

Current Policies on Supporting Employee with Caring Responsibilities in the Most Aged Society: The 2024 Amendment of the Child Care and Family Care Leave Act and Related Policies

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I. Introduction

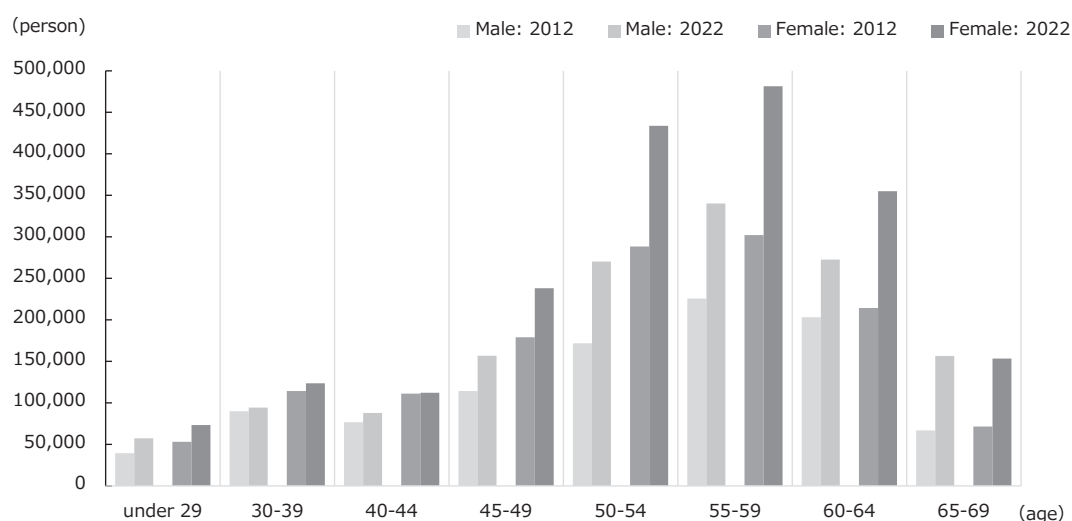
From 2025 onward, Japan, recognized as the world's most aged society, is projected to experience a significant increase in the number of older individuals requiring long-term care. In the context of promoting work-family balance, supporting employees with caring responsibilities for older family members has become a significant challenge. *Employment Status Survey* by Statistics Bureau shows the number of employees providing care to family members have been rising among both men and women, with a notable concentration in the 45–49 age group and older, as illustrated in Figure 1.

The number of employees engaged in family care provision will be increasing in the future, reflecting demographic shift which coincides with the baby boomer generation born in the late 1940s reaching the age of 75 or older, entering what is called the “old-old” category in Japanese public health care insurance system. Consequently, there will be a significant increase in the demand for care among those over 75, particularly in comparison to the “young old” aged 65–74. Preparing for the coming age, the government has arranged care leave policies and other related support systems to prevent workers from leaving jobs due to caring responsibilities (Shingou Ikeda 2019; 2024).

In 2016, a substantial revision was made in 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 (Child Care and Family Care Leave Act, hereinafter, the “Care Leave Act”) as a reform of

support systems for balancing work and family care (Shingou Ikeda 2019; 2024). This reform was implemented against the backdrop of the government's declaration to eliminate job leaving due to caring responsibilities, framed as an economic measure, following a prior declaration in the context of social security in 2015 (Cabinet Office 2015). Notably, the 2016 amendments included a redesign of statutory leave and related support systems, such as flexible working arrangements for long-term care, in alignment with the framework of care services provided by the Long-term Care Insurance (LTCI) system for older adults. The presumption was that workers would be able to combine work and care with the use of LTCI services.

The Long-Term Care Insurance Act (hereinafter, the “LTCI Act”) was enacted in 2000 with the aim of defamilializing—or “socialization”—of long-term care by social services to substitute the care that was being provided by family members (Ikeda 2021), following the enforcement of statutory care leave in 1999, while Japanese society emphasized the family's role in providing care for older adults traditionally. Had the LTCI services adequately replaced family care, there would have been less necessity for care leave and flexible working arrangements. In reality, due to the insufficient supply of LTCI services, working carers require additional support in the workplace to address family care needs. Although the LTCI system pursues the ideal of realizing “defamilialization of care,” it actually relies on family care to sustain service supply amidst financial constraints. In this context, the major revision of the Care Leave Act in 2016 can be regarded as



Source: *Employment Status Survey 2012, 2022* (Statistics Bureau).

