

Issues Related to the Tasks and Role of Home Care Workers

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1. The Progression of an Aging Population in Japan

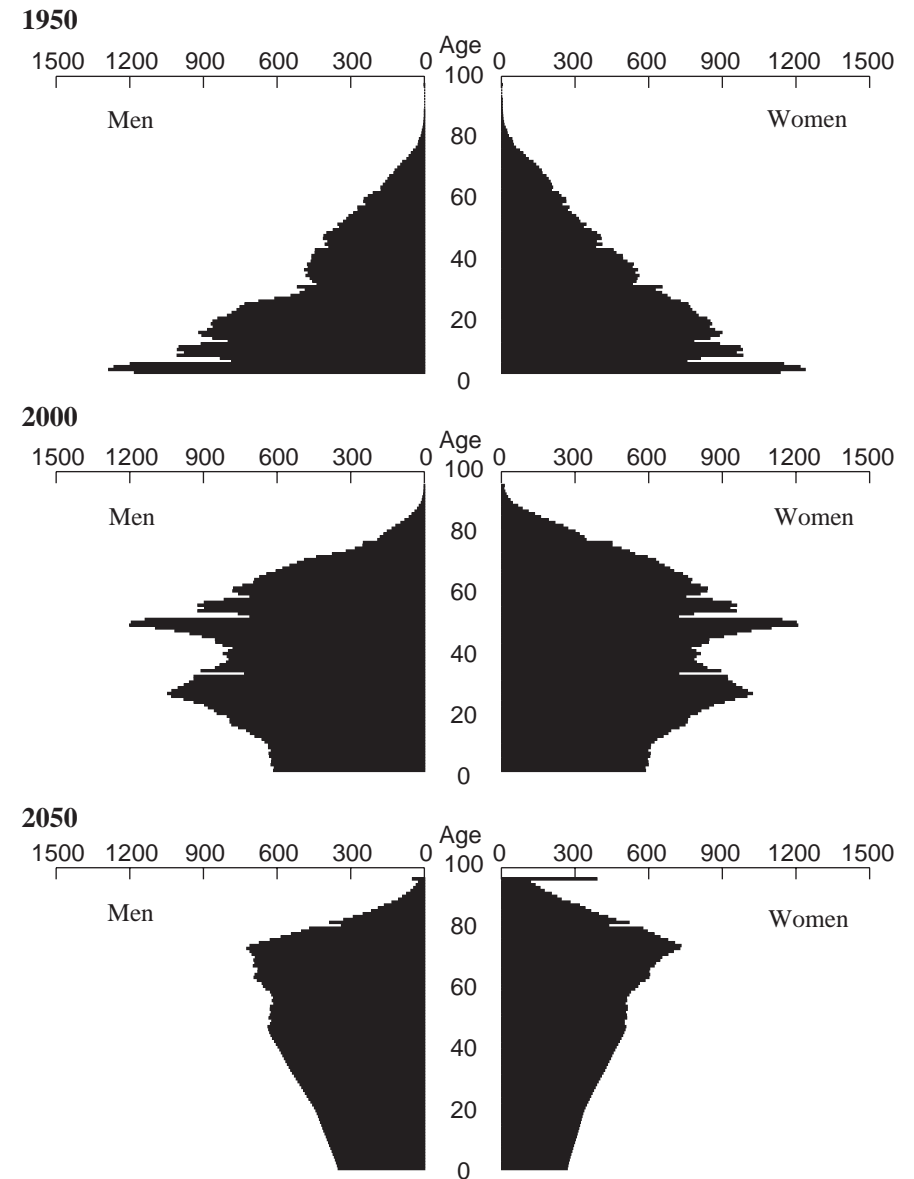
A breakdown of Japan's demographic composition by age in 1950, 2000 and 2050 is shown in Figure 1. Here, one can visually trace the process in which the ideal shape of the population pyramid is being inverted over a period of 100 years. The aging of the population began slowly in the 1950s and 1960s; it took 20 years before there was a two point increase in the population aging rate (from 4.9% in the 1950s to 7.1% in the 1970s). However, after the 1970s, the population began to age quickly, and by 1994, the rate had doubled (14.1%) that of 24 years earlier. Moreover, according to the estimates from the National Institute of Population and Social Security Research, the rate will exceed 20 percent in 2010 (22.5%). In 2020 the number of people who are very elderly will overtake the number of those who are just entering the elderly category, and the population aging rate will reach 35.7 percent in 2050.

