Minamisanriku town. The EJC program is very similar to the Cash for Work (CFW) programs that are often used as a tool for social safety nets (SNNs) in developing countries, although the EJC program was basically a policy tool aimed at reducing unemployment, while CFW is aimed at pursuing recovery efforts and ensuring people's participation in those efforts, in addition to reducing unemployment. In fact, statistical analysis shows that the number of EJC participants is rather higher in municipalities with severe damage than in municipalities with lower labor demand. The results of the interview survey also reflected this, and revealed that the EJC program was also used for human resource development. Drawing on findings from the interviews, we conclude our study by identifying the three important factors that made EJC efficient: 1) the timeliness of commencing the program, 2) the sufficiency of the program funds, and 3) the flexibility with which the funds could be used, which enabled many local organizations to create new forms of cooperation.

I. Introduction

This paper focuses on the job creation activities that were pursued during the recovery from the major earthquake and tsunami that struck northeastern Japan on March 11, 2011.

The earthquake, which was centered offshore, is the largest recorded in the area of Japan since records began, with a magnitude of 9.0 on the Richter scale, and seismic intensities as high as 7.0 on the Japanese seismic scale. While the earthquake's tremors caused many buildings to collapse, the massive tsunami it triggered brought even graver damage. With wave heights of over ten meters in places and a maximum run-up height (height onshore) as high as 40.1 meters, the tsunami caused catastrophic damage to the coastal areas. The disaster claimed around 19,000 lives (dead or missing), and around 90% of fatalities were due to drowning as a result of the tsunami. The cities, towns, and villages in the coastal areas suffered devastating damage, and it is estimated that by the third day after the

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disaster initially struck as many as around 470,000 people were taking refuge at evacuation facilities. In addition to the earthquake and tsunami, the serious accident at the Fukushima Dai-ichi Nuclear Power Plant has released large amounts of radionuclides into the air and contaminated surrounding lands. This accident resulted in approximately 154,000 people leaving their homes (81,000 under mandatory evacuation orders, and 73,000 voluntarily).

One of the policy concerns for the government during the disasters was to secure the livelihood of the evacuees. One private think tank published a report in May 2011 estimating that roughly 140,000–200,000 people had lost their jobs because of the disaster. To address this issue, the Japanese government quickly implemented the Emergency Job Creation (EJC) program, reinforcing the program's funds with as much as 400 billion Japanese yen in total.

The primary objective of this program was to create job opportunities for the people who became unemployed due to the disaster. However, as we will discuss in the following section, a substantial amount of program funds was used as subsidies for local governments and organizations such as cooperatives, neighborhood associations, and NPOs, to allow them to hire local people to pursue activities related to the disaster and the recovery process. In addition to pursuing such initiatives, many of the projects under the EJC program also seem to have reinforced social ties among local people, and provided them with relief from the stresses of life. Such effects are often recognized as a result of Cash for Work (CFW) programs in developing countries.

In order to verify the positive impacts of the aforementioned EJC program, we conducted a field survey from July to December, 2012, interviewing sixteen organizations that were undertaking EJC projects in eleven municipalities across the prefectures of Iwate, Miyagi, and Fukushima. In this paper, we focus on examples from the town of Minamisanriku in Miyagi prefecture to investigate how the EJC program contributed to the recovery process of the disaster-affected area. Our primary conclusion is that the EJC program funds were mostly used for pursuing the recovery of the area rather than reducing unemployment. The flexibility of the program enabled many local organizations to create jobs for the local people, while also providing those people with opportunities to participate in the recovery process.

Section II of this paper describes the EJC program, and discusses the state of employment support in the affected areas, while also drawing on insights from prior research. Section III introduces examples of projects that were conducted in Minamisanriku, on the basis of the insights gained from the interview survey. In Section IV, we would like to consider how support for the employment of disaster victims in reconstruction following disasters needs to be developed, by looking at the efficacy of and issues related to the EJC program.

Table 1. Number of Participants by Fields and Prefectures

Project fields	Iwate	Miyagi	Fukushima	Total
Nursing care/welfare	1,011	1,788	2,633	5,432
Childcare	262	1,026	648	1,936
Medical work	121	551	614	1,286
Industrial development	3,456	3,207	5,964	12,627
Information & communication	816	927	800	2,543
Tourism	1,140	1,437	1,958	4,535
Environment	1,892	2,143	3,887	7,922
Agriculture and fishery	5,479	3,265	2,608	11,352
Safety	351	2,934	3,815	7,100
Education and environment	1,189	6,216	4,870	12,275
Other	4,270	11,243	22,772	38,285
Temporary civil officers	2,604	11,518	7,317	21,439
Not categorized	44	24		68
Total	22,635	46,279	57,886	126,800

Source: Labor divisions of Iwate, Miyagi, and Fukushima prefectural governments.

II. Job Creation in Japan after the 2011 Disasters

1. The Emergency Job Creation (EJC) Program

The Japanese government implemented the Emergency Job Creation (EJC) program immediately after the disasters that occurred in March 2011. The program was based on the national government providing funds for local governments and private businesses to employ disaster victims who had lost their jobs, and engage them in activities related to disaster response, recovery, and reconstruction. The total amount of funds allocated for this program during the two-year period after the disasters was 400,000 million Japanese yen (3,800 million US dollars).

Table 1 shows the number of participants in the EJC program by project field and prefecture. A total of 126,800 people participated in the program from FY 2011 to FY 2015, of which 57,886 people (45.6%) were participants in Fukushima prefecture.

The reason for Fukushima's prominent use of EJC funds is partly because Fukushima prefecture required many laborers for radiation monitoring and decontamination, and for patrolling the mandatory evacuation area. In other areas, there were many people who needed temporary work, because large numbers of farmers, fishermen, and self-employed workers lost their livelihood due to the mandatory evacuation (Nagamatsu 2014).

The EJC program is very similar to the Cash for Work (CFW) program, which is well known as a means for providing a social safety net (Honorati et al. 2015). CFW is a program aimed at assisting people who lack a means of subsistence by providing cash in return for their work in reconstruction in the wake of disasters or humanitarian emergencies, and this is commonly accepted as a technique of humanitarian assistance by international NGOs.