Figure 1. Number of employees who provide family care

“refamilialization of care,” the growing reliance on family-based care provision, despite the government’s ideal of defamilialization.

It should also be noted that the increasing prevalence of single-person and nuclear families has made it challenging for families to continue providing care. Historically, it was common for both adult children and elderly parents to support each other by living together, even after marriage. However, this traditional arrangement is becoming less feasible. Consequently, both families and public services struggle to adequately manage care provision to older adults.

How can we navigate this dilemma? In this paper, I will elucidate the current governmental policies aimed at addressing this issue. I have previously introduced the Japanese care leave policy and related measures in Shingou Ikeda (2019; 2024). This paper addresses subsequent developments since the 2016 amendment on the Care Leave Act.

II. Declaration of eliminating job leaving due to caring responsibilities

In 2015, the Japanese government announced its goal of eliminating job leaving due to caring responsibilities as part of its social security measures. This initiative was subsequently reclassified in 2016

as an economic measure aimed at addressing the decline in the workforce population, through specific policies as follows (Cabinet Office 2015; 2016).

- 1) Ensuring a care service infrastructure that meets the needs of older adults
- 2) Ensuring a diverse workforce and enhancing productivity in order to provide care services needed
- 3) Strengthening counselling functions and support systems to address the concerns and anxieties of families providing care
- 4) Creating a workplace environment that allows families caring for older adults to take care leave with ease
- 5) Promotion of the Work Style Reform
- 6) Enhancing initiatives to extend healthy life expectancy, promoting a vibrant and fulfilling older age
- 7) Ensuring diverse employment opportunities for older adults
- 8) Supporting the active participation of people with disabilities, chronic diseases, and cancer
- 9) Realizing a community-based symbiosis society

The LTCI system is expected to play a crucial role in relation to the policy goal addressed in no. 1 above: “Ensuring a care service infrastructure that

meets the needs of older adults.” On the other hand, there is another issue of the treatment of care workforce regarding no. 2: “Ensuring a diverse workforce and enhancing productivity in order to provide care services needed.” These issues arise within the context of the financial constraints of the LTCI system.

With respect to legal regulations focused on workers with care provision responsibilities, the Care Leave Act has a pivotal role in realizing goal no. 4: “Creating a workplace environment that allows families caring for older adults to take caregiving and family care leave with ease.” Labor policy’s goal no. 5: “Promotion of the Work Style Reform” is equally significant. Since 2017, the Japanese government has prioritized reducing long working hours, which hinder work-life balance, as a key issue in the Work Style Reform. The Labor Standards Act was amended to tighten regulations on overtime work and to mandate five days of annual paid leave for workers. Furthermore, the Care Leave Act regulates the daily work style of working carers by providing exemption from overtime work by the end of the care provision.

The issues surrounding the support for combining work and care provision are diverse. The last four policies (no. 6 to 9 above) emphasize encouraging older adults to remain healthy and active as long as possible, rather than directly supporting family carers’ commitment to work.

It should be noted that the LTCI system inherently aims to support care recipients rather than family carers within the context of welfare policies for older adults. In contrast, the Care Leave Act falls under labor policies designed to support employed workers, based on industrial relations. Labor policies seek to reconcile the interests of employers and employees, whereas industrial policies prioritize the interests of enterprises. The LTCI system utilizes private care service providers, thereby positioning Japanese work-care reconciliation policies within a market-driven framework. Furthermore, the Ministry of Economy, Trade and Industry (METI) has commenced supporting work-care reconciliation as part of industrial policy, aiming to bolster private businesses and introducing the new term “business

carers” (METI 2024a). From this perspective, Japanese society can be seen as not solely a familialist welfare state but also as a market-driven welfare state.

The Japanese government has sought to achieve the defamilialization of care for older adults through the LTCI system. However, this goal faces a major challenge due to financial constraints, prompting the government to explore alternative approaches. Below are the outlines of the latest developments in Japanese work-care reconciliation policies.

III. Current Care Leave Act and related policies

1. Outline of the Care Leave Act

The Current Care Leave Act requires employers to support their employees’ job continuation through the following measures.