As the population ages, the number of elderly needing nursing care is expected to rise. According to estimates from the Ministry of Health, Labour, and Welfare (MHLW), the number is expected to increase from 2.7 million in 2000 to 3.9 million in 2010 and to 5.3 million in 2025. The question of how to develop a mechanism to support the growing population of elderly people needing care has become a matter of serious concern.

2. Decline of Familial Support and Development of Home Care Services

It was customary for Japanese families to take care of their elderly relatives, and the state intervened only in exceptional cases when families were unable to provide such support. However, today the ability of families to care for elderly members is declining. As people are living longer and fewer babies are being born, the factors behind the rapid aging of the popu-

Figure 1. Demographic Changes by Sex and Age (Unit: 1,000 people)

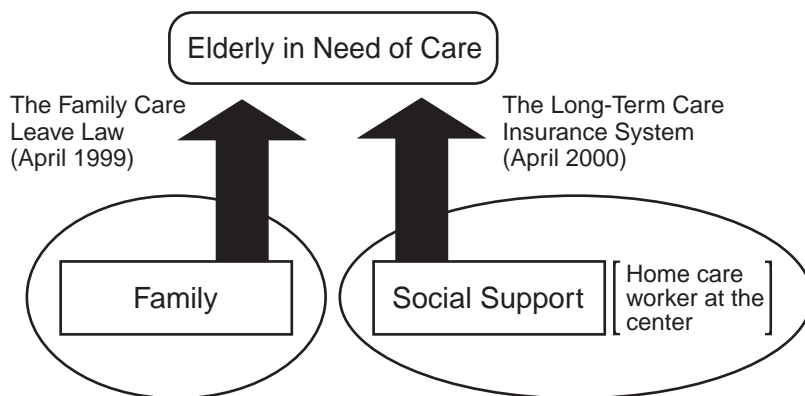


Source: *Population Census Report and National Institute of Population and Social Security Research, Population Projections for Japan*, Statistics Bureau, the Ministry of Public Management, Home Affairs, Posts and Telecommunications, January 2002.

lation, the ability of families to take care of their elderly members has weakened. Another significant factor is the change in the role of women who have been chiefly responsible for household duties such as housework, child care, and care of the elderly. It has become economically difficult for women to live simply as a “housewife” even if they desire such a lifestyle, and a double-income family has become the social norm by necessity. Consequently, less time and energy can be directed to the care of elderly people, and, proportionately, the burden of nursing care is becoming heavier. There has been an increase in the number of elderly people who are themselves caring for other elderly people, such as children over 60 years old taking care of their parents. According to the MHLW, the proportion of such cases now exceeds 50 percent. Of course, care-providers are predominantly female in such cases (Ministry of Health, Labour, and Welfare, 2001 *Kokumin Seikatsu Kiso Chosa no Gaikyo* (Comprehensive Survey of the Living Conditions of People on Health and Welfare)). As these facts indicate, the ability of families to provide care will continue to decline unless we see changes in the gender-based division of labor which delegates household responsibilities to women.

To cope with the growing inability of families to provide care for their elderly relatives, a basic structure for providing home care services for elderly people has been devised. As shown in Figure 2, the structure is sup-

Figure 2. Support Mechanism for Home Care Service



ported by two pillars: familial care and social support. The system of family-care leave was introduced in 1999 to strengthen the pillar of familial care, and the long-term care insurance system was initiated in 2000 to prop up the other pillar, social support. Together, the two pillars are intended to care for the elderly. In tandem with the increasing inability of families to provide nursing care, demand for home care workers has been rising.

3. Training of Home Care Workers

A program is currently underway to meet the growing expectations and demand for home care workers. The plan calls to increase the number of home care workers from 170,000 in FY1999 to 350,000 in FY2004. However, achieving this goal will be a tall order.

A number of institutions, including profit organizations, provide training for home care workers using curriculums specified by the government. The MHLW estimates the number of those who have completed home care training to be around 1.67 million as of the end of March 2002. However, as of October 2001, the number of those actually working as home care workers is approximately 180,000, only a little over 10 percent of those who have completed training (*Nihon Keizai Shinbun*, July 31, 2003). The “Ninth Basic Plan on Employment Measures (draft),” presented by the Ministry of Labour (presently the Ministry of Health, Labour, and Welfare) in August 1999, states that, “Dissatisfaction with working conditions is one of the identifiable reasons why those with home care training do not seek employment in home care services,” and accordingly the government was to “ensure stable employment for those who work in the field of nursing care and promote their welfare.” Judging from the 2002 figures, however, the government plan has yet to produce results.