There are many examples of CFW, such as in the processes for recovering from the 2005 Indian Ocean Tsunami (Doocy et al. 2006) and incidents of drought in Kenya and Afghanistan (Lumsden and Naylor 2002; Harvey and Bögel 2009), and its applicability has been expanded to other natural disasters, such as cyclones (Myanmar Red Cross Society 2010), earthquakes and tsunami (Doocy et al. 2006; Échevin 2011), military conflicts (Harvey and Bögel 2009) and financial crises (Andrews et al. 2011).

However, there are three major differences that have been observed between EJC and CFW: 1) There is a wider variety of jobs under EJC in comparison with CFW, 2) the policy objectives differ; namely, EJC is designed for creating jobs, while CFW is aimed at providing livelihood assistance, and 3) whereas EJC projects are required to fully comply with labor laws, this is not required of CFW projects (Nagamatsu 2016).

Another difference that should be noted is that in previous projects in developing countries CFW has not only acted as a means for creating jobs, but has also in many cases been acknowledged to have encouraged local people to participate in recovery processes and strengthened social ties among the affected people (Myanmar Red Cross Society 2010; Mercy Corps 2007).

2. EJC Funds as Subsidies for Recovery Activities

Local governments and organizations that were eligible for the EJC program regarded it as a program for subsidizing their activities related to the disaster. The program was in fact very useful for them, and involved relatively few burdens in terms of paperwork. All that organizations that applied to establish EJC projects had to prove was how many workers were employed, whether the workers were eligible for the program, and whether they paid fair salaries for the workers. The actual content of the work was beyond the concern of the Japanese government, because the program's policy objective was job creation.

Because of its simplicity and flexibility, the program was generally welcomed by local governments and organizations that are responsible for disaster management and recovery. As a result, the program was used more to tackle the severe damage, for which there was a high demand for labor from local organizations, rather than where job opportunities were scarce.

Table 2 shows the results of cross-section regression analysis on the scale of the EJC program over the jurisdictions of public job placement offices (known as "Hello Work"). The dependent variable is a ratio of participant numbers over total population, while the explanatory variables are the job opening ratio and the ratio of housing that collapsed due to the disasters. We ran the regression model over 28 jurisdictions for each year from 2011 to 2013. The collapsed housing variables are significant at 1% in every regression, while job opening ratios are not. This result is strong evidence that EJC program funds were used for recovery promotion, rather than unemployment reduction. In this sense, we could say that in practice the EJC program shared a similarity with CFW.

Table 2. Results of Regression Analysis on the Scale of the EJC Program

Dependent Variable	Number of participants / population					
	28		28		28	
Number of observation						
Year	2011		2012		2013	
Constant	0.703	<i>0.566</i>	0.589	<i>0.239</i> *	0.055	<i>0.231</i>
Job opening ratio	-0.503	<i>0.714</i>	-0.278	<i>0.236</i>	0.127	<i>0.192</i>
Totally collapsed housing ratio	3.248	<i>1.037</i> **	3.940	<i>0.623</i> **	2.862	<i>0.675</i> **
R squared	0.396		0.703		0.547	

Notes: Numbers in italics represent standard deviation.

* and ** denote 5% and 1% significance respectively.

III. Examples from Minamisanriku in Miyagi Prefecture: Projects Aimed at Maintaining the Town’s Mainstay Industries and Stopping Population Outflow

This section draws on insights gained from an oral survey conducted in summer 2012 in the town of Minamisanriku in Miyagi prefecture, one of the areas affected by the 2011 earthquake and tsunami, to examine the role that the EJC program played in the reconstruction of the local area and in what ways the EJC program functioned similarly to CFW.

1. Profile of Minamisanriku and State of the Disaster

Minamisanriku is a small coastal town in Miyagi prefecture in northeastern Japan. In February 2011, prior to the earthquake disaster, it had a population of around 18,000 people.

The town is surrounded on three sides by 300–500 meter high mountains, and to the east of the town Shizugawa Bay opens onto the Pacific Ocean. Its main industries are fishing and seafood processing, and in addition to catches of high-quality, natural coastal fish such as sea urchin and flatfish, the aquaculture of oysters and scallops is also thriving, and the salmon swim upstream in the fall. The town has also worked hard to develop its tourism industry, drawing on the assets of its rich natural environment. A high

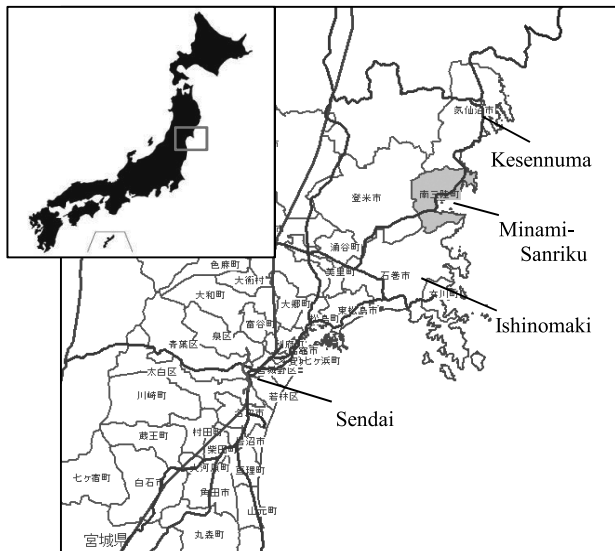


Figure 1. Location of Minamisanriku, Miyagi prefecture

percentage of Minamisanriku's residents are employed in the town (namely, it is not the commuter town of a neighboring city), and it was already encountering population aging and population decline prior to the disaster.

The seismic intensity recorded in Minamisanriku at the time of the earthquake on March 11, 2011, was a 6-lower on the Japanese seismic scale (a "moderately severe" earthquake). While only a limited number of buildings collapsed due to the tremors, the damage caused by the tsunami was immense. Reaching maximum heights of over 20 meters, the tsunami flooded 52% of the land used for buildings, damaging as much as around 3,311 buildings (a damage rate of approx. 62%), and claimed the lives of as much as 5% of the town's population (620 dead and 212 missing).¹ Government functions were paralyzed, as the tsunami engulfed and destroyed both the town hall and the adjacent government disaster prevention facility, a three-story heavy steel frame structure. The public transport system was also heavily damaged, as the tsunami also completely devastated the train route operated by Japan Railway between Kesenuma Station and Yanaizu Station, as well as destroying Shizugawa Station, the center of transport for Minamisanriku.