1) Long-term care leave

Based on the worker’s application, up to 93 days off in total can be taken per eligible family member as long-term care leave which can be divided into up to three periods. They are unpaid, but a family care leave benefit of 67% of the previous wage is provided out of employment insurance.

2) Short-term care leave

Based on the worker’s request, up to 5 days off in total per year (10 days if there are two or more eligible family members) can be taken as leave, in hourly increments. They are unpaid.

3) Exemption from overtime work for providing care (Limitations on unscheduled work)

Workers can request as many times as possible for the period until the care provision ends.

4) Flexible working arrangement (Optional measures)

Up to twice within a three-year period from the start of use the following measures: a) Reducing scheduled working hours (short-time work), b) Flextime system, c) Shifting start and end times (staggered working hours), and d) Subsidizing the cost of care services used by the worker or other similar systems.

- 5) Limitation on overtime work for care provision
If requested by worker, employer must not allow overtime work exceeding 24 hours a month or 150 hours a year.
- 6) Limitation on late-night work for care provision
If requested by worker, employer must not allow late-night work (from 10 PM to 5 AM).
- 7) Telework (Duty to endeavor)

2. The 2024 amendment of the Care Leave Act

In 2024, the amended Care Leave Act requires employers to inform their employees about the work-care reconciliation system in advance. This change is due to the significant number of workers who are unaware of the workplace support systems despite employers providing adequate measures. The regulation is as follows (MHLW 2024).

- 1) Individual notification and confirmation of intent
When workers report that they are facing family care provision responsibilities, employers are required to individually notify and confirm the workers' intent regarding the support system.
- 2) Early information provision
Employers must provide timely information about the support system when employees turn 40 years old, at which point they become eligible for receiving benefit from LTCI.
- 3) Employment environment improvement
Employers should conduct seminars or establish consultation desks on work-care reconciliation to help employees avoid conflicts between work and care provision responsibilities.

It should be noted the support systems mentioned above have respective purposes as Table 1 shows. Long-term care leave supposes addressing emergencies such as procedures for admission and discharge at hospital, and preparation for providing care such as procedures for using care provision services. Short-term care leave is designed to support for spot care provision such as medical appointments. Exemption from overtime work is for continuous daily providing care such as daily care meals and dressing. Flexible working arrangements are

supposed to regularly accommodate the need for daily care provision such as adjusting working hours with available hours of care service.

Additionally, the 2024 amendment addresses the needs of parents with disabled children or children requiring medical care. Employers are expected to consider these needs and extend the reduction of working hours for childcare as well as nursing leave for childcare.

3. Significance of Long-term Care Insurance

It is also noteworthy that the Care Leave Act is designed to align with the LTCI system. There is no need for workers to take long-term leave to prepare for in-home care if care recipients use the LTCI services. Short-term leave is regulated on an hourly basis rather than daily, as it is mainly for reviewing LTCI care plan with an assigned care manager which takes approximately one hour. Flexible working arrangements imply that workers may not necessarily have to reduce working hours to make up for the shortage of care services while overtime work might disrupt schedules for providing care.

Since its implementation in 2000, the LTCI system has expanded its care services with the aim of defamilializing care for older adults. However, the increasing number of care recipients and the growing demand for care services have exceeded the actual supply of LTCI care services due to financial constraints.

The LTCI care services are categorized into three types: in-home care, facility care, and community-based care services. In-home care services include home-help, daycare, and short-stay services. Facility care comprises welfare facilities (special nursing homes for older adults), health care facilities (health services facilities for the aged), and sanatorium-type medical care facilities. Community-based care services encompass nighttime home-visit care, commuting care for older individuals with dementia, and small-sized multifunctional in-home care services.

In order to access these services, older adults must be certified based on their level of care need. The certification determines the total amount of

Table 1. Stipulation and supposition of care leave and working time management

	Stipulation	Supposition
Long-term Care Leave	3 times up to total 93 days	Addressing emergencies such as procedures for admission and discharge at the hospital, and preparation for providing care such as procedures for using caregiving services, etc.
Short-term Care Leave	5 days per year on an hourly basis	Support for spot caregiving, such as accompanying to medical appointments, etc.
Exemption from Overtime Work for Providing Care	By ends of providing care	Continuous daily providing care such as daily care meals and dressing.
Flexible Working Arrangement	Up to twice within a three-year period from the start of use: a) Reducing scheduled working hours b) Flextime system c) Staggered working hours d) Subsidizing the cost of caregiving services	Regularly addressing daily caregiving needs such as adjusting working hours with available hours of care service.