The low social value accorded to home care workers might be another reason why many do not take up this work, and this can be seen in the answers provided by home care workers to surveys in 1997 and 2000 (see Figure 3). Dissatisfaction with being treated like a maid by clients and families or not being treated as a professional by nurses ranks highest on the list of professional anxieties and dissatisfaction. With women constituting 95 percent of the home care workers, home care work is a quintessential

Figure 3. Chronological Comparison of Anxiety and Dissatisfaction (Items that exceeded 30%)

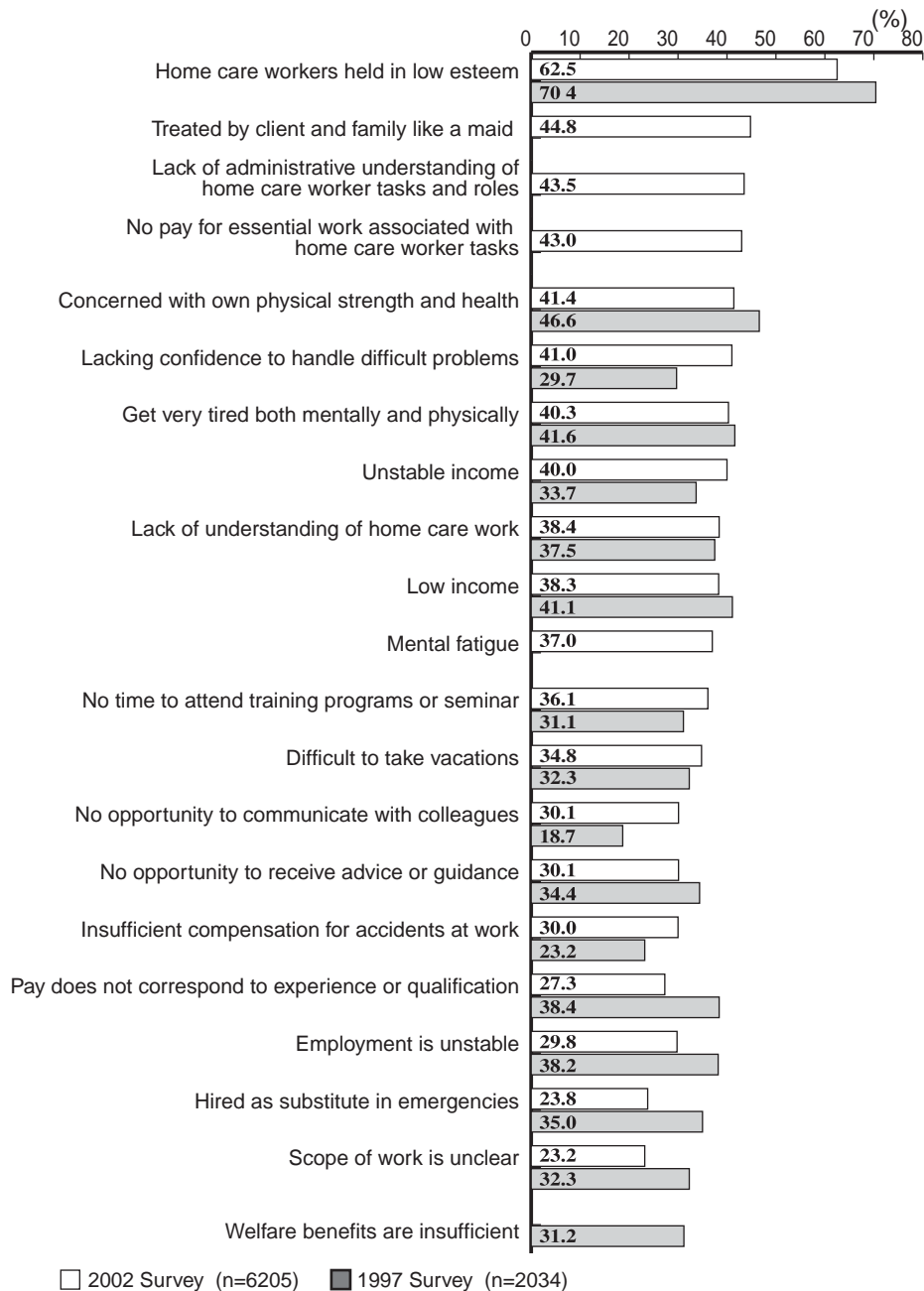
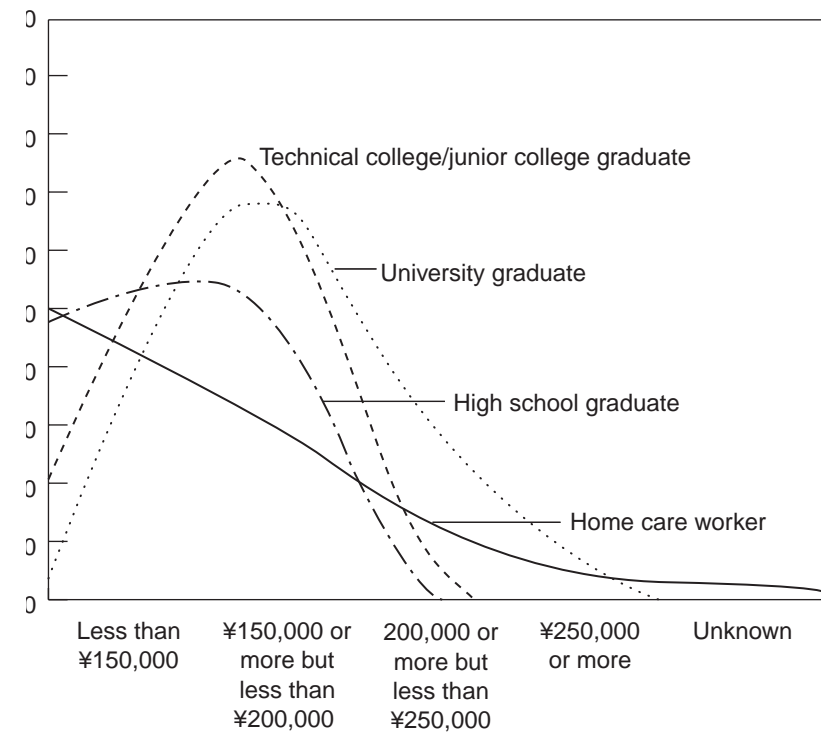