The catastrophic damage to the fishing and marine product industry in Minamisanriku meant that large numbers of people immediately lost their means of making a living. If people move away from a town even temporarily in search of work, they may not necessarily return, even if the town's infrastructure is restored. Once the people are gone, the town will not be able to maintain its industry, and will go into decline. Minamisanriku therefore needed a means of maintaining its residents' livelihoods until it had recovered.

2. Overview of the EJC Program in Minamisanriku

Minamisanriku had the highest percentage of people employed using the EJC program,² even among the affected municipalities in Miyagi Prefecture. In FY 2011, a total of 453 people were employed under the EJC program in Minamisanriku. Table 3 shows the numbers of people employed for each of the EJC projects that year, with the projects organized in order of the number of people they employed, starting with the project that employed the highest number of people.

The "Project for Supporting the Livelihood of Tsunami Evacuees," which was involved in supporting evacuation centers and temporary housing, employed around 150 people, the highest number of employees among the projects. The "Project for Maintaining Demarcated Fishing Grounds," aimed at securing channels within Shizugawa Bay as a means of assisting the restoration of the fishing industry, and maintaining the demarcation boundaries of the aquaculture facilities, employed 66 people. The projects in field number

¹ Official figures from Minamisanriku, dated November 1, 2012.

² The "percentage of people employed under the EJC program" is the number of people employed for EJC projects (projects providing emergency employment measures in response to disasters, etc.) (figures for 2011) as a percentage of the working-age population in the relevant municipality (figures for 2010). The percentage in Minamisanriku was 7.5%.

11 are for hiring “temporary staff for general administrative support, etc.” Many such people are directly employed by Minamisanriku town, due to the huge amounts of documentation and administrative work involved in reconstruction.

Table 4 shows numbers of people employed for EJC projects tabulated according to whether the project is a project commissioned to an external organization or a project directly implemented by the town government, and according to the field of the project, as shown in the left-hand columns of Table 3. Commissioned projects account for 85.2% of all people employed. Looking at the different project fields, the percentages of people employed for projects in “care/welfare” and “agriculture, forestry, and fisheries” are high. It can be seen that projects in other fields also used EJC program funds for various initiatives aimed at the recovery and reconstruction of the town.

People directly employed by the town government for EJC projects receive wages of 840 yen per hour, the prescribed hourly wage for the town’s temporary workers. Wages for commissioned projects are essentially entrusted to the project organizer, but are generally around 9,000–10,000 yen per day. This wage is more or less the market rate, but there are cases in which employees receive better labor conditions than in the case of other enterprises, due to the fact that project organizers are obliged to enroll their employees in social insurance schemes without fail. This has led to claims that the EJC program is placing pressure on private sector businesses, as seafood processing businesses in the town are unable to attract sufficient staff despite posting job advertisements. It is difficult for employment support projects for disaster victims to achieve the balance of protecting the local residents’ livelihoods and encouraging the independence of local industry, while also scaling back and withdrawing. While it is said that the EJC projects in Minamisanriku helped to prevent population outflow directly after the disaster, the population has decreased rather significantly. In fact, the town’s population fell from 17,666 people in late February 2011 (namely, prior to the disaster) to 15,419 people one year later in late February 2012, a decrease of 2,247 people (12.7%). The town faces the challenge of converting the temporarily-created sources of employment into the ongoing sources of employment for the local area.

Table 3. EJC Projects in Minamisanriku (FY 2011)

Type Note (1)	Field Note (2)	Name	Content	Total no. of workers *
1	1	Project for Supporting the Livelihood of Tsunami Evacuees	(1) Conducts whereabouts surveys of persons who evacuated to outside the town, and ascertains and composes data on the location of all town residents following evacuation. (2) Provides information magazines and other such sources of information to disaster victims outside the town on an ongoing basis. (3) Employs staff to visit evacuation facilities in and outside the town to listen to disaster victims to curb their feelings of isolation or anxiety. (4) Assigns lifestyle counsellors to temporary housing areas. (5) Provides staff for coordinating communication with temporary housing. (6) Provides staff to promote local community development. (7) Improves the systems for distributing food, supplying water, and providing shopping services. (8) Provides staff for improving the environments around the evacuation centers.	149
1	8	Project for Maintaining Demarcated Fishing Grounds	Secures channels in the bay and improves, etc. the demarcations of each aquaculture facility, with the aim of assisting the recovery of the fishing grounds.	66
1	7	Project for Supporting the Maintenance and Management of Water Supply Facilities, etc.	Supports the maintenance and management of each water supply facility, etc. in Minamisanriku. Activities include facilities inspection, replenishing chemical agents, and meter reading, etc.	36
2	11	Temporary Staff for Earthquake Disaster Response, etc.	Employs disaster victims as temporary staff to provide general administrative support, etc.	26
1	7	Project for the Post-Earthquake Disaster Reconstruction and Maintenance of Public Facilities	Conducts activities such as felling trees on town roads, agriculture and forestry roads, and other such surrounding facilities that sustained salt damage due to the tsunami.	25
1	10	Project for Restoring and Maintaining Cultural Assets Affected by the Disaster	Under guidance from experts, conducts fact-finding surveys of affected cultural assets (tangible/intangible cultural assets, buried cultural properties, and historical records), surveys and investigates the state of damage, and means of preserving or restoring, etc. the assets, and maintains a preservation and management register of cultural assets. Also compiles a database of and organizes and displays the exhibits, etc. of the town's museums (the Gyoryukan [fossils and folk material], Minzokushiryokan [folk material] and Denshukan [folk material]). Alongside these activities, collects and preserves materials related to the disaster and compiles materials that can be used for disaster prevention education, etc.	20
1	4	Project for Supporting the Recovery of the Minamisanriku Marine Products Industry	Seeks to ensure the prompt establishment of the chain of primary production systems, by ascertaining the actual state of damage in the process of conducting individual interviews, etc. with each union member based on a format, as well as tabulating data by category in order to clarify the situation, and engaging in disseminating information, such as introducing the various financing systems for stabilizing household fishing businesses.	14
1	4	Project for Supporting the Reconstruction of the Minamisanriku Aquaculture Industry	Conducts administrative work toward developing projects for supporting the recovery of fishing and aquaculture, etc. ("Ganbaru Gyogyo /Yoshokugyo Shien Jigyō", etc.) over the three years from 2011 to 2014 (four years for oysters), and administrative work for constructing and reconstructing fishing vessels affected by the disaster.	14