Source: Compiled by the author.

insured services available with the out-of-pocket expenditure of approximately 10%. Additional services can be used at one's own expense.

It is common for older individuals in need of care to start with in-home care services, and most of them move into institutional care later if their health condition deteriorates. The divisible long-term care leave supposes these transitions of care services. The Care Leave Act allows working carers to take the first leave to use in-home care at commencement of care provision, and the second leave to enter care facilities. Finally, if care recipients move to hospices or hospitals to receive terminal care as their health condition worsens more to pass away, working carers can take the third long-term care leave for that.

The expansion of facility-based care services has been limited compared to that of in-home care services. To address the growing demand for care, the government has prioritized the extension of in-home care, rather than expanding facility-based care which requires significant financial expenditure. In terms of in-home care services, however, the government has restricted the range of insured services. This restriction of LTCI care services is

known as the refamilialization of care, where the burden of care provision is shifted back to family carers. In this context, the 2016 amendment of Care Leave Act, which has expanded support systems for work-care reconciliation, can be regarded as an effort to address the refamilialization of the LTCI by supporting prolonged care provision by family carers.

4. Considering an alternative solution

The coexistence of the Care Leave Act and the LTCI system is indispensable for balancing work and caring responsibilities. Nonetheless, LTCI is facing substantial financial strains in adapting to the rising number of care recipients. For employers contending with workforce shortages amid an overall workforce reduction, broadening care leave and reducing working hours are challenging endeavors.

To reinforce these restrictions on care leave and services, the Japanese government has introduced support measures targeted specifically at care service providers. In 2023, an initiative was launched to foster work-care reconciliation within economic measures, introducing the term “business carers” to

describe individuals juggling work with family caring responsibilities (Cabinet Office 2023). Despite the prevalence of the term “working carers” in English, the rationale behind the Japanese government’s preference to “business carers” remains unclear. It is puzzling why the government has adopted the unconventional term that academic researchers and civil activists who support carers do not use. However, this strange terminology—coined by a private consultant in context of commercialism—highlights the private sector’s business interests over carers welfare, as it is promoted by METI within industrial policy frameworks (METI 2024b). Consequently, support for “business carers” mainly benefits executives striving to manage employees with caring responsibilities, rather than directly supporting working carers, due to its economic interest. Specifically, METI released and has issued guidelines for business executive to support employees’ work-care reconciliation (METI 2024a), while the Ministry of Health, Labour and Welfare (MHLW) previously released a guide for employers in 2017 (MHLW 2025a, 2025b). These METI’s guidelines underscore the need for executive commitment to implement support measures effectively. METI also underscores the significance of out-of-pocket expense care services, alongside LTCI services, to incentivize care service providers striving to ensure adequate service provision. (METI 2024b). In this context, the Japanese government views the growing number of care recipients as a business opportunity.

LTCI policy focuses on preventing the deterioration of care needs to support the autonomy of older adults. The preventive care program has expanded rehabilitation and training initiatives to maintain physical and cognitive functions. Today, frailty and dementia are prominent causes of care needs, although the LTCI Act and the Care Leave Act initially targeted cerebrovascular diseases. Both physical frailty and cognitive dementia are considered preventable with appropriate programs for older adults.