Figure 4. Average Starting Salaries of Female Workers by Educational Background and the Monthly Income of New Home Care Workers with Regular Employee Status

	Less than ¥150,000	¥150,000 or more but less than ¥200,000	¥200,000 or more but less than ¥250,000	¥250,000 or more	Unknown
Home care worker	49.5	33.6	12.1	3.7	0.9
University graduate	1.9	68.3	28.3	1.5	0.0
Technical college/junior college graduate	20.1	75.5	4.3	0.0	0.0
High school graduate	47.6	52.4	0.0	0.0	0.0



Source: Summary of Basic Statistical Survey on Wage Structure for FY2002 (First Year Salary), the Ministry of Health, Labour and Welfare, and data from the present survey.

female occupation. It is perceived as a part-time job for housewives that does not require special skills and know-how as well as a kind of dead-end occupation that ordinary people would not choose. These perceptions all contribute to the low social value accorded to home care workers. These are all misperceptions and prejudices connected with sexual discrimination, and in this sense, the root of the problem goes very deep. In any case, it is undeniable that their unsatisfactory working conditions are attributable to the low social value of home care work, and there needs to be an immediate response to this problem.

4. Enhancing the Social Value of Home Care Work

Many things should be done to improve the social status of home care workers, and one is to form a national consensus on the purpose of home care services, the tasks and roles of home care workers, and the level of professional specialization and skills required. In the course of our research in 2002, we observed gaps between the ideal behind the long-term care insurance system and its actual implementation. Furthermore, a significant gap has been observed between home care workers and clients (and their families) in terms of their understanding of the tasks and the role of home care workers. To form a national consensus and eventually improve the social status of home care workers, it is imperative to bridge these gaps. The remainder of this article will discuss these issues based on the findings of recent surveys conducted by this Institute.