Type Field Note (1) (2)	Name	Content	Total no. of workers *
	Project for Promoting		
1	4 Small-Scale Production Centers at Evacuation Shelters	Employs disaster victims, etc. and other unemployed people to conduct small-scale production, such as sewing and creating daily commodities, ornaments, and electrical parts, and crafting articles of folk handicraft, such as <i>mayu-saitaku</i> (cocoon-crafted into small figures).	13
1	9 Project for Night-time Security at Evacuation Shelters	Assigns night-time security staff to temporary facilities in the town, to ensure an environment in which disaster victims can go about their lives feeling secure.	12
2	11 Project for Restoring and Maintaining Tax Rolls	Surveys houses, etc. swept away or damaged by the disaster, and restores and maintains tax rolls.	12
1	8 Project for Developing Community Farms for Disaster Victims	In addition to the cultivation of vegetables, greenhouse horticulture, and planting of flowers, also carries out work to provide foodstuffs and ornamental plants. Alongside this, pursues the interaction of victims and the Iriya district through farming. Makes several varieties of rice balls using rice produced in the local area and sells them at direct sales outlets, and produces and sells pickles made with a traditional secret recipe unique to the rural area. Also plans to develop the product such that it can be sold nationwide as pickles for promoting regional recovery, if possible.	10
2	11 Project for FM Broadcast for Temporary Disaster Countermeasures	Establishes community FM broadcast stations based closely in the local community, and transmits lifestyle information, disaster prevention information, and administrative information to disaster victims. Carries out the related reporting, writing scripts, operating equipment, and announcing, etc., to create the broadcasts.	8
1	8 Project for Restoring Regional Agriculture	(1) Support for relaunching the agricultural businesses of affected farmers. (2) Promoting the sales of crops for which production decreased due to the disaster. (3) Acquisition of further techniques toward relaunching agricultural business. (4) Creating new farmers through activities related to agricultural business.	7
2	7 Project for Managing Transport Lines for Disaster Reconstruction Supplies	Activities include weeding, repairing, and removing and melting snow on town roads, etc.	7
1	4 Project for Promoting the Development and Sales of Minamisanku Reconstruction Goods	Develops new products such as popular local mascot "Octopus-kun," and works with other organizations to develop souvenir products such as octopus lunch boxes and sweets, as well as actively pursuing activities to promote sales online and at events.	5
1	6 Project for the Reconstruction of Tourism Resources	Establishes a foothold for local recovery, by creating a Rakuten online-shopping site, and provides services to match local providers of resources such as natural scenery and foods with companies in the travel and tourism industry, with the aim of recovering such tourism resources.	4
2	11 Project for Providing Nursing Assistants	Provides nursing assistants to relieve the burdens on nursing staff at the Shizugawa Municipal Hospital (damaged by the disaster, reopened at a new location in June 2011) in turn providing assistance for hospital inpatients, etc.	4
1	8 Project for Surveying the Regeneration of the Regional Fishing Industry	Regularly surveys the habitat of the seaweed and other such sea-bottom fauna and plankton in the coastal zones of Utsu and Shizugawa, obtaining basic information regarding the environment of coastal zones, which has an influence on the recovery of the marine products industry.	3

Type Field Note (1) (2)	Name	Content	Total no. of workers *
1 4	Project for Conducting Odd Jobs in the Disaster-Affected Areas	Carries out odd jobs for disaster victims in evacuation centers and temporary housing, improving convenience for affected residents, and developing an area that is comfortable to live in.	3
2 3	Project for Facilitating the Provision of In-house Prescriptions	Temporarily employs pharmacists, to facilitate the prescription of medication for outpatients, given that the Shizugawa Municipal Hospital has become the town's only medical facility due to the disaster, and as it is difficult for the staff of the hospital to handle in-house prescriptions.	3
1 9	Project for Recording the Post-Earthquake Disaster Reconstruction	Photographing/filming the disaster area and creating deliverables.	2
1 5	Project for Restoring Basic Data regarding Commerce and Industry	Collecting, organizing and conducting data entry on information on members of commercial and industrial associations.	2
2 11	Project for Picking Up/Dropping Off Outpatients	Operating a pick-up/drop-off bus service for hospital outpatients.	2
2 3	Project for Enriching Outpatient Services	Provides assistance to outpatients of the internal medicine and dental surgery department, given that the Shizugawa Municipal Hospital has become the only medical facility due to the disaster.	2
2 11	Project for Providing Medical Assistants	Checks the inspection and billing of inpatient and outpatient itemized medical statements of expenses, and manages these statements, etc.	1
2 11	Project for Cost-Free Employment Placement Services	Restores the various data that was lost in the disaster, and regulates, etc. the employment environment of disaster victims.	1
2 11	Project for Providing a General Assistance Service for Public Transport	Establishes information services for each public transport facility (town buses, Japan Railway, and Miyagi Transportation, etc.) and provides information on operations of fixed-route buses in each direction, and takes reservations for the highway bus that travels to Sendai once a week.	1
1 10	Project for Supporting the Regeneration of the Utsu District Disaster-Affected Community	(1) Edits and creates <i>Itazō</i> , the community information magazine for the Utsu area. (2) Receives and assists support organizations from around Japan. (3) Livelihood support for emergency temporary housing (delivery of relief supplies). (4) Producing and selling goods related to the disaster (T-shirts and caps, etc.)	1

Source: Data obtained at the time of the survey.