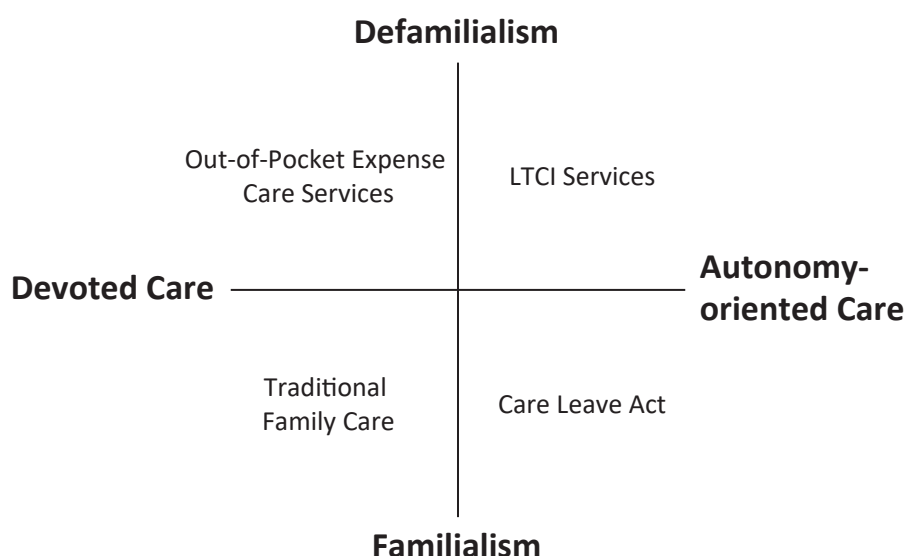
IV. Diversity of support systems on combining work and family care

Emphasis on supporting the autonomy of older adults by the LTCI system suggests that it is important to discuss both how care should be provided and who should provide it.

The question of ‘who provides care’ is a traditional issue. Gender studies focus on the role of women in care provision, while welfare state studies examine whether families should undertake the primary role in providing care. However, there is diversity in how women and families provide care. Traditionally, care provision was regarded as an act of devotion, with women expected to dedicate themselves to providing care, much like a mother’s care for her children (Kasuga 2001). In contrast, the current LTCI system prioritizes autonomy-oriented care which is different from the traditional model that emphasized family devotion.

The Care Leave Act, which encourages commitment to work as much as possible, aligns with autonomy-oriented care, although it assumes that family carers manage daily care provision while working. However, some working carers still emphasize devoted care provision, even if it requires longer hours. To replace devoted family care, some working carers use out-of-pocket expense care services in addition to the LTCI services. Care-related industrial policies by METI will address such care needs that exceed the limitations of LTCI.

Figure 2 summarizes the diversity of support systems for reconciliation between work and care for older family members. The vertical axis shows who provides care, while the horizontal axis shows how care is provided. The LTCI system aims at autonomy-oriented defamilialism which replaces family care through supporting autonomy of older adults (Shozo Ikeda 2000; 2002), in contrast to traditional family care which emphasizes devoted care by family members (Kasuga 2001, Kröger and Yeandle 2013; Shinkawa 2014). The current Care Leave Act aligns with the refamilialization of care, which posits that families directly provide care within their daily lives. However, this approach is more compatible with



Source: Compiled by the author.

Figure 2. Four aspects of support systems on work-care reconciliation

autonomy-oriented care rather than devoted care, as it prioritizes maximizing workforce participation over familial commitment to care provision. If working carers seek defamilialization to replace devoted family care, they are likely to purchase out-of-pocket expense care services from a commercialist approach.

It should be noted that the Japanese government has investigated methods to address diverse needs to family care for older adults through market-oriented policies. The LTCI system integrates private companies to provide care services, although their service fees are subsidized by public insurance. Currently, the government seeks to broaden this market-driven strategy by promoting out-of-pocket expense care services. Care leave and workplace policies are also market-driven, reflecting the interests of employers, although they are underpinned by industrial relations that seek to balance the interests of both employers and employees. Under such market-driven policies, eligible working carers who align with market demands may receive adequate support, whereas those deemed unsuitable may be excluded from these support systems.

Therefore, it can be argued that the Japanese

government seeks to navigate the increasing number of care recipients—an issue that poses a threat to the labor market—through a mixed approach aimed at facilitating the reconciliation between work and care for older family members. Japan has traditionally been characterized as a familialist welfare society in international comparative discussions (Kröger and Yeandle, 2013; Shinkawa, 2014). However, the introduction of the LTCI system has partially defamilialized care provision for older adults, resembling the approach taken by Scandinavian countries such as Sweden and Denmark. At the same time, its market-driven framework shares some characteristics with Anglo-Saxon welfare models as seen in the United Kingdom and Australia. Given the potential inequalities associated with a market-driven approach, it is understandable that such disparities would be deemed unacceptable by the Japanese government. As a result, Japanese society continues to tackle the complexities of welfare provisions amid demographic aging.

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