1) Issues Associated with Income and Types of Employment

Once designated as needing professional care and support, elderly people can receive nursing care by medical and nursing care service experts, a merit of the long-term care insurance system. Home care workers are nursing care service experts, and the scope of their services is expanding from the care of the bedridden and those with senile dementia to care of the physically and mentally handicapped. The job requires constant updating of professional skills and knowledge for each of these different client groups, and it is essential that home care workers continue to improve their qualifications. Therefore, stable employment and a sufficient amount of

work and decent income should be ensured to maintain constant professional development. In fact, however, only 20 percent of home care workers are employed as “regular employees,” and the majority of home care service businesses are “planning to increase the hiring of home care workers with non-regular employee status.” Under these circumstances, one can not expect the number of home care workers with regular employee status to increase.

Another problem is income. Even home care workers with regular employee status, who are the highest-paid type of home care worker, only earn the equivalent of the average income of a high school graduate (see Figure 4). The average income of home care workers with non-regular employee status, who constitute the majority, is even lower, and it can only serve as supplementary income. Moreover, many home care workers with non-regular employee status do not have sufficient opportunities to undertake professional training. Consequently they are inexperienced compared to home care workers with regular employee status, and it is difficult to imagine their skills improving. The number of such home care workers will continue to increase.

The present condition can be summed up as such: Inexperienced home care workers with low income and few opportunities for professional development are taking over the role of nursing care expert. This is an extremely shaky pillar on which to support the long-term care insurance system, and also points to a considerable gulf between reality and the idea behind the long-term care insurance system, which is supposed to provide specialized services to elderly people. Self-education by home care workers is the only hope for improving the situation, but no economic incentives are provided for such efforts. This is a matter that needs to be dealt with and improved immediately.

2) Issues Related to Achieving Self Sufficiency

Home care service is, in essence, a system of mutual and public aid to get those who need care to become more self sufficient, and the tasks and role of home care workers center on helping people achieve self sufficiency. The desire and willingness on the part of clients and their families to pursue self-sufficiency are essential to achieving this. The willingness to

reach this goal, moreover, is something that should come naturally in an aging society. In reality, however, it is difficult to say that many clients, families and people in general possess such a high level of consciousness on the issue. Men are especially problematic in this regard. This can clearly be seen when reviewing issues related to housework, an essential condition to become self-reliant. According to a survey conducted by the Ministry of Public Management, Home Affairs, Posts and Telecommunications, in double-income households, husbands spend only an average of 25 minutes per day on housework while wives spend four hours and 12 minutes (Ministry of Public Management, Home Affairs, Posts and Telecommunications, *2001 National Survey on Time Use and Leisure Activities*). Male participation in household duties in Japan is very low when compared with their counterparts internationally (Cabinet Office, *Danjo Kyodo Sanka Shakai ni kansuru Kokusai Hikaku Chosa, 2002 Nendo Chosa* (International Comparative Research on Gender-equal Society)). At this rate, it will be difficult for men to develop basic skills to manage daily life, and many people still cling to the idea that they will naturally be taken care of by their children once they get old.

Since the idea of self-sufficiency is not widely practiced at present, clearly the main goal is to educate clients and their families to understand the importance of self-sufficiency and learn how to realize this goal. This is precisely why many home care workers emphasize “mental care” (“assistance through counseling” as it is defined under the long-term care insurance system). In home care worker training, “assistance through counseling” is set apart as one of the basic components of home care work along with “physical care” and “daily-life assistance.”

However, little importance is placed on assistance with the goal of achieving self-sufficiency in the actual implement of long-term care insurance system. This is evident in the way in which compensation for home care services is calculated. Only “physical care” and “daily-life assistance” are taken into consideration. There is also a problem related to service hours. Assisting elderly clients to become self-sufficient at their own pace naturally requires a great deal of time and energy. However, under the current long-term care insurance system, it is difficult to secure sufficient time for such effort. In the “comment” section of our survey for home care

workers, many expressed that “basic tasks alone require too much time, leaving little time for anything else.” The reality therefore is that home care workers are finding it physically difficult to impart advice on becoming self-reliant. We need to go back to the start and figure out how to develop a mechanism to realize this goal, which is the fundamental idea behind the long-term care insurance system.

3) Issues Related to Evaluating Professional Specialization and Skills

The level of specialization and professional skills required of home care workers are not clearly defined, another factor that is stunting the development of a consensus on the tasks and role of home care workers.