Notes: (1) Project type: 1. Project commissioned to an external organization, 2. Project directly implemented by the town.

(2) Project field: 1. Nursing care/welfare, 2. Childcare, 3. Medical work, 4. Industrial development, 5. Information & communication, 6. Tourism, 7. Environment, 8. Agriculture, forestry, and fishery, 9. Safety/Disaster prevention, 10. Education/culture, 11. Temporary staff for general administrative support, etc.

Table 4. Numbers of People Employed by EJC Projects in Minamisanriku by Project Type and Field (Figures for FY 2011)

	(No. of people)	(%)
Total	453	100.0
Project type		
Commissioned project	386	85.2
Directly-implemented project	67	14.8
Project field		
Nursing care/welfare	149	32.9
Agriculture, forestry, and fishery	86	19.0
Environment	68	15.0
Temporary staff for general administrative support	55	12.1
Industrial development	49	10.8
Education/culture	21	4.6
Safety/Disaster prevention	14	3.1
Medical work	5	1.1
Information & communication	2	0.4
Tourism	4	0.9

Source: Tabulation of data obtained at the time of the survey.

3. Specific Case Studies of EJC Projects

As part of the interview survey conducted in 2012, we interviewed the organizations commissioned to conduct EJC projects in Minamisanriku. From among the organizations surveyed, here we will look at the Shizugawa Branch of the Miyagi Prefecture Fisheries Cooperative, the Marine Learning Center, Minamisanriku Tourism Association, and the Minamisanriku Social Welfare Council, to investigate how EJC program funds have been used and the issues faced by the projects.

The Shizugawa Branch of the Miyagi Prefecture Fisheries Cooperative

The Shizugawa Branch of the Miyagi Prefecture Fisheries Cooperative (hereafter, “the Fisheries Cooperative”) has jurisdiction over Shizugawa Bay in Minamisanriku. It comprises of around 800 members. The damage caused by the disaster was immense, and damage from the tsunami led to the loss of 94.9% of the 1,075 fishing vessels in the bay prior to the disaster, a reduction to just 55 vessels. Production volumes were struck gravely, with production volumes for FY 2011 decreasing by approximately 99% in comparison with the previous fiscal year for Class 1 common fishery products such as abalone and sea urchin, and by 90% in comparison with the previous fiscal year for Class 2 common fishery products such as seaweed and sea squirt. Business premises such as the branch offices and local offices that stood directly on the edge of the bay were also totally destroyed.

Without aquaculture rafts and fishing vessels, fishermen cannot work. If they cannot work, they are not able to make a livelihood. To address this, the Fisheries Cooperative used

the EJC program to establish a project to engage fishermen in activities to restore the fishing grounds, thereby giving them a means of keeping up their livelihoods until there was a prospect of the fishing industry recovering. The project entrusted to the Fisheries Cooperative employed a total of 80 people in FY 2011, of which 66 worked on the “Project for Maintaining Demarcated Fishing Grounds” and 14 worked on the “Project for Supporting the Recovery of the Minamisanriku Marine Products Industry.” The “Project for Maintaining Demarcated Fishing Grounds” regulates the demarcations of the fishing grounds in Shizugawa Bay, to allow for the efficient use of the bay. The channels had always been narrow and inconvenient, but it had not been possible to do anything to address this prior to the disaster, partly due to the rights claims of the fellow owners. This project drew on the fact that everything was swept away by the tsunami as an opportunity to investigate and implement reform to ensure the improvement of the fishing grounds for the future. Those employed by the project are largely members of the Fisheries Cooperative. The “Project for Supporting the Recovery of the Minamisanriku Marine Products Industry” conducts administrative work such as ascertaining the actual situation of people involved in the fishing industry who were affected by the disaster, and tabulating the information by category. It carries out administrative work related to the project for maintaining the fishing grounds, and the increasingly huge amounts of administrative backup work required in the post-disaster recovery process. The people employed for this project are former employees of ordinary companies, and more than half of them live in temporary housing.

The Fisheries Cooperative faces the tasks of securing income for its members and securing personnel for implementing reconstruction projects. The cooperative’s staff, which was made up of 30 people prior to the disaster, decreased to around 20 people, and it is unable to secure the personnel it needs. Nevertheless, the Fisheries Cooperative stated that it would not be possible for their organization alone to pursue the reconstruction of the fishing industry, “without the support provided by such emergency employment.” It said that the EJC program plays a significant role by supporting the “labor costs” for pursuing reconstruction projects.

The Marine Learning Center

The Marine Learning Center is an incorporated nonprofit organization that has an office in the building where the Minamisanriku fish market is located. Its head office is in Okinawa prefecture, but since the disaster it has responded to requests from the town to carry out the work that was formerly conducted by the town’s fisheries laboratory and to conduct measurements of the radioactivity of the marine products and the environment. Such measurements conducted by third-party organizations are important for ensuring that the trade of marine products is not adversely affected by damaging rumors.

The Marine Learning Center received EJC program funds to implement the “Project for Surveying the Regeneration of the Regional Fishing Industry” (commissioned in FY 2011). There are four people working at said office, and the three employees other than the

office leader are employed with funds from the EJC program.

The project leader, interviewee A, is a specialist in marine research who relocated from Tokyo for the position. He provides guidance to the other three staff members on methods of measuring radioactivity, and how to use the equipment, etc. He made the decision to relocate to Minamisanriku on the basis of his determination to help in reconstruction activities, which was inspired by his experiences staying in the town for an internship during his time in university. However, as interviewee A does not fit with the requisites for employment under the EJC program, in practical terms his labor costs are paid by the organization.

There are three disaster victims employed by the project, and many people have applied for positions not only because they are seeking work to uphold their livelihoods, but also based on their interest in the environment. For instance, interviewee B has experience carrying out activities such as conducting forest tours and acting as a nature guide for a community development organization. Interviewee C also stated that she had an interest in the marine environment, due to the fact that her husband is involved in the marine products industry, and because she has children.

The wages for employees of this project are around 180,000 yen per month. This is a little low in comparison with those for projects conducted by other commissioned organizations. However, interviewee C states that “being able to enroll in social insurance is the greatest appeal” and that she was not able to enroll in social insurance in the part-time job she worked in previously. Interviewee B also highlights the fact that in the area it is typical that people, even regular employees, are not members of employees’ pension at all, and are lucky if they have employment insurance or industrial accident insurance. In other words, the interview survey revealed that the issue of the competition between the regional labor market and the EJC program is not related to how high or low wages are set or other such factors, but the fact that EJC projects are obliged to enroll in social insurance schemes.

The Minamisanriku-Cho Tourism Association

In addition to its marine products industry, in recent years Minamisanriku has also been investing efforts into its tourism industry. It established a general incorporated association called the Minamisanriku-Cho Tourism Association and set out plans for tours that take advantage of the abundant gifts offered by the surrounding mountains and sea. The 2011 disaster occurred just as it was about to put the project on track.

Under the EJC program, the association was commissioned to implement the “Project for the Reconstruction of Tourism Resources,” for which it employed four people in FY 2011, and 11 people in FY 2012. The project’s objective is to implement initiatives to reconstruct the area’s tourism resources and in the process to train the talented young people to play leading roles in the area in the future, and therefore employs five young people between the ages of 20 and 35. At 150,000–170,000 yen per month, the current wages are certainly not high, but they are reasonable in comparison with wages for local part-time jobs,

which are set only just above the minimum wage. The association is hoping to switch to employing staff using its own financial resources by the end of the EJC program.

One of its activities is an open-air market, called the “Fukkō-ichi,” which is principally run by the proprietors of shops in the shopping street, known as “O-Sakana-dōri,” which is visited by tourists and customers from the town. It was launched on April 29, 2011, just a month and a half after the disaster, and has been held once a month since then. It therefore acted as a place for the local people to reunite and played a role in deepening local ties very shortly after the disaster. As cosponsor of the market, the Minamisanriku-Cho Tourism Association provides staff to set up and carry out administrative backup support.

Minamisanriku’s shopping street (Shizugawa O-Sakana-dōri Shōtengai) is a member of a national organization of shopping streets known as the “Bōsai Asaichi Network,” through which it received support from a shopping street in Sakata, Yamagata prefecture (Sakata Naka-dōri Shōtengai) directly after the 2011 disaster, with transport vehicles constantly shuttling back and forth to bring relief goods to the town. This has been described as “the system for ‘support from next-door,’ which had been practiced for three years, going into full action.”³ Through this network, products have been delivered to the Fukkō-ichi from across Japan, and the staff to sell them have also gathered at the market from across the country.

The Fukkō-ichi event gathered as many as almost 100 volunteers, with large numbers of corporate volunteers from major corporations and volunteers from outside of the town participating. The association states that by taking on large numbers of volunteers they seek to ensure that those volunteers become fans of Minamisanriku who will repeatedly return to visit in the future. They stated that in order to pursue recovery, it is important to have the capacity to take on and take charge of large numbers of volunteers. The association does this by taking on the role of connecting Minamisanriku with national networks and other supporters from outside of the town, such as corporations and volunteers, and creating and organizing opportunities for them to pursue activities.

The Minamisanriku Social Welfare Council

Around 1,570 of Minamisanriku’s households—a third of town residents—lost their homes. These people therefore live in the more than 2,200 purpose-built temporary houses (*kasetsu jūtaku*) that are dotted around the town in 59 locations, and 747 households are living in privately-rented accommodation known as “*minashi kasetsu*,” literally, “accommodation that is deemed to be temporary housing” (hereafter “deemed temporary houses”; rent is paid by the government).⁴ The Minamisanriku Social Welfare Council was commissioned to implement the “Project for Supporting the Livelihood of Tsunami Evacuees,” to watch over the livelihoods of the people living in such housing, for which it employed 149

³ Fujimura, 2011.

⁴ Cited from Honma (2013). As of January 25, 2012.

people (FY 2011).⁵

This project provides staff who keep an eye on how the people residing in temporary houses and deemed temporary houses are doing, carrying out support by dividing into groups by local area, with three groups within the town and two groups outside of the town. This support is provided in three different forms: “travelling supporters,” “live-in supporters,” and “visiting supporters.” The around 120 people who act as travelling supporters watch over those living in temporary houses by making visits to each house. The live-in supporters live in the same temporary housing areas and visit older people living alone and residents with health concerns twice a day, mornings and evenings. Around 100 people are engaged in activities as live-in supporters. Those who provide support, the majority of whom are older people,⁶ also find that by having a “role” and engaging themselves, they feel “motivation” and “something to live for.” The visiting supporters visit deemed temporary houses that are outside the town but within the same prefecture. The nine visiting supporters make their visits in three teams, and assist evacuees with their queries and concerns. Their main objective is to encourage those who have moved away from the town to feel that they wish to return home.

This assistance project’s outstanding management and design has also been covered in newspaper articles and reports at university seminars, etc.⁷ The high appraisal that it has received is due to the organizers’ awareness of the need to “support local town residents and make them into human resources for reconstruction and development” under the principle of “utilizing the local resources and designing a project that makes returns to the local society,” which generated a vision for addressing the town’s population aging by training “outstanding residents”⁸ to become professional “lifestyle supporters.” It builds on this concept by investing its efforts into the basic training program used to train the people who become supporters.

The basic training is conducted over a period of three days, in the period between being hired and starting work, with six around one-hour classes each day, from 8:30 in the morning to 17:15 in the evening. The curriculum is taught by professionals employed by the town on assignment from various industry types. For instance, certified care workers provide knowledge on dementia, emergency medical technicians teach practical skills in emergency treatment, public health nurses provide teaching on methods of assisting older people, and the staff of the health and welfare section provide instruction on the Public Assistance Act and other such welfare systems. At the end of each day the participants work together in

⁵ Implemented in FY 2012 as the “Project for Supporting the Lifestyles of Disaster Victims to Restore Livelihoods.”