The first problem is the low value placed on the qualifications needed for home care workers. Under the long-term care insurance system, only those qualified as either certified care workers or home care workers can provide home care services, and those thus qualified are monopolizing the industry. However, unlike certified care workers who are licensed by the government, home care workers automatically receive a certificate (from 1st to 3rd Grade) after completing the required training session. For example, one can obtain a 2nd Grade Home Care Worker Certificate, which is held by the largest number of people, after completing 130 hours of training without having to take an examination. There are even ways to become a certified care worker, which is a nationally licensed occupation, without taking an exam. It is evident that the qualifications for home care services are treated very lightly. Furthermore, in many cases, qualifications are not linked to wages, and for those with a non-regular employee status, there is no significant difference between certified care workers and holders of the 2nd Grade Home Care Worker Certificate in the average hourly wage. On the other hand, there is a sizable wage gap between nurses and home care workers. The low value of their qualifications negatively affects the wages of home care workers.

Another problem often cited is a lack of distinction between home care workers and volunteer workers. According to our 2002 survey, 70 percent of home care workers believe that “the two should be distinguished from one another.” Moreover, when asked, almost all of those who have completed home care work training answered that “they are two different

things.” The general public, however, has a different understanding of the matter, and the majority seem to believe that “they basically do the same kind of work — the only difference is whether fees are involved or not.”

Needless to say, the two are different. If not, there would be no point to paid home care services provided by certified specialists. Then, in the case of housework assistance, how does assistance provided by a home care worker differ from the one provided by a volunteer worker? The revision of the long-term care insurance system in April 2003 gives a hint. In the revision, “housework assistance,” which constitutes an essential part of home care services, was renamed “daily-life assistance,” and this signifies not a mere change in name but rather an added emphasis on the goal of giving assistance on how to become self-sufficient. Both volunteer workers and home care workers do assist elderly people in their every day life, but they differ in how they tackle the problem of helping people become self-sufficient. Housework assistance provided by a volunteer worker and that provided by a home care worker are different in other ways, one of which is the “level of continuity in the provision of services.”

The heart of the problem is the lack of effort to inform the public about these differences. When “housework assistance” was renamed “daily-life assistance,” it was decided that clients of the long-term care insurance system would shoulder a bigger share of the cost, but they have not yet received sufficient explanations on how “daily-life assistance” is different from “housework assistance” or what sort of specialized services have been added. As long as this situation persists, there is no way to expect people to develop a better understanding of the issue and form a consensus on the tasks and role of home care workers. The failure of the government to publicize the tasks and role of home care workers ranks high in the list of home care worker’s professional anxieties and dissatisfaction. This is not a groundless conviction on the part of home care workers, the government should respond immediately and address the issue.

5. Conclusion

More and more people are being covered by the long-term care insurance plan each year. As a result, there has been a growing concern about

the strength of the financial base of the system, and a plan is now under review to expand the scope of the insured (those who have to pay premiums) from those over 40 years old to those over 20 years old. To secure support for the system from the younger generation, whose burden has been increasing, it is imperative for the government to make more efforts to inform and educate the public about the purposes and content of the long-term care insurance system and facilitate the formation of a consensus.

To ensure there will be enough home care workers, the formation of a national consensus is essential. Despite the strong dissatisfaction over the treatment and working conditions, over 90 percent of home care workers have indicated that they “want to continue as a home care worker.” Such intention is sustained by their view of the profession. They feel that their “job requires specialized knowledge and skills,” and they are “professionally motivated by the gratitude from clients and families” (*Homu Herupu no Shugyo Jittai to Ishiki* (The Employment Situation and Consciousness of Home Care Workers), March 1999). The key words here are professional specialization and human connections, both of which can be adequately fulfilled only on the basis of a shared consensus. This too speaks volumes about the need to form a national consensus.

Note: In this article, I have discussed labor issues in the home care service industry based on the following surveys conducted by the Japan Institute for Labour Policy and Training (JILPT):

1. *Homu Herupu no Shugyo Jittai to Ishiki* (The Employment Situation and Consciousness of Home Care Workers), March 1999.
2. *Homon Kaigo Sabisu Jigyo no Genjyo* (Present Situation Regarding Home Care Services), March 2002.
3. *Issues Related to the Work and Roles of Home Helpers*, March 2003.