⁶ Average age is said to be 74 years old, with the highest age 89 years old. (From Honma [2013])

⁷ Honma (2013), Honma “Disaster victim support engaged in drawing on the resources of town residents: Initiatives as the Minamisanriku Disaster Victim Support Center” at the FORTUNE Miyagi Symposium in Tokyo (materials presented on March 8, 2013). Article in *Tohoku Fukkō Shimbun* (April 25, 2012). Article in the *Kahoku Shimpō* morning edition (May 29, 2012), among others.

⁸ The main focus is to train “livelihood professionals (housewives)” under the project.

groups, presenting what they learned that day to each other, and thereby deepening their levels of understanding.⁹

The positions as lifestyle supporters created by this EJC project are not “jobs,” but “roles in society” as residents of Minamisanriku,¹⁰ developing the ability of the town as a whole to act as a community and provide lifestyle support on the basis of a long-term vision.

IV. Conclusion: The State of Employment of Disaster Victims Demonstrated by the EJC Program

1. Factors Explaining the Effective Role Played by the EJC Program

This paper has drawn on examples from the town of Minamisanriku in Miyagi prefecture to look at what kind of role the EJC program has played in the reconstruction of the disaster area. Let us conclude by summarizing and proposing possible policy directions.

In addition to providing measures to assist those who lost their jobs due to the disaster, Minamisanriku’s EJC projects are also fundamentally based on pursuing the recovery and human development of the local area, and conduct initiatives that involve turning the disaster into an opportunity to reconsider how the local area should be developed in the future. The way that the EJC program is pursued in practice is similar to the practices of CFW programs, which were discussed in Section II.

There are several possible reasons why the EJC program played an effective role in Minamisanriku. Firstly, there is the fact that its industry is structured around fishing and other such primary industry, and many businesses are self-owned businesses and sole proprietorships. While employees of an organization or company have safety nets such as employment insurance, such business holders suffer direct blows to their livelihood when natural disasters damage their businesses. As it is also difficult for such people to switch to another profession, there was a definite necessity for a system like the EJC program to employ disaster victims, in order for them to be able to keep up their livelihood until recovery without leaving the disaster affected area.

Secondly, there is the fact that Minamisanriku is located far from a metropolitan area, and therefore a high percentage of people are employed in jobs in the town. If they are not able to secure places to work within the town, there is a higher likelihood of people moving away to find jobs, and this directly results in population outflow. If people move away from the town, there is also a low likelihood of them returning. It was necessary to generate employment in the town in order to also provide a means of preventing population outflow in the period until the town’s infrastructure and industry recovered.

Thirdly, community involvement activities were already thriving prior to the disaster,

⁹ *Tohoku Fukkō Shimbun* article (April 25, 2012).

¹⁰ From Honma (2013).

and there was a clear vision for the future of the town. The project plans were also created on the basis of the town's visions for the future of its industry and human resources. Projects in the fishing industry are aimed at ensuring that the maintenance of demarcations in the bay is more effective than prior to the disaster, and projects involving staff who provide support to residents of temporary housing are conducted with a view to training professional "lifestyle supporters" to support the town as its population ages. The other projects are also devised such that they closely address what is needed for the recovery, and they project the sense that organizers frequently listen to the opinions of the fisheries cooperative, the social welfare council, and other such NPOs, and companies, neighborhood associations, and experts, etc., and incorporate the insights they gather into the measures they pursue.

It can be suggested that for an area with such characteristics, the EJC program has fitted the needs of residents with those of the government, and played a significant role in keeping people in the area. While the main objective of the EJC program is to provide measures to address unemployment, in Minamisanriku the program is not only used to support the livelihood of individuals, but also to assist the recovery of the area, thereby achieving CFW.

2. Efficacy of the EJC Program

The efficacy of the EJC program as employment for disaster victims lies in three factors: (1) the timeliness of commencing the program, (2) the sufficiency of the program funds, and (3) the flexibility with which funds could be used.

The EJC program commenced very promptly after the disaster, due to the fact that the framework for the projects already existed. In circumstances in which it was necessary to promptly pursue measures to secure means of subsistence for the disaster victims, the local government expanded the existing frameworks that it was already used to using, thereby allowing it to launch the projects within a month of the disaster occurring. This is an extremely important factor that must not be overlooked, given how long it may have taken to create completely from scratch new frameworks for supporting the employment of disaster victims. This is because in the case of natural disasters, which are difficult to anticipate, it is important that we consider how quickly emergency measures can be effectively devised following the occurrence of the disaster, rather than seeking to prevent disasters before they occur. It is therefore also important that in normal times we maintain frameworks that can be "transformed" into employment for disaster victims, even if they are just small systems, and ensure that they can be expanded at the critical moment. One example of this is establishing ongoing projects for community support, such as projects to provide "lifestyle supporters," community social workers, and crime prevention and disaster prevention committee members, etc.

In terms of the sufficiency of the program funds, local governments could not have implemented such numerous and diverse projects without the sufficient EJC funds committed by the national government. In the case of disasters such as the Great East Japan Earth-

quake, in which massive damage occurs over a wide area, the financial capacity of any single local government is not enough to afford the program. The advantage of the national government contributing 100% of operating costs is that even when the local government functions fall into disorder, the neighboring municipalities and prefectures, etc. are able to plan and implement the projects in their place. If the national government contributes the operating costs, many neighboring municipalities will make moves to pool together their human resources and provide support.¹¹

In generating “flexibility in the way in which the funds could be used,” it was significant that this was a public program for reducing unemployment. The principal objective of such programs is creating jobs, and there are only loose restrictions on the content of the projects that generate those jobs. As a result, it was possible for the funds to be used for all manner of projects thought to be necessary in the affected areas. However, on the other hand, it is also necessary to be careful to ensure that reviews of the effectiveness of the project itself do not tend to be too lenient. It is necessary for the local governments, which are the organizations responsible, to strictly supervise whether the funds are being used effectively for projects to reconstruct the disaster area.

A by-product of the flexibility mentioned above is the unprecedented new forms of cooperation among stakeholders that have also arisen in the affected area. For instance, NPOs, NGOs, social welfare corporations, and companies have worked together as one unit to conduct projects, supplementing each other’s strengths and weaknesses as they pursue activities aimed at reconstructing the affected areas. Under the extreme circumstances, they mutually bring down their walls and seek to overcome difficulties. Such efforts have seen the birth of new initiatives and collaborations that never even occurred to people in normal times.

3. Issues

Finally, let us note two important issues that are faced in conducting support for the recovery of the disaster-affected areas.

Firstly, there is the issue of who the employment opportunities should be made available to. In the EJC program, this was limited to disaster victims. This is because the objective was to support the livelihoods of people in the affected areas who were left unemployed as a result of the disaster. However, particularly in areas in which population aging and depopulation is progressing, there were cases in which it was not possible to gather enough people to keep up with the demand for people to engage in reconstruction projects. There are also cases in which it is not possible to satisfy the demand for professionals with people from within the disaster-affected area. For instance, the leader of the Marine Learning Center project introduced among the examples in Section III is a talented person who clearly

¹¹ One example of support from neighboring municipalities is a project for temporary housing support in Ofunato city and Otsuchi town in Iwate prefecture, which was largely planned and implemented by Kitakami city.

plays a necessary role in the recovery of the area. Although such people have the potential to become human resources that take core roles in the area if they settle there, they cannot be employed under the project. In order to reconstruct the disaster area and develop the future of the town, it is extremely important to address how to ensure that such talented people who come from outside the disaster area with the wish to contribute to reconstruction are engaged in the projects. Particularly in regions that are facing population aging and depopulation, it is preferable for professionals and other such people who cannot be supplied from within the disaster-affected area and people from the area who have moved to other prefectures to also be employed under the program.

Secondly, there is the task of possessing the flexibility to change timings when support should be continued or withdrawn, depending on the content of the project. The projects that are needed are likely to change depending on the stage of reconstruction, and it is also certain that at some point needs will decrease. In order to avoid placing undue pressure on the labor market of the area, it is necessary to ascertain an exit strategy determining at what stage to bring the project to an end. However, it is also necessary to take care to avoid misunderstandings that the projects are placing pressure on private sector business, which in turn cause the projects to be withdrawn, such as in cases where the town has already been experiencing population decrease and been struggling to provide the people to fill jobs, or cases where businesses that are yet to enroll in the essentially obligatory social insurance schemes complain that they cannot attract sufficient staff.

As the stages to which areas have recovered also differ from area to area, it is necessary to ensure that projects are not all withdrawn at the same time, but instead to develop the system such that the projects can be continued for long periods on a slim scale in cases in which it is truly necessary, such as support for people living in temporary housing or projects that are anticipated to be required over long periods.

References

- Andrews, Collin, Prospero Backiney-Yetna, Emily Garin, Emily Weedon, Quentin Wodon and Giuseppe Zampaglione. 2011. Liberia's cash for work temporary employment project: Responding to crisis in low income, fragile countries. *SP Discussion Paper* no. 1114. Washington D.C.: The World Bank.
- Doocy, Shannon, Mochael Gabriel, Sean Collins, Courtland Robinson, and Peter Stevenson. 2006. "Implementing cash for work programmes in post-tsunami Aceh: Experiences and lessons learned." *Disasters*, 30(3): 277–96. Washington, D.C.: The World Bank.
- Échevin, Damien. 2011. Livelihoods and the allocation of emergency assistance after the Haiti earthquake. *Policy Research Working Paper Series* 5851. The World Bank.
- Fujimura, Boyo. 2011. Saigaiji no "tonari" kara shien "bousai asaichi nettowaaku" [Support from "next door" at the time of disaster: The "Bosai Asaichi Network"]. *Machinami* no. 49:14–15.

- Harvey, Paul, Nicolas Lamade, and Hannelore Bögel. 2009. *Cash for work: A contribution to the international debate based on lessons learnt in northern Afghanistan*. Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ).
- Honma, Teruo. 2013. Borantia tonu kyodo wo motomete: Shinsai kara 2 nen wo furikaeru [Seeking cooperation with volunteers: Looking back on the two years since the earthquake disaster]. *Materials for University of Tokyo HSP Seminar on March 7, 2013*.
- Honorati, Maddalena, Ugo Gentilini, and Ruslan G. Yemtsov. 2015. *The state of social safety nets 2015*. Washington, D.C.: The World Bank.
- Lumsden, Sarah and Emma Naylor. 2002. *Cash for work programming: A practical guide*. Oxfam Great Britain. Nairobi: Oxfam GB Kenya.
- Mercy Corps. 2007. *Guide to cash-for-work programming*. Mercy Corps. <https://www.mercycorps.org/files/file1179375619.pdf>.
- Myanmar Red Cross Society. 2010. Rebuilding the lives and livelihoods of communities affected by Cyclone Nargis. *Livelihood program report*.
- Nagamatsu, Shingo. 2011. *Kyasshu fo waaku: Shinsai fukkou no atarashii shikumi* [Cash for work: The new system for earthquake disaster reconstruction]. Iwanami Booklet no. 817. Tokyo: Iwanami Shoten.
- . 2014. Are cash for work (cfw) programs effective to promote disaster recovery? Evidence from the case of Fukushima Prefecture (Special issue on ‘Urban resilience’ for mega earthquake disasters). *Journal of Disaster Research* 9(2): 161–75.
- . 2016. Targeting Vulnerable People with a Social Safety Net: Lessons from the CFW program for the 2011 Great East Japan earthquake and Tsunami Disaster. *Journal of Disaster Research* 11(5): 927–34.



JILPT Research Activities

Research Reports

The findings of research activities undertaken by JILPT are compiled into Research Reports—JILPT Research Report, Research Series and Research Material Series—in Japanese. Below is a list of the reports published since September 2016. The complete Japanese texts of these reports can be accessed via the JILPT website (<http://www.jil.go.jp/institute/index/.html>).

For reference, English summaries of JILPT Research Reports are also available on the JILPT website (http://www.jil.go.jp/english/reports/jilpt_01.html).

Research Series

- No.160 Conversion to Regular Employment in Middle-age—From the Result of the JILPT “Questionnaire Survey on Work and Life Five Years Ago and Now” (November 2016)
- No.159 Follow-up Survey on Childrearing Households (No.2: 2015)—Tracing Lifestyle Changes over Four Years (September 2016)



The Japan Institute for Labour Policy and Training